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# HEALTH AND WELLBEING BOARD

**Date: THURSDAY, 3 SEPTEMBER 2020 at 3.00 pm**

**Virtual Meeting via Microsoft Office Teams**

**Enquiries to: [stewart.weaver-snellgrove@lewisham.gov.uk](mailto:stewart.weaver-snellgrove@lewisham.gov.uk)**

## **Members**

<b>Damien Egan (Chair)</b>	Mayor of Lewisham
<b>Cllr Chris Best</b>	Deputy Mayor and Cabinet Member for Health and Adult Social Care
<b>Tom Brown</b>	Executive Director for Community Services, Lewisham Council
<b>Val Davison</b>	Chair, Lewisham and Greenwich NHS Trust
<b>Pinaki Ghoshal</b>	Executive Director for Children & Young People, Lewisham Council
<b>Donna Hayward-Sussex</b>	Service Director, South London and Maudsley NHS Foundation Trust
<b>Michael Kerin</b>	Healthwatch Lewisham Committee Member
<b>Dr Faruk Majid</b>	GP Clinical Lead (Lewisham), South East London CCG
<b>Dr Catherine Mbema</b>	Director of Public Health, Lewisham Council
<b>Dr Simon Parton</b>	Chair, Lewisham Local Medical Committee

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## MINUTES OF THE HEALTH AND WELLBEING BOARD

Thursday 12<sup>th</sup> March 2020 at 3.30pm

### ATTENDANCE

PRESENT: 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); Val Davison (Chair of Lewisham & Greenwich Healthcare NHS Trust); Roz Hardie (Voluntary and Community Sector Representative); Michael Kerin (Healthwatch Lewisham); and Dr Catherine Mbema (Director of Public Health, LBL).

APOLOGIES: Mayor Damien Egan (Chair to the Board); Donna Hayward-Sussex (Service Director, South London and Maudsley NHS Foundation Trust); Pauline Maddison (Executive Director for Children and Young People, LBL); Dr Simon Parton (Chair of Lewisham Local Medical Committee); and Chris Wykes Driver (Acting Chief Executive Officer, Voluntary Action Lewisham).

IN ATTENDANCE: Barbara Gray (Mayoress of Lewisham, and the Mayor and Council Adviser on BAME health inequalities); Salena Mulhere (SGM Inter-agency, Service Development and Integration, LBL); Sarah Wainer (Programme Lead, Lewisham Clinical Commissioning Group); Stewart Weaver-Snellgrove (Clerk to the Board, LBL); and Martin Wilkinson (Managing Director, Lewisham Clinical Commissioning Group).

### Welcome and introductions

The Vice Chair opened the meeting. Apologies were received from Mayor Damien Egan, Donna Hayward Sussex, Pauline Maddison, Simon Parton and Chris Wykes Driver.

#### 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. BAME Health Inequalities Update**

- 3.1 Catherine Mbema provided an update to the Board on the development of an action plan to address Black, Asian and Minority Ethnic (BAME) health inequalities in Lewisham.
- 3.2 A BAME health inequalities working group was established in January 2020. The group has met twice since being established and have agreed a refined action plan. The action plan contains 16 key actions that will work to address inequalities for BAME communities across the areas of mental health, cancer and obesity.
- 3.3 The working group comprises of representatives of organisations that are members of the Health and Wellbeing Board with influence over these health outcomes in BAME communities; plus members of the BME Network.
- 3.4 A cross cutting section of the action plan for all three priority areas will focus on community capacity building within BAME community groups and organisations.
- 3.5 An important action within this section of the plan will be the commissioning of BAME community groups to gather community insights to inform the procurement of public health commissioned obesity services.
- 3.6 The refined action plan was presented to a wider BME Network meeting in February 2020, giving Network members an opportunity to comment further on the plan and its development.
- 3.7 The progress of the plan will be monitored using the following methods:
- A RAG rating system within the action plan.
  - Metrics within the existing Health and Wellbeing Board Indicator Dashboard and any monitoring mechanism developed as part of a new Health and Wellbeing strategy.
- 3.8 In addition to this, working group members agreed that it would be beneficial to develop a number of community-generated metrics to gauge community response to the plan. The development of this metrics will be facilitated by members of the working group.
- 3.9 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:
- Outcomes rather than outputs need to be embedded in the Action Plan.
  - Need to identify how this will be resourced.
  - BAME groups need to be supported in the development of successful bids.
  - Mortality rates exist by Country of Birth and not Ethnicity.
  - Marmot Report has taken whole life approach from 2010 to now. Health outcomes have reversed.
  - One Health Lewisham starting to create health outcomes maps.
  - Cross-sector partnership in terms of delivery.
- 3.10 Action:  
The Board noted the content of the report.

#### **4. Joint Strategic Needs Assessments**

4.1 Catherine Mbema provided members of the Board with details of the recently completed Joint Strategic Needs Assessments (JSNAs) on Mental Health and Adult Asthma and COPD (Chronic Obstructive Pulmonary Disease). She also outlined proposals for a revised JSNA topic selection process for 2020/21.

4.2 The Mental Health JSNA aims to understand the mental health and wellbeing needs (including dementia) of adults in Lewisham, review how well these needs are met, identify any gaps and make recommendations for improvements in service provision. Some of the key findings include:

- Lewisham has significantly higher rates of diagnosed depression than the London average (8.2% compared to 7.1%).
- The rate of severe mental illness (SMI) in Lewisham is significantly higher than both the London and England averages (1.3% in Lewisham compared to 1.1% in London and 0.9% in England).
- The prevalence of mental ill health is not spread evenly across the population, and there are some population groups that have higher rates of mental ill health in Lewisham, including; BAME communities, the unemployed and those who misuse drugs or alcohol.
- The numbers of people with common mental health disorders and severe mental illness in Lewisham are projected to increase in the coming years.
- There is a strong link between mental health and physical health. Adults in Lewisham who are in contact with secondary mental health services are more than three times as likely to die as people of the same age in the general Lewisham population

4.3 Some of the key findings of the Adult Asthma and COPD include:

- The rate of premature mortality from respiratory disease in Lewisham is the second highest in London (behind Barking & Dagenham only), at 43.4 per 100,000. Rates are higher in men than women and correlate with increasing levels of deprivation.
- In Lewisham, the prevalence of smoking among adults is 15.5%, which equates to 35,780 current smokers. The burden of smoking-related ill health is particularly great in Lewisham as compared to the London and national averages.
- Lewisham also has a high level of smoking-attributable mortality, which is statistically significantly higher than the national or London average at 310.7 per 100,000 it is the second highest rate in London.
- According to the GP register, there are 4,308 people in Lewisham with a diagnosis of COPD, which equates to a prevalence of 1.3%. This is lower than the national average. It is widely recognised that COPD is under diagnosed across the UK. A recent estimate by Public Health England suggests that there may be over 3000 patients with undiagnosed COPD living in Lewisham.

- According to GP registers there are 17,121 adults with a diagnosis of asthma in Lewisham. This equates to a prevalence of 5.9% in the adult population which is the same as the England average.

4.4 It was proposed that the current process for the selection of JSNA Topic Assessments be revised this year, postponing the call for topic suggestions until September 2020 and undertaking a smaller number of topic assessments (1-2) between September 2020 and March 2021. The “Picture of Lewisham” element of the JSNA will also not be updated this year. The rationale for this is as follows:

- 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.
- It has been proposed that the Health and Wellbeing Board review and refresh the Health and Wellbeing Strategy 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.
- 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. Extending the period between updates to 2 years should not adversely affect the ability of stakeholders to use the information within the profile to inform their decision-making.

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

- Increase in cases of less severe mental health may be an indication of de-stigmatisation and improved public information.
- Focus on smoking (re Respiratory JSNA) and preventing the take-up in children. Extend smoke-free places e.g. playgrounds.
- Skilled technicians at respiratory hubs to process more people – are these hubs working?

4.6 Actions:

The Board noted the contents of the report and agreed the sign-off of the Mental Health and Respiratory JSNAs as well as the JSNA topic selection process for 2020/21.

## 5. Annual Public Health Report 2020

5.1 Catherine Mbema introduced the Annual Public Health Report 2020. The report focuses on the Health in All Policies approach, providing case studies of how it has been implemented across Lewisham Council and with wider partners.

- 5.2 The report highlights the variety of influences on health and wellbeing and how the vast majority of these influences fall outside the remit of health service provision.
- 5.3 The report concludes with a set of recommendations about how we can work positively to influence health and wellbeing for all in Lewisham. The recommendations include:
- Continuing to work with stakeholders across the council and wider system to increase understanding and build capacity to implement a health in all policies approach when developing ideas.
  - Developing a framework to enable the ongoing and robust assessment of the impact of policy decisions on health and health inequalities within the Lewisham population.
- 5.4 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:
- Key messages within the report need to be prominent.
  - Responsibility for air quality has moved into Public Health and is therefore easier to manage.
  - Challenge to include more than two partner case studies in the report.
  - Needs to link into the Health Innovation Network.
- 5.5 Action:  
The Board notes the contents of the report.

## **6. Developing a New Health and Wellbeing Strategy 2021-26**

- 6.1 Catherine Mbema introduced the report which sets out the current context and drivers for health and care across the borough. It recommended that members of the Board agree to the development of a new Joint Health and Wellbeing Strategy for the period 2021-26 with a set of broader aims and priorities.
- 6.2 Individuals should be encouraged to take greater control and responsibility for their own health and care with an emphasis on prevention, to promote sustainability in the system.
- 6.3 Consideration should also be given to whether it should incorporate the wider contributory factors to a person's overall health and sense of wellbeing such as housing, education, employment (the wider determinants of health), the environment and places that we live.
- 6.4 A new strategy should also reflect the Board's current focus on the need to address health inequalities in Black, Asian and Minority Ethnic (BAME) groups as it remains a locally agreed priority for both Lewisham BAME communities and statutory partners.
- 6.5 Throughout this process, effective and ongoing engagement with communities will be essential. Local people, service users, patients and VCS organisations must be involved so that their voice is heard alongside that of the professionals.

Healthwatch and Rushey Green Timebank have critical roles to play in the undertaking of this activity.

6.6 In light of the above, any revised approach to the aims contained within the Health and Wellbeing Strategy should include consideration of the following:

- **Quality of Life** – too many people live with preventable ill health or die too early in Lewisham. Health inequalities persist and the wider contributory factors to a person's quality of life and overall wellbeing require focused attention to enable all people in Lewisham to live well for longer.
- **Quality of Health, Care and Support** – People's experience of health, care and support is variable and could be improved. The system needs to evolve from a provider-focused one. The individual needs to be empowered to be in control of their own health and wellbeing through accessible information and local support, available closer to home.
- **Sustainability** – there are increasing levels of demand - population growth, age, complexity of need – and the financial resources are limited. The local health and wellbeing system must be forward looking and adaptable to such competing pressures.

6.7 Actions:

The Health and Wellbeing Board agreed to the following:

- Community conversations to take place over the summer.
- Macro JSNA to be produced to underpin strategy.
- Initial outline to be brought to the November meeting of the Board by Public Health.

## 7. Health and Wellbeing Board – Membership Revisions

7.1 Salena Mulhere updated the Health and Wellbeing Board on three proposed revisions to the membership of the Board for 2020/21, two of which will be put to the next Council AGM for approval.

7.2 Details of these changes are as follows:

- **Clinical Commissioning Group** - According to the Council's Constitution, composition of the Health and Wellbeing Board is to include one "representative of Lewisham Clinical Commissioning Group". From 1 April 2020, following a merger, there will be a single integrated NHS South East London CCG (SELCCG). As Lewisham CCG will cease to exist after 1st April 2020, this representative will be the Lewisham borough SELCCG representative. In reality it will remain the same person (Dr Faruk Majid). The Council's Constitution will be updated to reflect this change.
- **Voluntary and Community Sector** - Lewisham's Constitution also states that there should be "other persons as the Council thinks appropriate. This will normally include 2 representatives from the voluntary sector". At present there is a representative from Voluntary Action Lewisham (VAL) and a representative of the VCS more broadly. Having a VAL representative on

the Board was deemed appropriate due to VAL's function as the umbrella organisation providing capacity-building support for the VCS in Lewisham. However the appropriate Council funding and responsibilities for this function were transferred to Rushey Green Time Bank towards the end of 2019. It is therefore appropriate that the VAL representative should step down to be replaced by a Rushey Green Time Bank representative.

- **NHS England** - Lewisham's Constitution states that the NHS Commission Board (now NHS England) must appoint a representative for the purpose of participating in the development of a joint Health and Wellbeing Strategy if "requested to do so by the Board". In 2013, the Board requested this representation and the Director of Nursing for South London was nominated and approved. Initially this was Jane Clegg, who attended until May 2015 as a non-voting member. She was due to be replaced by Gwen Kennedy, however there is no record that Gwen Kennedy has actually attended the Health and Wellbeing Board. As there is sufficient coverage from a commissioning perspective across the Board membership, it is proposed that formal NHS England representation be discontinued from 2020/21. This should not have any noticeable impact as there has not been any actual NHS England attendance at the Board for almost five years.

7.3 Whilst the changes to membership detailed above are anticipated to take effect from 1 April 2020, the development of a new Joint Health and Wellbeing Strategy (2021-27) is likely to require further membership revisions. This will be to ensure that it remains fit for purpose and that the appropriate organisations to deliver the strategy objectives are properly represented. It is therefore proposed that a further review of Board membership will be undertaken once the development of the new strategy is completed. This is likely to be at the end of this calendar year at the earliest.

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

- Provider of Healthwatch Lewisham has changed to Your Voice in Health and Social Care (YVHSC).
- Rushey Green Time Bank to convene election to nominate new VCS rep for the Health and Wellbeing Board.

7.5 Action:

- The Board noted the contents of the report.

**The meeting ended at 16:34 hours**

# Agenda Item 2

Health and Wellbeing Board		
Title	Declarations of interest	
Contributor	Chief Executive – London Borough of Lewisham	Item 2
Class	Part 1 (open)	3 September 2020

## 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)



## Health & Wellbeing Board

### Healthwatch Lewisham COVID-19 Executive Summary

**Date:** 3 September 2020

**Key decision:**

**Class:**

**Ward(s) affected:** ALL

**Contributors:** Mathew Shaw, Operations Manager, Healthwatch Lewisham

### Outline and recommendations

This executive summary provides an overview of the key findings and recommendations from the Healthwatch Lewisham COVID-19 report.

Healthwatch Lewisham developed an online questionnaire to understand the experiences of Lewisham residents during the coronavirus pandemic and lockdown. The survey focused on the issues of access to services, access to information and the impact on people's mental health.

The board is recommended to note the content of the summary and consider how the information complements other local intelligence and can inform future engagement plans.

### Timeline of engagement and decision-making

This paper is being submitted for consideration by the Health and Wellbeing Board.

## 1. Summary

This executive summary outlines the key engagement findings from the Healthwatch Lewisham COVID-19 report. The research project focused on the issues of access to services, access to information and impact on the population's mental health and emotional wellbeing. It also contains a set of suggested recommendations that could be implemented in response to the issues raised through the engagement.

## 2. Recommendations

- 2.1. The board is recommended to note the content of the summary and consider how the information complements other local intelligence and can inform future engagement plans.

## 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.
- 3.2. The Lewisham Corporate Strategy 2018 – 2022 has as one of its commitments that ‘all health and social care services are robust, responsive & working collectively to support communities and individuals’. Healthwatch Lewisham supports the Council to deliver its commitment to local people.

## 4. Background

- 4.1. Your Voice in Health and Social Care was awarded the contract to deliver Healthwatch Lewisham from April 2020
- 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 to make changes to their services.
- 4.3. The COVID-19 pandemic has impacted on people’s ability to access the health and care support they need and on the organisations that provide those services nationally, regionally and locally. Healthwatch Lewisham carried out an engagement project to understand how the coronavirus outbreak and lockdown has affected Lewisham residents. The findings from the engagement would then inform the future recovery plans for the London Borough of Lewisham.

## 5. Healthwatch Lewisham COVID-19 Executive Summary

- 5.1. In June and July 2020, Healthwatch Lewisham shared an online questionnaire to understand the experiences of Lewisham residents during the coronavirus pandemic and lockdown. The survey focused on the issues of access to services, access to information and the impact on people’s mental health. We worked in partnership with the Lewisham Primary Care Commissioning Team to develop the content of the survey. In total, 1,030 responses were collected.
- 5.2. Key Findings:
  - There remains a considerable reluctance by residents to not access services because of the fear of catching COVID-19 or by being a burden on the NHS.
  - Respondents strongly feel there is a continued need for face to face appointments and for a wide range of available appointments rather than a “one size fits all model.”
  - 20% of respondents were unaware that their GP practice was open for routine appointments
  - 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.

- 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.

### 5.3. Key recommendations

- A significant percentage of respondents were unaware that their GP practices were offering routine appointments or did not want to access services in fear of catching the disease or being a burden on the NHS. There is 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.
- 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
- The COVID-19 outbreak and lockdown has had a substantial emotional impact on residents, including carers. 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.

5.4. The interim findings from the Healthwatch Lewisham COVID-19 engagement are referenced within both the Lewisham Primary Care Recovery Plan and the Lewisham COVID Recovery Plan.

## 6. Financial implications

6.1. There are no specific financial implications arising from this summary.

## 7. Legal implications

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

## 8. Equalities implications

8.1. Our findings show that BAME respondents were more likely to be disadvantaged because of COVID-19. Further investigation and review will allow services to better understand and address issues and themes.

## 9. Climate change and environmental implications

9.1. There are no direct climate change or environmental implications from this summary.

## 10. Crime and disorder implications

10.1. There are no direct crime and disorder implications from this summary.

## 11. Health and wellbeing implications

11.1. The summary highlights the experiences of Lewisham residents during the COVID-19 pandemic in relation to health and care issues. The report concludes with recommendations which, if implemented, can support further improvements in the health and wellbeing of the Lewisham population.

### Is this report easy to understand?

Please give us feedback so we can improve.

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## 12. Report author and contact

- 12.1. Mathew Shaw, Operations Manager, Healthwatch Lewisham  
[mathew@healthwatchlewisham.co.uk](mailto:mathew@healthwatchlewisham.co.uk)

### Is this report easy to understand?

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# Healthwatch Lewisham COVID-19 engagement

## Executive Summary

Healthwatch Lewisham is an independent organisation that gives people a voice to improve and shape services and help them get the best out of health and social care services.

In June 2020, we developed an online questionnaire to understand the experiences of Lewisham residents during the coronavirus pandemic and lockdown. The survey focused on the issues of access to services, access to information and the impact on people's mental health. We worked in partnership with the Lewisham Primary Care Commissioning Team to develop the content of the survey.

The vast majority of responses (95%) were made online. People were also given the opportunity to speak to us over the phone to complete the survey. But it should be recognised that this method only accounted for approximately 5% of respondents. The survey does not therefore adequately reflect the needs and views of those who are digitally excluded - an important issue that needs to be addressed as services recover and are redesigned.

1,030 residents responded to our COVID-19 survey during June and July. The following key themes have been drawn out from analysis of the findings.

### Infection risk and social distancing

- 30% of respondents felt at high risk from the virus, those with long-term conditions were most likely to consider themselves high risk
- 15% of respondents had received a letter or text advising them to shield
- 67% of respondents are worried about spreading the virus in the community
- There are widespread concerns about the lack of social distancing with residents wanting information on how they should respond if they encounter a breach of the guidance

### Access to Services

#### General

- There remains a considerable reluctance by residents to not access services because of the fear of catching COVID-19 or by being a burden on the NHS. Our data shows that public opinion in July did not differ from comments shared in the previous month
- Patients felt that up to date coronavirus figures, the availability of a vaccine, clear information from services about infection control measures and provision of PPE for staff would encourage them to access services
- Respondents strongly feel there is a continued need for face to face appointments and for a wide range of available appointments rather than a "one size fits all model."

#### Pharmacy services

- The majority of people experienced 'organised and well managed' pharmacy services, with most able to obtain prescriptions and medication without incident.

## GP services

- 20% of respondents were unaware that their GP practice was open for routine appointments
- Certain GP practices have disabled their online booking systems which have resulted in congested telephone lines
- 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.
- While there is appreciation of telephone consultations, some people question their effectiveness for supporting issues that require physical examination
- Although a small sample size, patients with sensory impairments struggled to access GP services

## Hospital services

- Patients have benefitted from quieter hospital services, and subsequently shorter waiting times, for the services that were available.
- Reports of cancelled appointments are common, with some patients receiving limited notification. For those with acute conditions or disabilities, delays in treatment can be particularly uncomfortable.

## Mental Health and Wellbeing

- 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. There are likely to be further emotional impacts from post-lockdown redundancies which may not have been apparent at the time of the survey
- There is a significant contrast in experiences, with some residents feeling more relaxed as the shock of the lockdown lessens, while for others their lives have completely changed
- Friends, family and neighbours have been the largest single form of support during the COVID-19 pandemic
- Parents and carers are finding additional responsibilities such as home schooling to be difficult to balance with their work lives/other tasks

## Information and guidance

- Respondents felt the best sources for information to keep themselves safe during the pandemic were the daily COVID-19 briefings, news and the NHS and Government websites. National information sources were preferred to local communication.
- The 4 main topics which respondents wanted to receive further information and guidance around were COVID-19 testing, mental health self-help tips, dental services, and any changes to local healthcare services they access.

- Clear information about what services are offered by the different local healthcare providers would encourage attendance.

### Digital Technology

- 92% of respondents felt comfortable using digital technology, which is an expected outcome when factoring in the nature of the survey.
- The main limitation of increased access to services using a tablet, computer or smartphone is the digital exclusion for those who cannot use or afford to use the technology. But people were also concerned about issues such as missing GP call-backs or whether receptionists and other staff were sufficiently trained to recognise urgent issues in the triage system
- Training and guidance would increase confidence in some people using digital technology to access healthcare.

### BAME Experiences

- Just under a quarter (24%) of respondents identified as Black, African or Minority Ethnic or from a non-white background
- 35% of respondents considered themselves to be at high risk from the virus
- BAME respondents are less likely to have a stated mental health condition but are also less likely to be able to access support and resources for mental health needs.
- BAME respondents are more worried about their job or financial security because of the pandemic
- BAME respondents found it harder to find information and guidance in accessible formats. This finding primarily relates to residents' who do not speak English as their first language.

### Recommendations

1. A significant percentage of respondents were unaware that their GP practices were offering routine appointments or did not want to access services in fear of catching the disease or being a burden on the NHS. There is 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.
2. 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
3. The COVID-19 outbreak and lockdown has had a substantial emotional impact on residents, including carers. 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.
4. In light of the impact on mental health, we would urge services, GPs in particular, to identify those with a known mental health condition and check their welfare
5. Our findings show that BAME respondents were more likely to be disadvantaged because of COVID-19. Further investigation and review will allow services to better understand and address issues and themes. Healthwatch Lewisham would like to continue its role as a core partner and stakeholder, in any such undertaking.

## Further Engagement

The Healthwatch Lewisham COVID-19 report, alongside our other engagement activities, offers general insight into the experiences of Lewisham residents during the pandemic. We acknowledge that some issues that have received attention at national level, including the impact on care home residents and their families and the increased incidence of domestic abuse, did not feature in responses, perhaps because of the nature of the survey. We recognise there is the need for local engagement to build upon the findings and hear from groups most vulnerable to COVID-19. Our organisation supports local plans to engage with the following groups to inform the Lewisham COVID Recovery Plan:

- BAME communities
- People experiencing mental ill-health
- Older adults
- People with respiratory conditions
- People with diabetes
- People with learning disabilities or autism
- People who are digitally excluded
- Children and young people

In addition to these groups, we feel there should be efforts to capture the experiences of people with other disabilities and carers.

Healthwatch Lewisham, where possible, will work with SEL CCG, the local authority and local health and care providers to support ongoing public engagement around the impact of COVID-19.



## Health and Wellbeing Board

**Report title: Lewisham COVID-19 Outbreak Prevention and Control Plan**

**Date:** 3<sup>rd</sup> September 2020

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham

### Outline and recommendations

The purpose of this report is to present the Lewisham COVID-19 Outbreak Prevention and Control Plan to the Lewisham Health and Wellbeing Board.

The Health and Wellbeing Board are recommended to:

- Endorse the COVID-19 Outbreak Prevention and Control Plan
- Act as the Local Outbreak Engagement Board

## Timeline of engagement and decision-making

### 1. Summary

- 1.1. The NHS test and trace service was launched on 28<sup>th</sup> May 2020, to provide a comprehensive national contact tracing service for COVID-19 in England involving national, regional and local partners.

The service operates through 3 levels of workforce:

- Level 1: National and regional health protection teams
- Level 2: Professional contact tracing staff employed by the NHS who will interview cases and identify contacts, escalating complex issues to Level 1
- Level 3: Call handler staff who will communicate with and provide advice to contacts, escalating difficult issues to Level 2

The role of local public health teams will largely be to support Level 1 of the service i.e. supporting outbreaks in complex settings and providing support to contacts requiring support to self-isolate, although our role in communications and community engagement will be applicable to the roll out of all levels of the service.

- 1.2. In order to clearly articulate and implement the local authority role in contact tracing, upper tier local authorities have been asked to develop local outbreak control plans.

### 2. Recommendations

- 2.1. The purpose of this report is to present the Lewisham COVID-19 Outbreak Prevention and Control Plan to the Lewisham Health and Wellbeing Board.
- 2.2. The Health and Wellbeing Board are recommended to:
- Endorse the Lewisham COVID-19 Outbreak Prevention and Control Plan
  - Act as the Local Outbreak Engagement Board

### 3. Background

- 3.1. System partners have been working together to ensure that there has been a consistent

and effective response to COVID-19. Since the start of the COVID-19 pandemic, there have been 1190 confirmed cases of COVID-19 in Lewisham residents (up to 9<sup>th</sup> July) and 260 deaths associated with COVID-19 in Lewisham (up to 26h June).

- 3.2. Directors of public health for all upper tier local authorities were asked to establish local COVID-19 outbreak control plans by the end of June 2020 to articulate their role and that of their local systems in further prevention and control of COVID-19 outbreaks alongside national (NHS Test and Trace), regional and local mechanisms for outbreak control.
- 3.3. The local COVID-19 outbreak control plans are required to cover the following seven themes:
  1. Care homes and schools – planning for local outbreaks in these settings
  2. High risk places, locations and communities – identifying and planning how to manage high risk places, locations and communities
  3. Local testing capacity
  4. Contact tracing in complex settings
  5. Data integration
  6. Vulnerable people – supporting local people to get help to self-isolate
  7. Local boards - establishing governance structures
- 3.4. Eleven areas in England (Newcastle, Cheshire West and Chester, Tameside, Leeds, Norfolk, London (led by Camden), Surrey, Devon with Cornwall, Warwickshire, Middlesbrough, Leicestershire) will be beacon sites for the roll out of contact tracing who will:
  - Rapidly develop and test on outbreak control plans at a local level
  - Identify common themes and share best practice
  - Innovate to develop faster approaches to testing and tracing
  - Identify opportunities to scale the programme rapidly

## **4. Lewisham COVID-19 Outbreak Prevention and Control Plan**

- 4.1. The Lewisham COVID-19 Outbreak Prevention and Control Plan sets out the arrangements, processes and actions that will effectively prevent and manage outbreaks of COVID-19 to ensure that Lewisham residents and communities are protected from the impact of COVID-19.
- 4.2. The plan brings together the existing outbreak prevention and management work of national and regional Public Health England (PHE), local authority public health teams, the national NHS test and trace service, Joint Biosecurity Centre and collaboration of wider system partners to form a robust framework for COVID-19 outbreak management in Lewisham.
- 4.3. This plan is a live document and is subject to change in line with the latest developments concerning the COVID-19 pandemic.
- 4.4. The governance for the plan will be formed from the following structures and the Lewisham Health and Wellbeing Board is now due to act as the Local Outbreak Engagement Board with the responsibilities outlined in the table below.
- 4.5. As part of its role as the Local Outbreak Engagement Board, Board members will hear direct experiences of COVID-19 from a number of community stakeholders including

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the Lewisham BME network and Lewisham Healthwatch.

	Lead	Membership	Purpose	Accountable to
<p><b>Local Outbreak Engagement Board</b></p> <p><b>(Lewisham Health and Wellbeing Board (HWBB) with direct reporting to Mayor and Cabinet)</b></p>	Elected Mayor of Lewisham	<p>Health and Wellbeing Board members including LBL Executive Directors of Community Services and Children and Young People, Chair of Lewisham and Greenwich Trust, South London and the Maudsley representative and Lewisham Healthwatch.</p> <p>Other invited representatives as required e.g. police or Lewisham homes.</p>	<p>Political and partner oversight of strategic response</p> <p>Oversee the coordinated, transparent response to local COVID-19 outbreaks (and collaborating across the region)</p> <ul style="list-style-type: none"> <li>• Provide timely communications to the public</li> <li>• Provide public-facing delivery oversight of Test and Trace programme locally</li> <li>• Act as liaison to Ministers as needed</li> </ul>	Mayor and Cabinet
<b>Local Authority Gold</b>	LBL Chief Executive/ COVID-19 Gold Director	Executive Directors and Council officers	Responsible for implementing the Council's overall Covid19 Outbreak Control Plan management, policy and strategy and achieving its strategic objectives; delivering swift resource deployment; owns the connection with the Joint Biosecurity Centre, Government departments & COBR	Mayor and Cabinet
<b>Covid-19 Health Protection Board</b>	Director of Public Health (DPH)	Multi-agency representation, including Public Health, NHS (incl. CCG, LGT, Primary Care), Environmental Health, Adult Social Care, communications	<p>Provide assurance that there are safe, effective and well-tested plans in place to protect the health of local population during COVID-19</p> <ul style="list-style-type: none"> <li>• Provide infection control expertise</li> <li>• Lead development and delivery of local plans (DsPH)</li> <li>• Link directly to PHE London Coronavirus Response Cell (LCRC)</li> </ul>	Local Authority Gold
<b>Public Health Single Point of Contact (SPOC)</b>	Director of Public Health (DPH)	Public Health Team	<ul style="list-style-type: none"> <li>• Receives notification of outbreak from LCRC, local settings or other sources</li> <li>• Ensuring control measures are implemented as soon as possible</li> <li>• Ongoing support for settings during an outbreak</li> <li>• Answering Covid-19 related enquiries from settings and other Council departments</li> </ul>	COVID-19 Protection Board and Gold

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The Director of Public Health has been named as the single point of contact for receipt of information regarding confirmed COVID-19 cases in complex settings from PHE as part of the contact tracing process. This will be part of a joint agreement between the PHE London Coronavirus Response Centre (LCRC) and London Local Authorities for supporting the management of COVID-19 incidents and outbreaks, including those in complex settings that is currently being finalised.

## 5. Financial implications

- 5.1. Lewisham Council has received an allocation from central government of £2,267,070 to support implementation of local outbreak control plans. Expenditure on activity described in this report will be funded from this grant.

## 6. Legal implications

- 6.1. The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:
  - With Public Health England under the Health and Social Care Act 2012
  - With Directors of Public Health under the Health and Social Care Act 2012
  - With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
  - With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
  - With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
  - In the context of COVID-19 there is also the Coronavirus Act 2020 which received royal assent on 25th March 2020.
- 6.2. The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 6.3. The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 6.4. 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.
- 6.5. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster

good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed at above.

- 6.6. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

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

<https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance>

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

- [The essential guide to the public sector equality duty](#)
- [Meeting the equality duty in policy and decision-making](#)
- [Engagement and the equality duty: A guide for public authorities](#)
- [Objectives and the equality duty. A guide for public authorities](#)
- [Equality Information and the Equality Duty: A Guide for Public Authorities](#)

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:

<https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1>

- 6.8. 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:

<https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1>

## **7. Equalities implications**

7.1. COVID-19 has had a disproportionate impact on specific groups including older adults, and those from Black, Asian and Minority Ethnic (BAME) groups. Health and Wellbeing Board Members' attention should be drawn to the following reports regarding these inequalities:

- Disparities in the risks and outcomes of COVID-19, PHE, 2020 ([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892085/disparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf))
- Beyond the data: understanding the impact of COVID-19 on BAME groups, PHE, 2020 ([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf))

## **8. Climate change and environmental implications**

8.1. There are no significant climate change and environmental implications of this report.

## **9. Crime and disorder implications**

9.1. There are no significant crime and disorder implications of this report.

## **10. Health and wellbeing implications**

10.1. This plan will provide a framework for action to prevent and mitigate against the negative impact of COVID-19 on the health and wellbeing of Lewisham residents.

## **11. Background papers**

11.1. Lewisham COVID-19 Outbreak Prevention and Control Plan, June 2020 available at: <https://lewisham.gov.uk/myserVICES/coronavirus-covid-19/health/the-lewisham-covid19-outbreak-prevention-and-control-plan>

## **12. Report author and contact**

12.1. Dr Catherine Mbema

12.2. [Catherine.mbema@lewisham.gov.uk](mailto:Catherine.mbema@lewisham.gov.uk)

# Agenda Item 5



## Health and Wellbeing Board

### **Report title: Black, Asian and Minority Ethnic (BAME) Health Inequalities Progress Update – COVID-19**

**Date:** 3<sup>rd</sup> September 2020

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham

### **Outline and recommendations**

This report provides an update to the Board on the work of the Black, Asian and Minority Ethnic (BAME) working group to address BAME health inequalities in Lewisham during the COVID-19 pandemic.

Members of the Health and Wellbeing Board are recommended to:

- Note the contents of this report and updated action plan

## Timeline of engagement and decision-making

### 1. Summary

- 1.1. To provide an update to the Board on the work of the Black, Asian and Minority Ethnic (BAME) working group to address BAME health inequalities in Lewisham during the COVID-19 pandemic.

### 2. Recommendations

- 2.1. Members of the Health and Wellbeing Board are recommended to:
  - Note the contents of this report and updated action plan

### 3. Policy 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 Lewisham's Health and Wellbeing Strategy.
- 3.3. The work of the Board directly contributes to the Council's new Corporate Strategy. Specifically *Priority 5 – Delivering and Defending: Health, Social Care and Support – Ensuring everyone receives the health, mental health, social care and support services they need.*

### 4. Background

- 4.1. In July 2018 the HWB agreed that the main area of focus for the Board should be tackling health inequalities, with an initial focus on health inequalities for BAME communities in Lewisham.
- 4.2. Following analysis undertaken by a sub group of the Board, three priority areas were identified through which the Board could play a significant role in addressing the widest gaps in BAME health inequalities. The areas identified were: mental health; obesity; and cancer.

- 4.3. At the November 2018 meeting of the Board it was agreed to frame the ongoing discussion concerning BAME health inequalities around these three themes and to actively engage the Lewisham BME Network in this process.
- 4.4. The Lewisham BME Network is a community development project, managed by the Stephen Charitable Lawrence Trust and funded by the London Borough of Lewisham. The Network is comprised of over 120 BAME stakeholder groups, all working to support Lewisham's BAME community organisations and the communities they serve. The Network includes a BAME Health subgroup which meets monthly.
- 4.5. Progress on actions taken to date have been presented at previous Health and Wellbeing Board meetings, with an initial focus of action on the area of mental health.
- 4.6. A draft action plan covering all three priority areas (cancer, obesity and mental health) was developed in July 2019 in response to a referral made by the Healthier Communities Select Committee.
- 4.7. At the November 2019 Health and Wellbeing Board meeting, Board members agreed to further refine the draft action plan with the BME Network taking a co-production approach.
- 4.8. At the March 2020 Health and Wellbeing Board meeting, a further draft of the action plan was approved by Board members with an agreement to return to the next Board meeting with monitoring metrics to capture progress and impact of completing actions within the plan.

## **5. BAME Health Inequalities working group**

- 5.1. A BAME health inequalities working group has met since the March 2020 Health and Wellbeing Board meeting to oversee implementation of the action plan.
- 5.2. The working group had intended to meet on a monthly basis but in light of the COVID-19 pandemic and disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) communities, the group started to meet on a fortnightly basis from April 2020.

## **6. BAME Health Inequalities action plan and COVID-19**

- 6.1. Several national studies and reports have demonstrated the disproportionate impact of COVID-19 on BAME communities.
- 6.2. The ICNARC (Intensive Care National Audit & Research Centre) report on COVID-19 in critical care (looking at data from the first reported 7542 patients critically ill with COVID-19 in England, Wales and Northern Ireland), has shown that 34% of critically ill COVID-19 patients were of a non-white ethnicity (10.3% Black, 15.2% Asian). Those of non-white ethnicity make up only 14% of the population nationally. This report also showed that 34% of critically ill patients with COVID-19 receiving advanced respiratory support were of non-white ethnicity, and 40% receiving any renal support were non-white (16.6% Asian and 15.8% Black)<sup>1</sup>.
- 6.3. The Office for National Statistics (ONS) analysis of COVID-19 deaths and ethnicity for England and Wales showed that<sup>2</sup>:

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<sup>1</sup> <https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>

<sup>2</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coro>

- When taking into account age in the analysis, Black males are 4.2 times more likely to die from a COVID-19-related death and Black females are 4.3 times more likely than White ethnicity males and females. (After adjusting for age only)
  - After taking account of age and other socio-demographic characteristics and measures of self-reported health and disability at the 2011 Census, the risk of a COVID-19-related death for males and females of Black ethnicity reduced to 1.9 times more likely than those of White ethnicity.
  - These results show that the difference between ethnic groups in COVID-19 mortality is partly a result of socio-economic disadvantage and other circumstances, but a remaining part of the difference has not yet been explained.
- 6.4. The Public Health England (PHE) review of disparities in the risk and outcomes of COVID-19<sup>3</sup> showed that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. Genetics were not included in the scope of the review.
- 6.5. This review found that the highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males).
- 6.6. Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. This is the opposite of what is seen in previous years, when the all-cause mortality rates are lower in Asian and Black ethnic groups
- 6.7. In light of these findings the BAME health inequalities 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 and further detail on these actions can be found in the background paper of this report:
- Communications and Engagement
  - Data
  - Workforce

## 7. Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR)

- 7.1. 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 to share knowledge and resources through a collaborative review process following on from the work of our respective Councils as national Childhood Obesity Trailblazers.
- 7.2. 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.
- 7.3. An external advisory board (including elected members) and academic advisory board are being recruited to and will oversee the work.
- 7.4. The main objective of the review is to produce a joint final report, that brings together the findings from the advisory board, stakeholder events, online forum and all research, reviews and data analysis conducted by the review group throughout an 18 month

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[navirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020#main-points](https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes)

<sup>3</sup> <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

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period.

- 7.5. Progress and results of this partnership will be reported in to the BAME health inequalities working group.

## **8. Monitoring and evaluation of the action plan**

- 8.1. A monitoring framework has been developed for the action plan, which consists of the following:

- Intended aim of each action
- Desired impact of each action
- Impact measure of each action
- RAG (red, amber, green status for each action)

This framework will be used to monitor the ongoing progress and impact of the plan.

- 8.2. 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.

## **9. Financial implications**

- 9.1. The various areas of work within the action plan that are the responsibility of the Council will be met from existing revenue budgets in the Community Services and Children and Young People Directorates.

## **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 its 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.

## **11. Equalities implications**

- 11.1. This report specifically aims to address health inequalities for particular ethnic groups in Lewisham, with race being one of the nine protected characteristics in the Equality

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Act (2010).

## **12. Climate change and environmental implications**

12.1. There are no climate change or environmental implications of this report.

## **13. Crime and disorder implications**

13.1. There are no crime and disorder implications of this report.

## **14. Health and wellbeing implications**

14.1. Improving health outcomes and reducing health inequalities is central to the work of the Health and Wellbeing Board. This report directly aligns with these aims by outlining a plan of action to address health inequalities in Lewisham's BAME communities.

## **15. Background papers**

15.1. Black, Asian and Minority Ethnic (BAME) Health Inequalities Action Plan

## **16. Report author and contact**

16.1. Dr Catherine Mbema, [Catherine.mbema@lewisham.gov.uk](mailto:Catherine.mbema@lewisham.gov.uk)

Health and Wellbeing Board - Addressing BAME Health Inequalities Action Plan 2019-2022									
Ref No.	Issues	Action	Owner/Governance	RO/ Lead	Timescale	Action Progress	RAG	Desired Impact	Impact measure(s)
<b>Mental Health</b>									
<b>Children and Young People (CYP)</b>									
1	Equality and diversity is a core focus across three CAMHS service users groups, with one group being specifically focused on BAME inequalities. The aim is to improve access to mental health services for BAME groups.	Establish mental health participation group with a focus on BAME children and young people	LBL CYP commissioning team / CYP Mental Health and Emotional Wellbeing Board	Caroline Hirst	Jun-19	User groups have remained active during the pandemic, with young people meeting through virtual means.		To improve access to a range of emotional and mental health services for BAME groups. Impact is measured through performance data and service user feedback.	Following recent scrutiny regarding quality of equalities data from CAMHS, a target has been set to monitor progress in this area. Target: Ethnicity should be recorded on 95% of cases at the point of a CAMHS assessment. The target was achieved in 9 out of 12 months during 19/20 and has been met during April and May 20/21.
2	32 recommendations from member-led review and NHS intensive support team review of mental health pathway for CYP in Lewisham have wide reaching intentions to improve access to emotional and mental health services for all CYP including BAME CYP	Response to recommendations looking at whole pathway of services linking to MH prevention / schools	LBL CYP commissioning team / CYP Mental Health and Emotional Wellbeing Board	Caroline Hirst	April 2019 – March 2021	Implementation of i-Thrive has slowed down during the pandemic, but there is a partnership commitment to the model to drive system change to embed a common language, shared decision making and outcome informed practice. The Mental Health Support Teams in Schools have remained active over this period, with additional support and training being given to schools to enable adequate support to families during lockdown and in preparation for the return to school in Sept.		To achieve 35% against the national access target and that BAME CYP are adequately represented within this.	The national access target for CYP mental health is a key measure. In 19/20 against a target of 34%, SE London achieved 34.6%. For 20/21 this target increases to 35%.
<b>Adults</b>									
3	Participants at the Lewisham BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communities were required to address the mental health inequalities experienced by BAME communities in Lewisham	Work to ensure that there is community and service user participation in co-design of local service and care pathways	Adults Mental Health Provider Alliance	Kenny Gregory	Ongoing	This is being progressed by the mental health provider alliance		To ensure that local adult mental health service and care pathways are designed to meet the needs residents, particularly those from BAME communities	Number of community members and service users recruited to participate in service and care pathway design; BAME mental health service user survey into experience of services/care
4	A mental health JSNA was prioritised and completed in 2019 and had recommendations relating to addressing mental health inequalities in BAME communities	Implementation of recommendations from the Adults Mental Health JSNA	Adults Mental Health Provider Alliance	Kenny Gregory	Ongoing	The recommendations of the JSNA have been presented to the Adults Mental Health Provider Alliance and are being implemented by the Alliance partners		To ensure that all of the relevant recommendations from the mental health JSNA relating to mental health inequalities in BAME communities are addressed and/or implemented	TBC

5	Participants at the Lewisham BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communities were required to address the mental health inequalities experienced by BAME communities in Lewisham	Work to ensure that Lived Experience workers are ethnically representative of the Lewisham population	Adults Mental Health Provider Alliance	Kenny Gregory	July 2020 (Linked to external funding bids)	Mabadaiko CIC have been commissioned to undertake insights work with Black ethnic communities concerning existing mental health services in Lewisham		•To understand what causes health inequalities around people who categorise themselves as black. To get insight into the barriers in accessing mental health services for both Common Mental Illness (CMI) and Serious Mental Illness (SMI) for people who categorise themselves as black in Lewisham	TBC
6	Participants at the Lewisham BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communities were required to address the mental health inequalities experienced by BAME communities in Lewisham	To co-produce approaches to engagement and on-going dialogue as component of the Alliance Engagement & involvement strategy	Adults Mental Health Provider Alliance	Kenny Gregory	Sep-19	Mabadaiko CIC have been commissioned to undertake insights work with BAME communities concerning existing mental health services in Lewisham		As above	As above
All Ages									
7	Participants at the Lewisham BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communities were required to address the mental health inequalities experienced by BAME communities in Lewisham	To develop a co-production infrastructure to engage Lewisham BAME communities in commissioning decisions that impact upon mental health and emotional wellbeing	CYP Mental Health and Emotional Wellbeing board/Adults Mental Health Provider Alliance/Public Health	Kenny Gregory	Ongoing	Mabadaiko CIC have been commissioned to undertake insights work with BAME communities concerning existing mental health services in Lewisham		As above	As above
8	There are existing issues relating to the continuity of care to support transition from youth to adult mental health services can result in loss to follow-up	To develop a Lewisham approach to promote the interface between adult and CYP mental health services	CYP Mental Health and Emotional Wellbeing board/Adults Mental Health Provider Alliance	Kenny Gregory	Ongoing	The Adult Mental Health Provider Alliance is working with the CYP Mental Health and Emotional Wellbeing board to improve this interface		TBC	TBC
9	Participants at the Lewisham BAME mental health summit held on 8th October 2018 identified that stigma around mental health in the BAME community as a key issue to be addressed	To develop the Time to Change Hub to include a focus on reducing stigma in BAME communities in Lewisham	Lewisham Public Health/Adults Mental Health Commissioning Team/Adults Mental Health Provider Alliance	Catherine Mbema	Hub to be back up and running by January 2021	The Hub has already been established but work to focus on reducing stigma in BAME communities is being developed		To contribute towards the reduction of stigma around mental ill health in BAME communities in Lewisham by recruiting BAME Time to Change champions and running activities for BAME communities	Number of new BAME Time to Change Champions recruited; Number and types of stigma reduction activity held in Lewisham by Lewisham Time to Change Champions
Obesity									

10	In Lewisham the prevalence of being overweight or obese for children in reception and year 6 at school is higher for Black African and Black Caribbean children than White British children. Lewisham became a national childhood obesity trailblazer in July 2019 to pilot work on advertising restriction and co-production of health promotion materials.	To co-design health promotion materials as part of the 3 year Childhood Obesity Trailblazer with BAME communities	Lewisham Childhood Obesity Trailblazer Steering Group	Gwenda Scott/Catherine Mbema	July 2019- July 2022	Paused due to COVID-19 but programme due to restart in September 2020 with resumption of co-design work for health promotion materials with BAME community members.	Culturally appropriate resources to increase engagement of BAME communities with physical activity/ healthy eating; and to engage businesses in the Sugar Smart initiative	Number of businesses signed up to Sugar Smart; Number of BAME participants of the Daily Mile initiative
11	In Lewisham the prevalence of being overweight or obese for children in reception and year 6 at school is higher for Black African and Black Caribbean children than White British children.	To develop a physical activity strategy that recognises the need to address BAME health inequalities in obesity	Physical Activity Strategy Steering Group	James Lee	Feb-20	Paused due to COVID-19	To have a Lewisham physical activity strategy that includes strategies and initiatives	To be determined when the strategy is finalised.
12	In Lewisham the prevalence of being overweight or obese for children in reception and year 6 at school is higher for Black African and Black Caribbean children than White British children.	To support further involvement of BAME community groups in the Lewisham Obesity Alliance and Lewisham Whole Systems Approach to Obesity	Lewisham Whole Systems Approach to Obesity Project Board	Gwenda Scott/Catherine Mbema	January 2021	Mabadaiko CIC and Food for purpose have been commissioned to conduct obesity services insights work with BAME communities to feed into the future commissioning of obesity services in Lewisham. They will use structured questionnaires, focused interviews and focus groups as part of their insights work.	TBC	TBC
<b>Cancer</b>								
13	The initial data exercise performed by Lewisham public health team identified that there were existing health inequalities for BAME communities in Lewisham for cancer two week wait referrals and bowel cancer screening.	To deliver cancer awareness workshops to BAME community groups / residents to raise awareness and reduce stigma around main cancer types	Lewisham Public Health/Cancer Research UK/MacMillan	Lisa Fannon	November/December 2020	Lewisham public health team have been working with Cancer Research UK to undertake a new community awareness workshop owing to the previously scheduled workshop being postponed due to the COVID-19 pandemic	To contribute to increasing awareness of the early signs and symptoms of cancer and cancer screening programmes among BAME communities in Lewisham.	Number of BAME community members attending community awareness workshops in Lewisham; Focus group with community members trained to understand how knowledge gained has been used.
<b>Community Capacity Building</b>								

14	Participants at the Lewisham BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communities were required to address the mental health inequalities experienced by BAME communities in Lewisham	To develop a Health Inequalities data toolkit to circulate to community groups with the Mayor and Cabinet Advisor for BAME Health Inequalities	Cabinet Executive Office/Mayor and Cabinet Advisor for BAME Health Inequalities	Robert Williams	Sep-20	In progress - first draft of toolkit to be completed and being reviewed		To empower and equip local community groups with data and information regarding BAME health inequalities	Number of community groups that have received the data toolkit; Follow up focus group with community groups to assess how the data has been used.
15	Participants at the Lewisham BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communities were required to address the mental health inequalities experienced by BAME communities in Lewisham	To support the development of BAME community groups to participate in the commissioning cycle	Executive Director of Community Services/Director of Public Health/Mayor and Cabinet Advisor for BAME Health Inequalities	Iain McDiarmid/Keenny Gregory	Jan 2021	Obesity and Mental health insights work has been commissioned through PH and MH commissioning teams as outlined above		As above	As above
16	Participants at the Lewisham BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communities were required to address the mental health inequalities experienced by BAME communities in Lewisham	To work with the Lewisham BAME Health Network to continue to develop this action plan over the next 3 years	Executive Director of Community Services/Director of Public Health/Mayor and Cabinet Advisor for BAME Health Inequalities/BME Network Chair	Catherine Mbema/Barbara Gray	Present-2022	In progress		To have a coproduced action plan that is updated and monitored regularly by the BAME health inequalities working group.	The presentation of the action plan at each meeting of the Lewisham Health and Wellbeing Board
<b>Data</b>									
17	Agreement with Lewisham Health and Wellbeing Board members and BAME health inequalities working group to monitor progress of the co-produced action plan	To develop an indicator dashboard to monitor progress on improving health outcomes for BAME communities	Lewisham Public Health	Catherine Mbema	September 2020	In progress		To ensure that progress of actions identified to address BAME health inequalities are being monitored using appropriate indicators.	Indicator dashboard developed and being in use
<b>Birmingham/Lewisham Collaboration</b>									

18	There are longstanding health inequalities across a range of health and wellbeing indicator and wider determinants of health for Black African and Black Caribbean communities	To establish a partnership between Lewisham and Birmingham public health to perform investigation into Black African and Black Caribbean Health Inequalities	Lewisham BAME health inequalities working group/Lewisham Public Health	Kerry Lonergan/Lisa Fannon	July 2020 - May 2021	Partnership has been launched with Birmingham City Council; recruitment to an academic advisory board and external advisory board for the partnership is underway		To produce a final review report with solutions focused recommendations (applicable locally and nationally) to address Black African and Black African health inequalities	Number of BAME participants recruited to academic and external advisory boards; final report production with recommendations
<b>COVID-19</b>									
<b>Communications and Engagement</b>									
19	Several national studies have highlighted that there has been a disproportionate impact of COVID-19 on BAME communities in both diagnosed cases and deaths	To develop culturally appropriate communications around COVID-19: Test and Trace; Social distancing; NHSX app	LBL/SEL CCG communications/Lewisham Primary Care BME Network	Suchi Sheth (LBL)	July-Dec 2020	Hackney Council leading on London specific NHS test and trace communications; Lewisham Council developing communications plan for test and trace; Lewisham Primary Care BME Network have developed a series of YouTube videos are COVID-19 for BME communities		To see an increase in COVID-19 testing uptake in BAME ethnic groups in Lewisham; To see improvements in contact tracing rates overall in Lewisham	Social media impressions of BAME targetted communications; Daily testing rate / 100,000 population in Lewisham; Proportion of contacts followed up by NHS Test and Trace for Lewisham
20	Several national studies have highlighted that there has been a disproportionate impact of COVID-19 on BAME communities in both diagnosed cases and deaths	To engage with BAME communities around COVID-19 to understand the impact of COVID for these communities	Lewisham HealthWatch/Lewisham Council BME Network	Mathew Shaw/Darnell Bailey	July-Sep 2020	Lewisham HealthWatch have launched and completed a COVID-19 impact survey for Lewisham residents; Lewisham Council BAME Professional Network have conducted a survey concernig the impact of COVID-19 on BAME staff		To better understand the impact of COVID-19 on BAME communities and staff in Lewisham to better inform COVID-19 prevention work for BAME communities going forward	Number of BAME respondents to Healthwatch survey/Proportion of all respondents to Healthwatch survey that were of BAME ethnicity; Number of respondents to BAME professional network survey
21	Several national studies have highlighted that there has been a disproportionate impact of COVID-19 on BAME communities in both diagnosed cases and deaths	To engage with BAME communities to provide culturally appropriate community support around COVID-19	Lewisham BME network/Lewisham Council	Barbara Gray	May-July 2020	Grant funded short-term project to provide immediate culturally appropriate support to BME residents launched in May 2020 and delivered by the Lewisham BME network		To provide culturally appropriate community support in response to COVID-19	Number of BME recipients of the BME specific support offer; Qualitative experiences of support offer recipients
22	Several national studies have highlighted that there has been a disproportionate impact of COVID-19 on BAME communities in both diagnosed cases and deaths	To engage with BME communities to provide culturally appropriate mental health support for COVID-19	Lewisham Council/Mabadiiko CIC	Kenny Gregory	Jul-20	Mabadiiko CIC has been commissioned to provide mental wellbeing support and resilience sessions to BME community members and staff in Lewisham. Evaluation support is being provided by Lewisham Public Health team.		To contribute towards addressing the mental health impact of COVID-19 on BAME communities and staff in Lewisham	Proportion of support group attendees that see an improvement in their mental wellbeing and/or resilience after attending suport group sessions
<b>Data</b>									

23	Several national studies have highlighted that there has been a disproportionate impact of COVID-19 on BAME communities in both diagnosed cases and deaths	To collect and analyse ethnicity data for recipients of Lewisham COVID-19 community support offer	Lewisham Council/Lewisham Local	Sakthi Suriyaprakasm	June-July 2020	Analysis of ethnicity data for recipients of the Lewisham community support offer has been performed		To determine if recipients of the Lewisham COVID-19 community support offer reflect the diversity of Lewisham residents	Data analysis of those receiving support from the community hub showed that BAME communities were well represented among support recipients and this will feed into future plans for further development of the Lewisham community support offer.
24	Several national studies have highlighted that there has been a disproportionate impact of COVID-19 on BAME communities in both diagnosed cases and deaths	To analyse Lewisham COVID-19 cases and death data by ethnicity/country of birth	Lewisham and Greenwich Trust/Lewisham Public Health (LBL)	Sandra Iskander (LGT)/Helen Buttivant (LBL)	Commence 01/07/2020	Initial analysis of Lewisham registered deaths by country of birth has been performed		To continue to monitor available data on cases and deaths of COVID-19 by ethnicity and country of birth to inform COVID-19 preventative work to reduce impact of COVID-19 on BAME communities	Proportion of cases of COVID-19 that are of BAME ethnicity; Proportion of COVID-19 deaths that are born in African/Caribbean/Asian countries
<b>Workforce</b>									
25	Several national studies have highlighted that there has been a disproportionate impact of COVID-19 on BAME communities in both diagnosed cases and deaths	To implement individual risk assessment for COVID-19 (including consideration of BAME risk factors)	Lewisham Council/Lewisham and Greenwich Trust/SEL CCG	Catherine Mbema	Commence June-July 2020	Implemented in Lewisham primary care, LGT and due to be rolled out in Lewisham Council		To ensure that the BAME workforce of Health and Wellbeing Board partners have appropriate mitigation measures in place to protect against risk of COVID-19 infection	Proportion of BAME staff completing individual staff risk assessment in Lewisham Council, Lewisham and Greenwich Trust and Lewisham primary care

# Agenda Item 6



## Health & Wellbeing Board

### **Report title: Joint Strategic Needs Assessment Update**

**Date:** 3<sup>rd</sup> September 2020

**Key decision:** Yes/No.

**Class:** Either Part 1

**Ward(s) affected:** ALL

**Contributors:** Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham

### **Outline and recommendations**

This report provides an update of our proposals for a revised JSNA topic selection process for 2020/21 and a review of the impact of recently published JSNA Topic Assessments.

The board is recommended to:

- Note the contents of the report
- Approve the revised timelines for the revision of the JSNA process

## Timeline of engagement and decision-making

### 1. Summary

- 1.1. This paper provides an update on proposals to revise the JSNA topic selection process for 202/21 and to evaluate the impact of recently published JSNAs.

### 2. Recommendations

- 2.1. The board is recommended to:
  - Note the contents of the report
  - Approve the revised timelines for the revision of the JSNA process

### 3. Policy Context

- 3.1. The production of a JSNA became a statutory duty of PCTs and upper tier local authorities in 2007. The Health and Social Care Act 2012 placed a new statutory obligation on Clinical Commissioning Groups, the Local Authority and NHS England to jointly produce and to commission with regard to the JSNA. The Act placed an additional duty on the Local Authority and CCGs to develop a joint Health and Wellbeing Strategy for meeting the needs identified in the local JSNA.
- 3.2. The objective of a JSNA is to provide access to a profile of Lewisham's population, including demographic, social and environmental information. It also provides access to in-depth needs assessments which address specific gaps in knowledge or identify issues associated with particular populations/services. These in-depth assessments vary in scope from a focus on a condition, geographical area, or a segment of the population, to a combination of these. The overall aim of each needs assessment is to translate robust qualitative and quantitative data analysis into key messages for commissioners, service providers and partners.
- 3.3. The most recent version of the JSNA can be found here: [www.lewishamjsna.org.uk](http://www.lewishamjsna.org.uk).
- 3.4. The priorities of The Health and Wellbeing Strategy 2013-2023 were informed by the JSNA.

## 4. Background

- 4.1. To undertake its responsibilities the Board needs to be periodically updated on the local population and its health needs. Individual JSNA topics provide in-depth analysis and recommendations for that specific service / population group.

## 5. JSNA Update

### 5.1. Previous proposals for a revised JSNA topic selection process for 2020/21 and review of the impact of recently published JSNA Topic Assessments

- 5.1.1. The current process for the selection of JSNA Topic Assessments was agreed by the Health and Wellbeing Board in 2017 and is set out [here](#). At the last meeting of the Health and Wellbeing Board it was proposed that the process is revised this year, postponing the call for topic suggestions until September 2020 and undertaking a smaller number of topic assessments (1-2) between September 2020 and March 2021. The “Picture of Lewisham” element of the JSNA will also not be updated this year. The rationale for this was as follows:

- 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.
- It had been proposed that the Health and Wellbeing Board review and refresh the Health and Wellbeing Strategy 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.
- 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. Extending the period between updates to 2 years should not adversely affect the ability of stakeholders to use the information within the profile to inform their decision-making.

It has also become particularly pertinent to review this process given the COVID-19 pandemic and emerging health and wellbeing priorities as part of the recovery and ongoing pandemic response

### 5.2. Revised Timescales

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

- 6.1. There are no specific financial implications. However the financial implications of any recommendations arising from the assessments will be considered either during or once the assessments are completed as appropriate.

## 7. Legal implications

- 7.1. The requirement to produce a JSNA is set out in the Policy Context section.
- 7.2. Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, Health and Wellbeing Boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in their area.

## 8. Equalities implications

8.1 JSNAs are a continuous process of strategic assessment and planning, with a core aim to develop local evidence based priorities for commissioning which will improve health and reduce inequalities. The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

8.2 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.

8.3 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above.

8.4 The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

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

<https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance>

8.6 The Equality and Human Rights Commission (EHRC) has previously issued five guides

for public authorities in England giving advice on the equality duty:

- [The essential guide to the public sector equality duty](#)
- [Meeting the equality duty in policy and decision-making](#)
- [Engagement and the equality duty: A guide for public authorities](#)
- [Objectives and the equality duty. A guide for public authorities](#)
- [Equality Information and the Equality Duty: A Guide for Public Authorities](#)

8.7 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:

<https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1>

## **9. Climate change and environmental implications**

9.1. There are no climate change or environmental implications from this report.

## **10. Crime and disorder implications**

10.1. There are no crime and disorder implications from this report.

## **11. Health and wellbeing implications**

11.1. There are no health and wellbeing implications from this report.

## **12. Report author and contact**

12.1. Dr Catherine Mbema, Director of Public Health, [catherine.mbema@lewisham.gov.uk](mailto:catherine.mbema@lewisham.gov.uk)



## Health and Wellbeing Board

### **Lewisham Health & Care Partners System Recovery Plan**

**Date:**

**Key decision:** No.

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Tom Brown, Executive Director, Community Services, LBL/Sarah Wainer, Director of System Transformation

### **Outline and recommendations**

Attached to this covering report is an executive summary of Lewisham Health and Care Partners recovery plan and the plan itself. The recovery plan sets out the current context for health and care in Lewisham and the partners involved in its delivery; outlines the plans for the recovery and stabilisation of health and care across the borough; provides information and data on our local population; details the learning to date and the impact of Covid-19 on both the population and the system. The plan sets out the priorities and activity on which health and care partners will focus over the next 18 months.

This plan sits alongside other recovery plans and is an important element of wider Council recovery planning and the South East London Integrated Care System (ICS) Recovery Plan.

The plan to date has been developed through a task and finish group with representation from each of the LHCP members and has been discussed with a number of key stakeholder groups. The recovery plan, and the delivery plans that are being developed to underpin it, will continue to be revised in light of new data and following further engagement with the public and other key stakeholders.

Members of the Health and Wellbeing Board are asked to:

- Note the content and priorities as set out in the Lewisham Health and Care Partners System Recovery Plan.
- Note the significant risk of the potential for 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.
- Note that the planned 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.

## Timeline of engagement and decision-making

The first draft of the Lewisham Health and Care Partnership recovery plan was submitted to South East London Clinical Commissioning Group/Integrated Care System on the 17 July 2020. The next iteration of the plan will be submitted to Lewisham's Mayor and Cabinet on 16 September 2020, Borough Based Board on 22 September 2020, and SEL CCG end of September 2020.

The plan provides details of those stakeholder groups with whom the plan has already been discussed. The pack also includes a summary of the outcomes of Healthwatch survey with the local population on their experience of Covid-19 and next steps for further communication and engagement.

The plan is intended to cover an 18 month period initially and will be regularly reviewed to ensure that operational plans and proposed activity appropriately underpin the priorities set out in the plan and that resources have been identified to achieve delivery.

### 1. Summary

- 1.1. The health and care recovery plan is set out in the attached presentation. The plan outlines the key data and information that have been taken into account in the development of the plan and sets out the priorities on which the system will focus over the next 18 months.

### 2. Recommendations

- 2.1. Members of the Health and Wellbeing Board are asked to:
  - Note the content including the priorities set out in the Lewisham Health and Care Partners System Recovery Plan.
  - Note the significant risk of the potential for 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.
  - Note that the proposed activity against each priority will be dependent on the resources that are available. The financial sections of the plan outline the financial challenges that all parts of the system are facing.

### 3. Policy Context

- 3.1. The Health and Social Care Act 2012 established Health and Wellbeing Boards and places a duty upon them to prepare and publish joint health and wellbeing strategies to meet the needs identified in their joint strategic needs assessment.
- 3.2. The Health and Social Care Act 2012 also requires Health and Wellbeing Boards 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.
- 3.3. In developing the health and care recovery plan, partners have been mindful of the requirements of the NHS Long Term Plan, the development of Winter Plans for 20/21, and the NHS requirements as set out in the Third Phase of the NHS Response to COVID19.

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- 3.4. In addition, earlier this year, the Health and Wellbeing Board agreed to the development of a new strategy for the period 2021-26. In developing a new strategy, Lewisham will consider the wider contributory factors to health and wellbeing such as housing, education and employment. It will also seek to encourage individuals to take greater control and responsibility for their own health and care and reflect the need to address health inequalities, particularly in Black, Asian and Minority Ethnic (BAME) groups. The recovery plan will support the delivery of the new strategy.

#### 4. Background

- 4.1. For many years, Lewisham has had a strong history of partnership working. Health and social care commissioners and providers across the system continue to work towards achieving a sustainable and accessible health and care system which supports people of all ages to maintain and improve their physical and mental wellbeing, to live independently and to have access to high quality care when needed.
- 4.2. The local plans and priorities of Lewisham Health and Care Partners (LHCP) will continue to focus on the development of integrated care arrangements for community based care which provide access to person-centred, pro-active and cost-effective care, when it is needed. In meeting this aim, LHCP remains committed to managing resources effectively to reduce inequalities, improve outcomes for the public and deliver value and improvements to the health and care system.
- 4.3. The plan acknowledges in particular that the impact of Covid-19 on Lewisham's diverse population has hit some communities disproportionately hard and LHCP will continue to review and address inequalities and disparities in risks and outcomes, with a specific focus on the BAME population.
- 4.4. Over the next 18 months, partners across the system will be implementing this and other recovery plans. The recovery plan outlines how, in responding to Covid-19, the borough was able to call on strong local leadership and work collaboratively and flexibly to deliver existing services differently and to establish new services. The recovery plan sets out how partners will seek to build on the good practice and learning that was evident over this period.
- 4.5. Prior to Covid-19, at both national and local level, it was recognised that health and care systems were facing significant financial challenges and an increasing demand for services. As the plan recognises, the unprecedented nature of Covid-19 put huge demands on our workforce and services. As well as supporting staff with their own wellbeing, partners also recognise the need to manage safety and risk, capacity and flow of our services, and to support with both existing and new long-term conditions and care needs. This will continue to put pressure on our limited resources.

#### 5. Financial implications

- 5.1. Although there are no specific financial implications arising from this report, it is important to note that delivery against the recovery priorities is dependent on adequate resources being made available and being identified in partners' own financial plans. Challenges to budgets and future resourcing are summarised in the plan.

#### 6. Legal implications

There are no specific legal implications arising from the plan however any changes to services or provision will need to be in line with statutory requirements and guidance.

## 7. Equalities implications

The plan sets out in detail the impact that Covid-19 has had on different population groups in the borough. The plan outlines the current analysis that is being undertaken to understand the impact in more detail and the action that will be taken to reduce health inequalities across the borough. As the recovery plan highlights, the full extent of the impact on the population of Lewisham and the inequalities that are created or exacerbated, will only begin to emerge over the coming months and years.

## 8. Climate change and environmental implications

- 8.1. There are no specific climate change and environmental implications arising from this report

## 9. Crime and disorder implications

- 9.1. There are no specific crime and disorder implications arising from this report.

## 10. Health and wellbeing implications

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

## 11. Background papers

Attachment 1 –Executive Summary of the Lewisham Health and Care Partners Recovery plan

Attachment 2 – The Lewisham Health and Care Partners Recovery plan

## 12. Report author and contact

- 13.1 If there are any queries about this report then please email Sarah Wainer at [sarah.wainer@nhs.net](mailto:sarah.wainer@nhs.net)



# COVID-19: Lewisham system recovery plan summary

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25 August 2020  
Lewisham Health and Care  
Partners



*working together*

# DRAFT



# 1. Context and introduction

**This document sets out our plans for the next 18 months. It includes how we will:**

- **protect local people** and the key workers that support them by mitigating and managing any further waves of COVID-19, learning from our experiences since March of this year.
- **re-start key services and manage existing and new need for support** arising from the lock down period.
- **work with local communities to “build back better”** and ensure everyone in Lewisham can live safely and well.

**The impact of COVID-19 on Lewisham has left scars which must be acknowledged and healed.** We are proud of the diversity of our borough but we know that COVID-19 has disproportionately harmed those from Black, Asian and Minority Ethnic (BAME) communities, older people, those living in the most deprived areas of the borough and in care homes. It has highlighted existing inequalities and too often made these worse.

**Right now men in Crofton Park ward can expect to live for 6 years longer than those in New Cross ward, and women in Perry Vale ward can be expected to live 8.5 years more than women in New Cross ward.** Cardiovascular and respiratory disease, diabetes, obesity in adults and children, smoking, and asthma are all made worse by, and in turn contribute to, inequalities in our society and the risks from COVID-19.

**There have been 1190 confirmed cases of COVID-19 in Lewisham residents** (up to 9th July) and 290 deaths associated with COVID-19 in Lewisham (up to 26th June). As well as the tragic toll of the disease, the lockdown has affected both mental health and wider determinants of health and wellbeing, including access to vital services, our local economy, and the education of our children and young people. The full extent of this impact on the population of Lewisham and the inequalities that are created or exacerbated will only begin to emerge over the coming months and years.

**In Lewisham we have a strong history of working together** and through our Lewisham Health & Care Partnership the response to COVID-19 has shown the value of these relationships and of the joint response of our health and care services, with our voluntary and community sector, and with the communities we serve.

**Our ambition for our recovery is to create a strong, sustainable and accessible health and care system** which supports people of all ages: to maintain and improve their physical and mental wellbeing, to live independently and well, and to access to high quality care whenever they need it. To achieve this we need to deliver care in our communities which is proactive, joined up, cost-effective, and helps to prevent ill-health and promote wellbeing. And we need to tackle the wider causes of inequality.

## 2. Delivering together

**Lewisham Health and Care Partners (LHCP)** includes:

- Lewisham & Greenwich NHS Trust (LGT)
- London Borough of Lewisham (LBL)
- NHS South East London Clinical Commissioning Group (CCG)
- One Health Lewisham (Pan-Lewisham GP Federation)
- Primary Care Network Leads & Lewisham's Local Medical Committee
- South London and Maudsley NHS Foundation Trust (SLaM)

Discussions are taking place to secure strategic input from the voluntary and community sector given the important role of the VCSE in maintaining and improving health and wellbeing.

**Alongside Lewisham's integrated health and care commissioning arrangements, the borough has two alliance leadership groups for Care at Home and Mental Health.**

- The Care at Home Alliance Leadership Group brings together local health and care organisations to work together to establish proactive, accessible and coordinated community based care in order to achieve better health and wellbeing outcomes for adults.
- The Mental Health Alliance Leadership Group seeks to provide working age adults with a personalised approach to their treatment, care and support needs, based on the identification of assets and strengths, and facilitating the achievement of personal goals. The group's remit is being expanded to include Children's Mental Health and Older Adult Mental Health.

**Our recovery plan reflects a number of key priorities for 2020-21.**

Alongside our work on preventing and managing any future outbreaks of Covid-19, we will continue to work together to join-up community based care at a neighbourhood level, including in areas such as prevention, early intervention, care at home and end of life care.

Informed by local experiences, we will develop the links between our neighbourhoods and our hospitals, helping to keep people living safely, independent and well, and to regain their independence after a hospital stay.



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# 3. Our Recovery Plan – a summary of our key priorities

COVID-19 has highlighted the importance of working together to accelerate our existing efforts to tackle inequalities and improve health and wellbeing in Lewisham, whilst also responding to the learning since March 2020. All of this we will need to do whilst continuing to safeguard local people and staff against any future wave of infection. The following table sets out our key priorities for recovery and for engaging with local communities over the next 18 month.

## Addressing Inequalities

addressing inequalities and disparities in risks and outcomes, including a specific focus on our BAME communities and staff.

<p><b>Care Homes</b></p> <p>supporting care homes locally including co-ordinated support and safeguarding of all residents and staff</p>	<p><b>Prevention</b></p> <p>restarting services reduced or put on hold during lockdown with a focus on addressing inequalities</p>	<p><b>Planned Care</b></p> <p>including proactive immunisations, cancer screening, Long Term Conditions support and management, postnatal and health checks</p>	<p><b>Building Community Resilience</b></p> <p>recognising individual strength, knowledge and skills to ensure people have more control and a greater voice</p>	<p><b>Children, Young People &amp; Families</b></p> <p>catch-up immunisations, screening and weight management, mental health support and support to schools</p> <p>implementation of the i-Thrive model across early help and emotional health services to develop a common language and enable better access to services, creating improved family resilience</p>
<p><b>Frailty</b></p> <p>understanding and mapping mild, moderate and severe frailty, links to other conditions, and how best to provide more responsive care</p>	<p><b>Diabetes</b></p> <p>including patients with undiagnosed diabetes, at risk of developing diabetes and with gestational diabetes</p>	<p><b>Respiratory</b></p> <p>integrated respiratory community hubs, review of Lung Education Exercise Programme (LEEP), and implementation of multi-disciplinary working for respiratory patients</p>	<p><b>Mental Health</b></p> <p>Front Door &amp; Rapid Crisis Response, Community Support, Rehabilitation &amp; Complex Care, including addressing inequalities and improving outcomes for BAME communities</p>	

## Safeguarding our communities and those who support them

mitigating and managing the risks of a “second surge” of Covid-19 in Lewisham, including Test and Trace, Shielding, “Covid-19 Secure” services

# 4. Addressing inequalities

**We recognise that plans are only as good as the engagement that sits around them and the practical steps we take next.**

- **As part of our response planning we have considered the recent Public Health England review of disparities in risks and outcomes for COVID-19.** The analysis has looked into effects of age, sex, deprivation, region and ethnicity, but it does not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences.
- **Continuing to improve the management of long-term conditions in Lewisham is a key priority for our partnership, as (working with VCSE colleagues) is addressing the broader socio-economic determinants of health and wellbeing.** These include inequalities exacerbated by the effects of the COVID-19 outbreak.
- **Birmingham City Council and Lewisham Council are launching ground-breaking work into the health inequalities of African & Caribbean communities.** The programme, which will conclude in December 2021, consists of a series of reviews which aim to explore in-depth the inequalities experienced by these ethnic groups and their drivers. The review topics include: children and young people, mental health and wellbeing and chronic health, amongst others. The aim is to find approaches to break the decades of inequality in sustainable ways that will lead to better futures for local citizens.
- **In March 2020, the Health and Wellbeing Board agreed to the development of a new strategy for the period 2021-26.** In developing a new strategy, Lewisham will consider the wider contributory factors to health and wellbeing such as housing, education and employment. It will also seek to encourage individuals to take greater control and responsibility for their own health and care and reflect the need to address health inequalities, particularly in Black, Asian and Minority Ethnic (BAME) groups.

**A full communications and engagement plan is being developed with partners to support the borough's recovery plans.**

This includes:

- Reflecting on what we know from previous engagement work.
- Understanding further what partners have learned from people's experiences of receiving care during the pandemic and the impact this has had on them.
- Identifying and addressing gaps in our knowledge and understanding.
- Considering how this will shape our recovery planning and delivery going forward.
- Working collaboratively across partners in a coordinated way for the good of all of our residents.

**We will work to engage actively with our local communities in responding to current and future opportunities and challenges** with clear communications and feedback vital to ensure our plan reflects the views, experiences and priorities of all of Lewisham's population and those that work to support them.

# 5. Safeguarding our communities and those who support them

**A cross-sector COVID-19 Health Protection Board has been established to oversee our Local Outbreak Control Plan.**

In Lewisham our partnership response to COVID-19 was swift with emergency structures put in place quickly, supported by coordinated communications across partners and with the local population.

In planning to mitigate and manage any second wave, we will explicitly build on the accomplishments and the lessons of the first, including:

- **Continue with robust infection control practices** including in readiness for secondary school reopening in September.
- **Target services to those most in need quickly** using population health data. This information continues to be built on and refined.
- **Continue with collaboration between health and care providers** to ensure that those most in need receive relevant care and support.
- **Enable access to key services through use of digital for consultations and patient support and providing safe face-to-face services** supported by PPE, training and effective use of sites.
- **Consultant Connect provides access for GPs to specialist input** reducing the need for patients to be seen at the hospital.
- **Support for staff to work remotely where possible.** Laptops and telephone solutions are in place and continue to be supported.
- **Extra critical care capacity available as required** to support any second wave and winter plans.
- **The 2nd COVID Centre which was set up for the first wave of COVID** to be reinstated if needed.
- **The infrastructure to support shielded people will be maintained** to allow the service to restart in the event of a second peak. A shadow team of volunteers are “on call” for swift redeployment.
- **Ensure effective mental health services are available** including co-producing support on offer with local BAME groups.

## Key aspects of Lewisham’s response to Covid-19 to-date include:

**Harnessing local knowledge and data:** Lewisham population health data system was used to identify vulnerable people quickly and offer support via the shielding team and Lewisham Local.

**Improving capacity in our hospitals:** Working jointly to support people leaving hospital and improve A&E performance.

**Supporting people at home:** Ensuring Home care providers were able to flex care provision easily. Home-based swab tests and self-monitoring to avoid potentially risky contact during lockdown.

**Volunteering:** Over 2,000 people mobilised to support the most vulnerable in our community with practical and emotional support.

**New technologies:** Laptops were issued to GPs and other staff to enable remote working with a further 1,000 from DfE provided to children & young people.

**Testing:** Staff testing co-ordinated jointly by the Council and CCG, including key workers in primary care, pharmacies and care homes.

**COVID Centres:** 2 COVID Centres rapidly established in the north and south of Lewisham, to manage patients with suspected COVID.

**Personal Protective Equipment:** Distribution of PPE locally to GPs, council staff, Care Homes and Domiciliary Care agencies.

**Infection Prevention & Control:** providing advice and support to care homes, mental health settings and supported housing providers as well as schools and early years.

**Mental Health:** Triage in Emergency Department extended 24 / 7.

**Service changes and additional support:** delivery of food parcels to shielded and vulnerable families and provision of safe temporary accommodation.

# 6. Enabling local priorities



## Improving capacity and managing future demand

We are working with partners across South East London to model demand and capacity in order to help support the recovery of routine services and ensure we are able to manage any potential second wave.



## Workforce

Our priorities are valuing and investing in our people and working collaboratively to improve working lives, workloads and wellbeing. This includes supporting staff physical and mental health and wellbeing, clear risk assessments and support for BAME staff, and building multi-disciplinary teams to enable integrated working including the development of broader workforce and volunteering models.



## Digital

We will build on progress during Covid-19 in using digital technologies to improve access and health outcomes, including in our ability to securely share information and data and match services to needs, whilst ensuring that we continue to provide an inclusive set of services which support our overall goal of tackling inequality and do not create new barriers to accessing care.



## Care Homes sector support

The vulnerability of the local care homes market especially in light of the impact of COVID-19 remains a major concern, voluntary closures are likely. Lewisham will work proactively to support vulnerable care homes and ensure the safety of residents.



## Estates

We aim to utilise existing estates more intensively to support a wide range of community-based health and care services, as well as providing flexible and adaptable spaces to support health and wellbeing. We are committed to releasing inappropriate estate where possible, withdrawing from property which is at the end of its useful life, and from leasehold property where public freehold estate is available, to maximise available funding to the frontline.



# COVID-19: Lewisham system recovery plan

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Lewisham Health and Care  
Partnership

DRAFT  
Version as at 26/8/20



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# 1. Executive Summary

**Following the initial emergency response to the COVID pandemic**, all health and care systems are developing borough-level COVID ‘recovery’ plans as part of wider system and Council plans for recovery. This Lewisham health and care system plan forms the Health and Wellbeing workstream of Lewisham Council’s recovery plan. It also forms part of the South East London CCG’s COVID recovery plan, which will incorporate plans covering health and care in Lewisham, Lambeth, Southwark, Greenwich, Bexley and Bromley.

**This document sets out our plans for the next 18 months. It includes how we will:**

- **protect local people** and the key workers that support them by mitigating and managing any further waves of COVID-19, learning from our experiences since March of this year.

**re-start key services and manage existing and new need for support** arising from the lock down period.

**work with local communities to “build back better”** and ensure everyone in Lewisham can live safely and well.

**The impact of COVID-19 on Lewisham has left scars which must be acknowledged and healed.** We are proud of the diversity of our borough but we know that COVID-19 has disproportionately harmed those from Black, Asian and Minority Ethnic (BAME) communities, older people, those living in the most deprived areas of the borough and in care homes. It has highlighted existing inequalities and too often made these worse.

**There have been 1190 confirmed cases of COVID-19 in Lewisham residents** (to 9th July) and 290 deaths associated with COVID-19 in Lewisham (to 26th June). As well as the tragic toll of the disease, the lockdown has affected both mental health and wider determinants of health and wellbeing, including access to vital services, our local economy, and the education of our children and young people. The full extent of this impact on the population of Lewisham and the inequalities that are created or exacerbated will only begin to emerge over the coming months and years.

**Our ambition for our recovery is to create a strong, sustainable and accessible health and care system** which supports people of all ages: to maintain and improve their physical and mental wellbeing, to live independently and well, and to provide access to high quality care whenever they need it. To achieve this we need to deliver care in our communities which is proactive, joined up, cost-effective, and helps to prevent ill-health and promote wellbeing. And we need to tackle the wider causes of inequality.

# 1. Context – the Lewisham Health and Care System

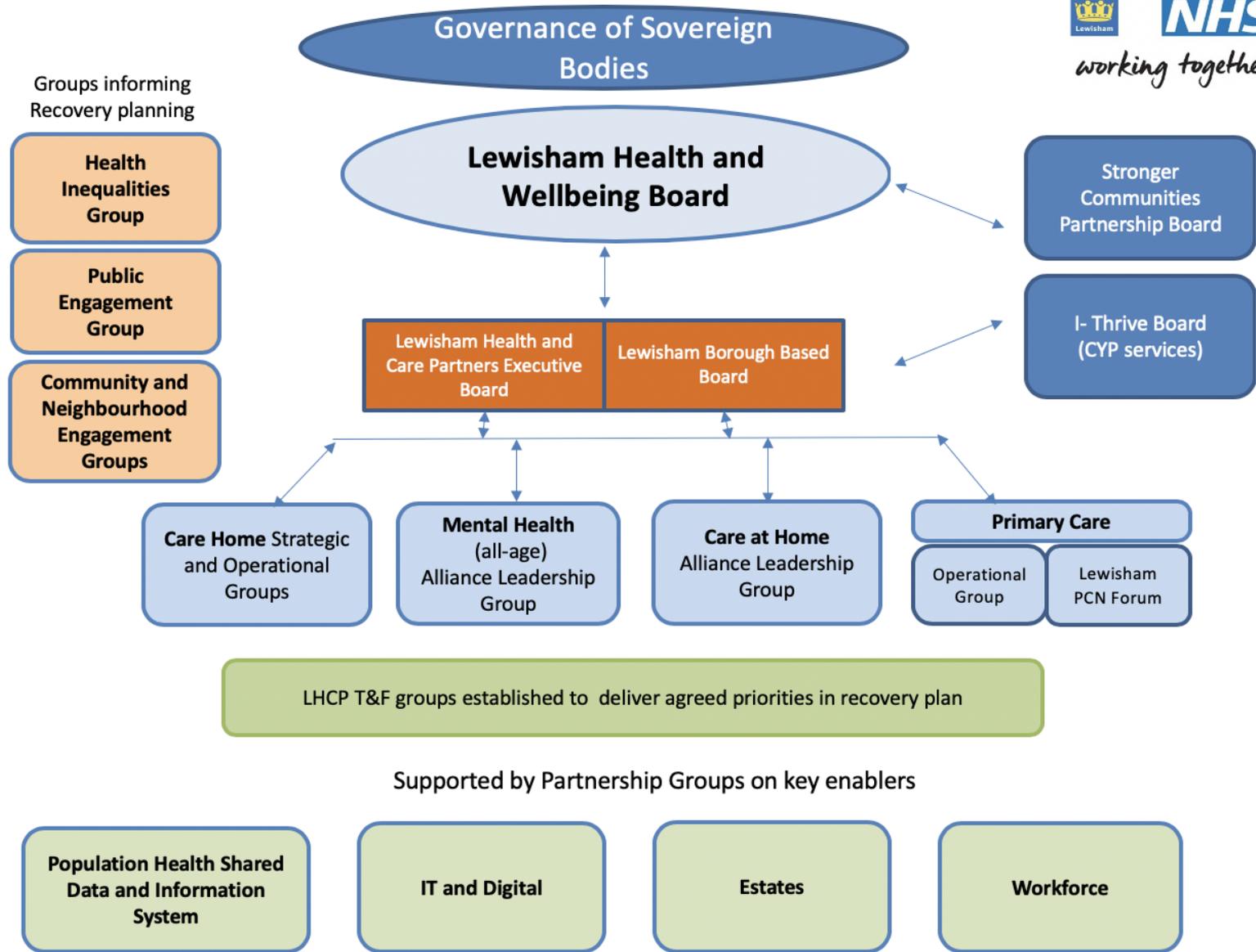
In Lewisham, health and care is delivered and supported by a range of organisations and partners across the Borough.

Lewisham has a strong history of partnership working. Our response to COVID-19 has shown the value of these relationships and of the joint working of our health and care services, with our voluntary and community sector, and with the communities we serve.

These established relationships have meant that we were able to identify activity to meet risks quickly and mobilise resources effectively, sometimes within a matter of days, minimising the impact which may have otherwise been a great deal worse.



# 1. Context – Lewisham Health and Care Boards



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# 1. Context – Lewisham Health and Care Partners (LHCP)

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**Lewisham Health and Care Partners (LHCP)** include Lewisham and Greenwich NHS Trust (LGT); London Borough of Lewisham (LBL); NHS South East London Clinical Commissioning Group (CCG); One Health Lewisham (Pan-Lewisham GP Federation); South London and Maudsley NHS Foundation Trust (SLaM); Primary Care Network Leads and Lewisham's Local Medical Committee. Discussions are taking place to secure strategic input from the voluntary and community sector given the important role of the VCSE in maintaining and improving health and wellbeing.

**The Partners meet regularly at the LHCP Executive Board to provide shared system wide leadership**, set the strategic direction for integration and transformation and oversee the changes required for health and care across Lewisham. Lewisham's existing joint commissioning arrangements for children and adults are governed by section 75 agreements. The Local Authority and CCG are seeking to further strengthen these commissioning arrangements as part of the place based system and governance.

**Alongside Lewisham's integrated commissioning arrangements, the borough has two alliance leadership groups for Care at Home and Mental Health.** The former brings together local health and care organisations to develop integrated provider arrangements to deliver care and support for adults in their own homes, improving the co-ordination, quality and accessibility of that care and support. Similarly, the Mental Health Alliance Leadership Group seeks to provide working age adults with a personalised approach to their treatment, care and support needs, based on the identification of assets and strengths, and facilitating the achievement of personal goals. The group's remit will be expanded to include Children's Mental Health and Older Adult Mental Health.

**Lewisham's Health and Care Partners report into the borough's statutory Health and Wellbeing Board.** Alongside a requirement to publish joint health and wellbeing strategies, the Board is also required 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 health and wellbeing.

## 2. Population health: context #1 - population

Lewisham has a population of more than **305,800 people**

Lewisham is **densely populated** and has the 6th highest rate of household overcrowding in London. Nearly 10% of households in the borough are classed as overcrowded.

The borough has a **relatively young population** profile.

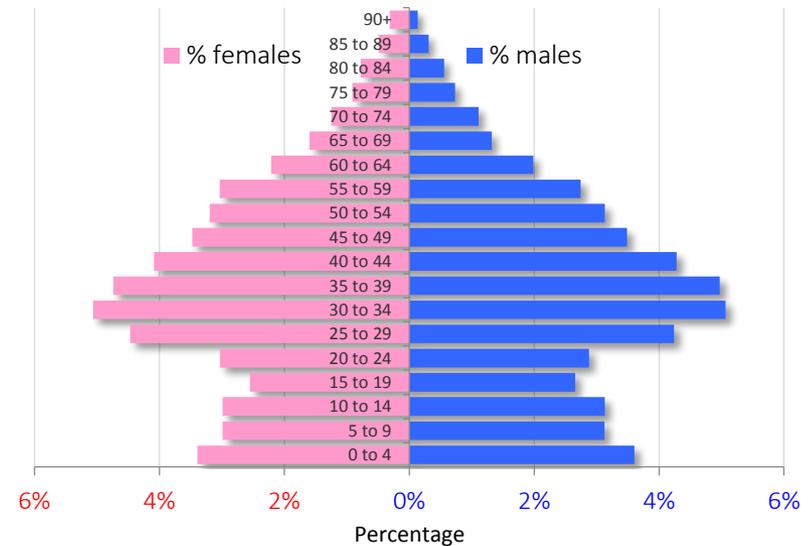
Residents aged 0-19 make up nearly 25% of the total population  
About 70% of the borough's population is of working age (16-64)  
Whilst older residents, aged 65+, make up about 10%

Lewisham has an **ethnically diverse population**.

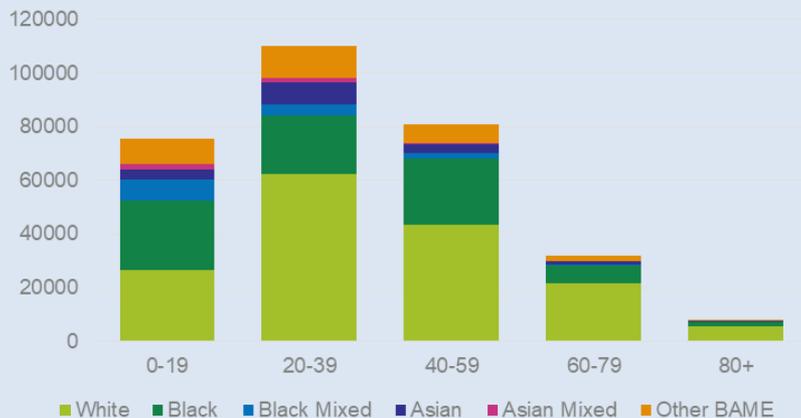
46% of the total population are of BAME heritage

This differs with age. **Over 65% of Lewisham residents age 0-19 are from BAME heritage.**

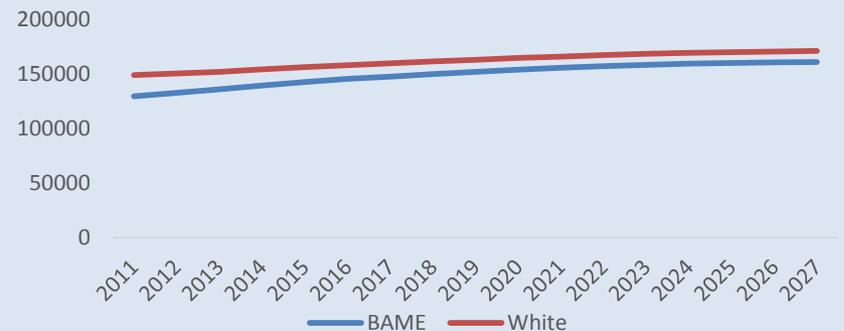
Population pyramid: annual percentage of females and males in Lewisham by 5 year age band, 2020



Lewisham ethnicity distribution by age group



Ethnicity projections for Lewisham by 2027



## 2. Population health: context #2 – health risks

<b>Life Expectancy</b>	There are big variations in life expectancy throughout the borough: men in Crofton Park ward can expect to live for 6 years longer than those in New Cross ward, and women in Perry Vale ward can be expected to live 8.5 years more than women in New Cross ward.
<b>Cardiovascular and respiratory diseases</b>	The rate of premature death from <b>cardiovascular and respiratory diseases</b> in Lewisham are higher than the average for London and England.
<b>Smoking and Obesity (adults)</b>	<b>Smoking and obesity</b> contribute significantly to <b>premature mortality and morbidity</b> in Lewisham. These health risks are also strongly linked with poor COVID-19 outcomes. Lewisham has a higher proportion of <b>smokers</b> and higher levels of <b>adult obesity</b> than most areas in London.
<b>Diabetes</b>	<b>Diabetes</b> is also a known risk factor for COVID-19 outcomes. Nearly <b>1 in 10 people</b> in Lewisham are estimated to have diabetes (T1 & T2, including those currently undiagnosed). <b>58%</b> of our population with <b>type 2 diabetes</b> are estimated to be of <b>ethnic minority origin</b> .
<b>Obesity (children)</b>	<b>The prevalence of obesity</b> in Yr 6 children in Lewisham is above the England average. Obese children may be at risk of more severe symptoms of COVID-19 should they catch the disease, although further research into the link between obesity in children and COVID-19 outcomes is required.
<b>Asthma (children)</b>	The rate of hospital admissions for <b>asthma in children</b> aged 18 and under is significantly higher than the average for London and England. Children with severe or poorly managed asthma may be at risk of more severe complications as a result of COVID-19 infection.
<b>Low Income Households</b>	Nearly a quarter of Lewisham's children (23%) live in <b>low income households</b> and over 11,600 children claim free school meals. There is a known link between deprivation and the risk of COVID-19 infection.

Further information and analysis on the link between health status, comorbidities and the impact of COVID-19 on the Lewisham population can be found on slide 13

## 2. Population health: impact of COVID-19 – direct impact on health

<b>Number of cases</b>	There have been 1190 confirmed cases of COVID-19 in Lewisham residents (up to 9 <sup>th</sup> July).
<b>Number of deaths</b>	There have been <b>290 deaths associated with COVID-19</b> in Lewisham (up to 26 <sup>th</sup> June).

Demographic analysis of deaths registered in Lewisham up to 15<sup>th</sup> May confirms that mortality from COVID-19 impacts population groups in Lewisham disproportionately, matching the patterns that have been identified nationally and internationally:

<b>Mortality</b>	<b>Men and women aged 50 and above</b> have an increased risk of mortality. The gender difference in mortality risk increases with age with the rate of death considerably higher <b>in males aged 70+</b> than females.
<b>ETHNICITY</b>	<b>Lewisham residents born in the Americas &amp; the Caribbean, Africa or the Middle East &amp; Asia</b> have a significantly higher death rate than people born in either the UK or Europe.
<b>Deprivation</b>	<b>Those living in the most deprived areas</b> of Lewisham have considerably higher rates of death from COVID-19 than those living in the least deprived areas
<b>Care Homes</b>	20% of deaths from COVID-19 were to <b>residents who normally live in care homes.</b>

This analysis will be updated to incorporate COVID-19 associated deaths registered in the latter part of the initial wave of the outbreak (from mid-May to mid-July).

Lewisham Public Health Team are creating a demographic profile of the entire cohort of residents who were diagnosed with COVID-19.

Partners in SEL ICS & Kings Health Partnership are working on more granular analysis of the cohort of people in Lewisham who received hospital treatment for COVID-19. This analysis will include a breakdown by ethnicity, previous health status/risk factors.

## 2. Population health: impact of COVID-19 - inequalities and the wider determinants of health

- As well as the direct impacts of the disease on physical health, the lockdown imposed as a result of COVID-19 has also had an impact on mental health and the wider determinants of health such as socio-economic factors and education and developmental impacts for children and young people.
- The full extent of this impact on the population of Lewisham and the inequalities that are created or exacerbated, will only begin to emerge over the coming months and years.
- Lewisham is working in partnership with public health teams across South East London and colleagues in Kings Health Partnership on an in depth analysis of COVID-19 needs and inequalities across SEL. An evidence review of interventions known to effectively tackle the inequalities identified is also being undertaken. This will provide a detailed profile of the holistic impact of COVID-19 on each borough and a menu of options for each borough, to incorporate into their recovery plan, that will transform the health and inequalities of their population over the next 3 – 5 years.
- Birmingham City Council and Lewisham Council are launching ground-breaking work into the health inequalities of African & Caribbean communities. The programme, which will conclude in Dec 2021, consists of a series of reviews which aim to explore in-depth the inequalities experienced by these ethnic groups and their drivers. The review topics include; children and young people, mental health and wellbeing and chronic health, amongst others. The aim is to find approaches to break the decades of inequality in sustainable ways that will lead to better futures for local citizens.
- The following slide highlights some of the early indicators of the wider impact of COVID-19 on our population.

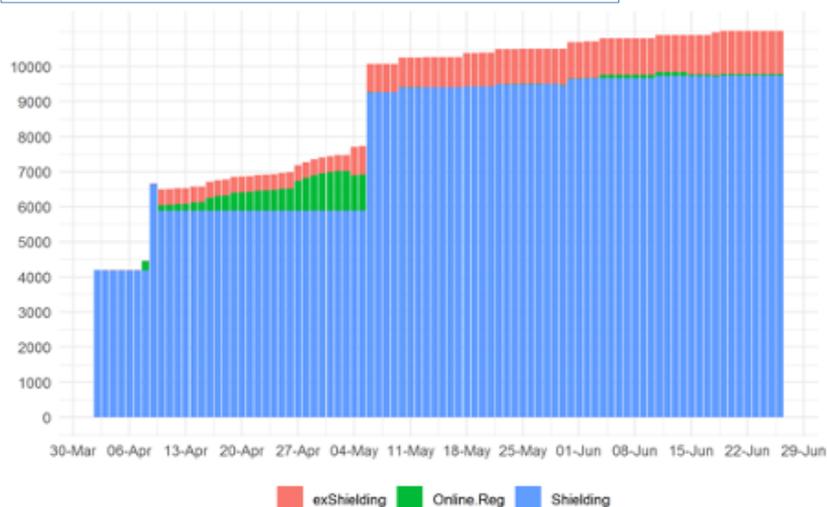
## 2. Population health: impact of COVID-19 - inequalities and the wider determinants of health

- Lewisham's claimant count is now 19,100 (May 2020), up from 12,800 (April 2020) and 8,400 (March 2020) pre-lockdown.
- Government data reveals that 36,200 jobs within Lewisham have been furloughed (43.2% of all in-borough jobs).

**Table: Lewisham Shielding list over time**

The increase in number of shielders in May was due to the second release of central data by NHS digital.

The additional 3,000 vulnerable people identified locally are not shown in this table.



- Lewisham has seen a significant increase in food insecurity in the months since the onset of COVID-19. More than 9,000 requests for food were made and more than 8,230 food packages were delivered.
- Children and Young People: As of the 2020 Spring Census (16 January 2020) there were 6,856 children and young people claiming Free School Meals. As at 14 July 2020 there were 11,755 children and young people registered for Free School Meals. This means that a significantly higher number of Lewisham CYP have access to food through their schools supporting those families affected by unemployment or loss of earnings.
- Almost 10,000 people were shielding in Lewisham and were supported by the Shielding Team - the geographic spread of shielders broadly follows patterns of deprivation. The Community Hub (Lewisham Local) delivered support to over 7,000 people. The majority of support provided was food packages (See Case study 3). A wider cohort of approximately 3,000 vulnerable people and not known to services were identified using population and Council data. This group were then prioritised for a welfare call and referred to other support if required.

## 2. Population health: Health and Wellbeing Strategy

Lewisham will ensure that its new Health and Wellbeing strategy addresses the impact of COVID-19 and that actions are prioritised within short, medium, and long-term plans.

In March 2020, the Health and Wellbeing Board agreed to the development of a new strategy for the period 2021-26. In developing a new strategy, Lewisham will consider the wider contributory factors to health and wellbeing such as housing, education and employment. It will also seek to encourage individuals to take greater control and responsibility for their own health and care and reflect the need to address health inequalities, particularly in Black, Asian and Minority Ethnic (BAME) groups.

Alongside addressing the impact of COVID-19, the strategy will continue to focus on the following:

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**Quality of Life** – too many people live with preventable ill health or die too early in Lewisham. Health inequalities persist and the wider contributory factors to a person’s quality of life and overall wellbeing require focused attention to enable all people in Lewisham to live well for longer.

- **Quality of Health, Care and Support** – People’s experience of health, care and support is variable and could be improved. The system needs to evolve from a provider-focused one. The individual needs to be empowered to be in control of their own health and wellbeing through accessible information and local support, available closer to home.
- **Sustainability** – there are increasing levels of demand - population growth, age, complexity of need – and the financial resources are limited. The local health and wellbeing system must be forward looking and adaptable to such competing pressures.

Demand for services has been disrupted by COVID-19. It will take time to understand fully what this means in terms of impact on our local system. However, as part of our response planning we have considered the recent Public Health England review of disparities in risks and outcomes for COVID-19.

# Managing Population Health & Tackling Inequalities - Addressing the impact of COVID-19

As part of our response planning we have considered the recent Public Health England review of disparities in risks and outcomes for COVID-19. The PHE analysis has looked into effects of age, sex, deprivation, region and ethnicity, but it does not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences. Continuing to improve the holistic management of long-term conditions in Lewisham is a key priority for our partnership, as (working with VCSE colleagues) is addressing the broader socio-economic determinants of health and wellbeing, including inequalities exacerbated by the effects of the COVID-19 outbreak. However, as an area with a diverse population and a diverse workforce, we recognise our shared responsibility to address emerging disparities in risks and outcomes specifically in our immediate and future plans

	Age and Gender	Deprivation	Ethnicity	Occupation	Health Factors/Comorbidites
Risk Factors	<ul style="list-style-type: none"> <li>Those 80 or over were seventy times more likely to die than those under 40.</li> <li>Males had a statistically significantly higher rate of death (9.9 deaths per 100,000) compared to females.</li> </ul>	<p>COVID-19 has had a proportionally higher impact in the most deprived areas when compared to all deaths. Some groups are particularly at high risk</p> <ul style="list-style-type: none"> <li>Migrants</li> <li>Those with Nil recourse to public funds</li> <li>Homeless</li> <li>Children and Young people (impact of education)</li> </ul>	<p>The risk of dying is higher for those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.</p>	<ul style="list-style-type: none"> <li>Caring occupations including social care and nursing auxiliaries and assistants.</li> <li>Those employed driving private and public vehicles including taxi and minicab drivers and chauffeurs.</li> <li>Security guards and related occupations; including those in care homes.</li> </ul>	<ul style="list-style-type: none"> <li>Hypertension</li> <li>Cardiovascular diseases</li> <li>Diabetes mellitus</li> <li>Obesity</li> <li>Smoking</li> <li>COPD</li> <li>chronic kidney disease</li> </ul>
Potential Impact on Lewisham Population	<ul style="list-style-type: none"> <li>Lewisham has a relatively young population with less than 5% of residents aged 80 +</li> <li>About 700 older clients are in nursing and residential settings, COVID-19 has caused, or been attributed to 22% of all deaths occurring in care homes in Lewisham since March 2020</li> <li>The proportion of males:females in the population is relatively evenly balanced (49.5% : 50.5% respectively). However the proportion of men in the older age group is much smaller. Of those aged 80+ in Lewisham, only 39% are male.</li> </ul>	<ul style="list-style-type: none"> <li>In Lewisham 25% of the population live in the most deprived area in London, with none living in the least deprived area.</li> <li>Lewisham is the seventh most deprived of all London boroughs.</li> <li>children live in low income households and over 11,700 children claim free school meals</li> <li>There are more than 2500 families living in Temporary Accommodation and over 150 rough sleepers in Lewisham.</li> <li>Nearly one in five Lewisham residents hold a foreign passport (this provides an indication of the proportion of migrants within the population)</li> <li>The council have 74 active cases involving people with nil recourse to public funds.</li> </ul>	<ul style="list-style-type: none"> <li>Lewisham are of BAME heritage</li> <li>As a proportion, people of BAME heritage (Men and Women) represent 53% of all those employed in the 'Human Health and Social Work sector' in Lewisham;</li> <li>Approximately of 54% of Women employed in the 'Human Health and Social work' sector are also of BAME heritage</li> </ul>	<ul style="list-style-type: none"> <li>Lewisham residents are working in sectors that are more likely to be exposed to risk of COVID-19 infection.</li> <li>It is estimated that more than 60% of Lewisham residents of working age are employed in "public-facing" roles.</li> <li>18% of Lewisham residents work in the "Human Health &amp; Social Work" sector (compared to 10% in London)</li> </ul>	<p>High levels of smoking and obesity and rates of premature death from cardiovascular and respiratory diseases.</p> <p>Nearly 1 0% of people in Lewisham are estimated to have diabetes (T1 &amp; T2, including those currently undiagnosed). High proportion of population with type 2 diabetes are estimated to be of ethnic minority origin</p>
Areas to be reflected within delivery plans	<ul style="list-style-type: none"> <li>Integrated support to our vulnerable and frail population.</li> <li>Agree risk stratification process to identify the cohort of people who would respond most effectively to anticipatory care or integrated care following an acute admission</li> <li>Support to CYP and families specifically around MH and emotional wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>Working with partners to address wider determinants of health and wellbeing including housing, education, employment</li> <li>Review of Health and Wellbeing Strategy to reflect wider contributory factors to health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Understand and address health inequalities for BAME and other vulnerable residents as exacerbated by COVID-19 Action plan in place to support the work agreed in 2019 and updated in March 2020 (<a href="http://councilmeetings.lewisham.gov.uk/documents/s72340/Item%203a%20-%20BAME%20Health%20Inequalities%20Update%20-%20Action%20Plan.pdf">http://councilmeetings.lewisham.gov.uk/documents/s72340/Item%203a%20-%20BAME%20Health%20Inequalities%20Update%20-%20Action%20Plan.pdf</a>)</li> </ul>	<ul style="list-style-type: none"> <li>Shared programme to develop health and care workforce, especially BAME staff</li> <li>Establish a new partnership relationship with local Domiciliary care providers</li> <li>Implementation of Care Home plan</li> </ul>	<ul style="list-style-type: none"> <li>Continued investment in prevention to support population health and wellbeing</li> <li>Improved LTC self management and care</li> <li>HCP continued focus on: Mental Health, Respiratory, Diabetes, and Frailty</li> <li>Cross borough work on Cancer</li> </ul>

### 3. Working together: key developments during COVID-19 #1

<b>Strong local leadership</b>	The response to COVID-19 was swift and effective, emergency leadership structures were put in place quickly, supported by coordinated communications across partners and with the local population
<b>Use of data</b>	The existing Lewisham population health data system, and other health data was used to identify additional potentially vulnerable people among local residents quickly, and offer support through the shielding team and Lewisham Local (see case study). It also enabled staff to analyse the emerging trends on a day to day basis to provide care for the expected COVID-recovery patients needing further support.
<b>Patient behaviour</b>	<p><i>Risks:</i> Attendances at general practice and at A&amp;E and for elective surgery decreased sharply. The outcome of this is a high risk in terms of unmet need and likely exacerbation of conditions for our local population. Lewisham Health and Care Partners are increasing communications to encourage people to attend services. Individual services such as child immunisations are boosting capacity in order to mitigate this impact of COVID.</p> <p><i>Opportunity:</i> The decrease in emergency attendances together with the redesign of a hospital 'flow centre' helped to get people quickly out of hospital (<i>see case study</i>). We were also able to make some progress with internal changes in our emergency departments. This has meant that we have seen a significant improvement in achieving the 4-hour target for patients to be seen in A&amp;E. We now need to sustain this to cope with any future waves, and with winter pressures.</p>
<b>Community Health Services</b>	Community health services continued to provide a similar level of caseload, but with a different emphasis, providing home-based swab tests, while other patients started to self-monitor (e.g. blood glucose levels) to avoid face to face contact.
<b>A volunteer force</b>	A volunteer force of over 2,000 people was mobilised quickly to support the most vulnerable in our community with practical and emotional support. Social prescribing link workers played a key role in supporting vulnerable people through the COVID crisis, providing holistic wellbeing support and signposting to critical services. They will continue to support people through recovery using a proactive approach to identifying people
<b>Digital First</b>	<p>Laptops were issued to General Practice and to other staff to enable remote working where possible, and reduce face to face contact while continuing to deliver healthcare services. A further 1,000 laptops were distributed to children and young people (provided by DfE) after it was recognised that some local families were being disadvantaged by the move to digital for healthcare and education. New technology was introduced to support remote assessments and reviews for users of social care services in the community and in care homes.</p> <p><b>Care leavers:</b> Through the local Independent Visitor Service contact with care leavers has significantly improved during the pandemic. Changes in social work practice has provided increased flexibility, offered at a convenient time through the use of digital tools, this approach has been welcomed by our young people who have previously been difficult to engage.</p> <p>As we go forward we will look in depth at how the use of technology impacts on those who don't have digital access, particularly how it affects those in temporary accommodation, those without access to broadband, and those who lack physical or mental dexterity.</p>

### 3. Working together: key developments during COVID-19 #2

<b>Testing</b>	<p>Staff Testing for COVID-19 has been co-ordinated jointly with the Council and CCG. Initially this provided access to antigen testing for key workers in primary care, pharmacy and care homes. Subsequently the programme has been rolled out more widely for example with blanket testing in care homes. An initiative during June and July saw antibody testing provided to staff in the CCG, primary care, pharmacy and care homes, with phlebotomy carried out by One Health Lewisham and laboratory analysis by LGT.</p>
<b>Local Outbreak Management</b>	<p>A cross-sector COVID-19 Health Protection Board has been established to oversee the implementation of Lewisham's COVID-19 Local Outbreak Control Plan. Plans for the management of COVID-19 outbreaks in a range of health and non-healthcare settings have been agreed, these include pathways to increase testing capacity and mutual aid agreements to support contact tracing for outbreaks in complex settings.</p>
<b>Establishment of COVID Centres</b>	<p>2 COVID Centres were rapidly established in the north and south of Lewisham, to manage patients with suspected COVID.</p>
<b>Personal Protective Equipment</b>	<p>Distribution of PPE locally to GPs was coordinated by the GP Federation, staff in the Council and CCG coordinated supplies of PPE to Care Homes and Domiciliary Care agencies until the national supply of PPE became effectively mobilised.</p>
<b>Referrals to Children's Mental Health Services reduced</b>	<p>Referrals to front line services such as MASH, CAMHS, Athena (for domestic abuse) and the Young People's Health and Wellbeing Service have reduced during the pandemic, largely due to reduced face to face contact with key referral sources such as primary care (GPs) and schools. CAMHS referrals have dropped by 50% during COVID-19 (approx. 130 referrals a month in 19/20, compared to 65 per month in 20/21). It is not known whether there is an increase in need and the full impact is unlikely to be recognised, however the use of the crisis line has increased. <i>(see case study)</i></p>
<b>Infection Prevention and Control in non-healthcare settings</b>	<p>The Public Health Team have become the central point of contact for enquiries relating to COVID-19 infection prevention and control guidance in non-healthcare settings. The team have worked across sectors providing advice and support to care homes, mental health settings and supported housing providers as well as schools and early years settings.</p>
<b>Mental Health in ED</b>	<p>Emergency Department walk-in triage was extended to 24/7. As a result of this initiative 36% of patients were diverted from a bay in majors and did not require a full psychiatric assessment.</p>
<b>Service changes and additional support</b>	<p>The SEND travel assistance programme has been able to assist with the delivery of food parcels to shielded / vulnerable families.</p> <p>A task force was established quickly to risk assess all supported housing and provide COVID-safe accommodation for symptomatic people. Dormitory-based night shelters were closed and 210 rough sleepers accommodated safely in self-contained accommodation such as student housing.</p>

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# 3. Working together: impact on services

Demand on services changed during COVID for some service types. Below are highlights of some of the changes in health and care service delivery.

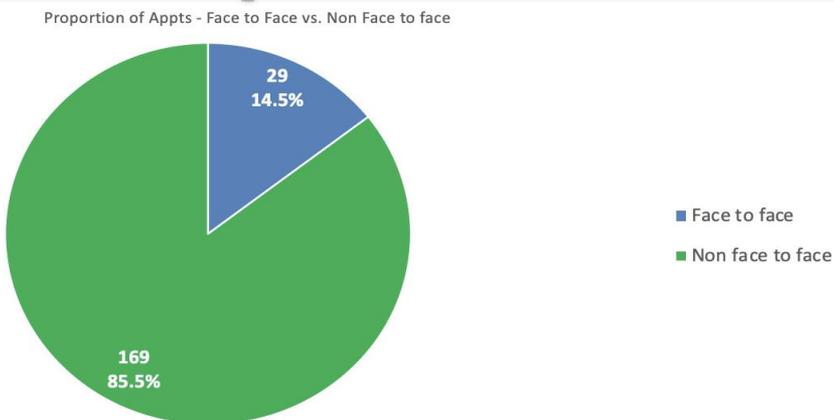
- **Community health services** continued with adjustments in place to ensure people continued to receive support.
- **Referrals to MASH** and adult safeguarding board reduced. CAMHS referrals reduced by 50% during COVID. There is likely to be significant unmet need coming out of COVID.
- Use of the **Children and Young People’s mental health** crisis line increased. (See case study 4)
- **IAPT** services moved from 70% face to face, to 70% virtual.
- **ED Mental Health** liaison expanded their triage function to 24/7 which resulted in 36% of patients being diverted from a bay in majors and not requiring a full psychiatric assessment.
- **COVID Centres** had 601 patients booked in between 9/4-29/5. Over 85% of **Primary Care appointments** were delivered virtually.

- **Social Care information and Advice** line contacts reduced by a third and as a consequence demand for social care assessments also reduced.
- Building-based **Day Care services** have been suspended and support and activities have been provided in people’s homes.
- **Continuing HealthCare** assessments and checklists were suspended.
- Long Term Placement numbers dropped by 20%.
- **College placements** for young adults with a disability ceased, so more care at home was provided.
- **Domiciliary care** packages reduced in the early days of COVID by 14%. Providers continued to be paid on planned activity to ensure they could flex quickly to meet demand if needed.
- **A&E attendance** reduced significantly. Attendance is now rising to pre-COVID levels again.

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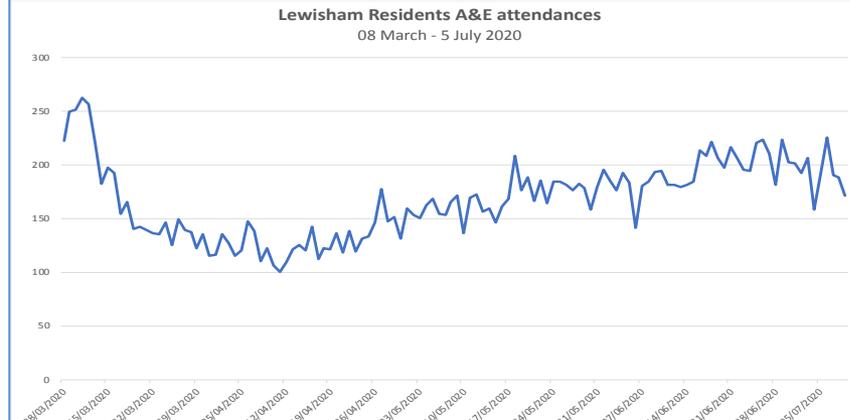
**TABLE: Primary care appointments**

source: SEL PCN SITREP Dashboard wc 0405



**TABLE: Lewisham Residents A&E attendances**

Source: LGT COVID19 Borough Reporting



# 3. Working together: case studies

## Case study 1 – developing the COVID Centres

Teams came together across South East London to redesign a number of primary care centres into services caring solely for patients with suspected COVID-19. This reconfiguration went from a design on paper to implementation within a matter of weeks. This was something that primary care had never had to do before and embodied the strong sense of working together to best support patients.

These new centres became known as COVID-19 community assessment centres. In this new COVID-focused primary care model, all initial contacts were done remotely by primary care – online, or via video or phone calls, including using the 111 service. If the clinician determined that a patient with suspected COVID-19 symptoms still needed to see a GP face-to-face, then they would be referred to a COVID-19 community assessment centre for a rapid assessment that same day.

These centres used resources in a safe way to ensure patients and primary care teams were protected and the risk of spreading the disease was minimised

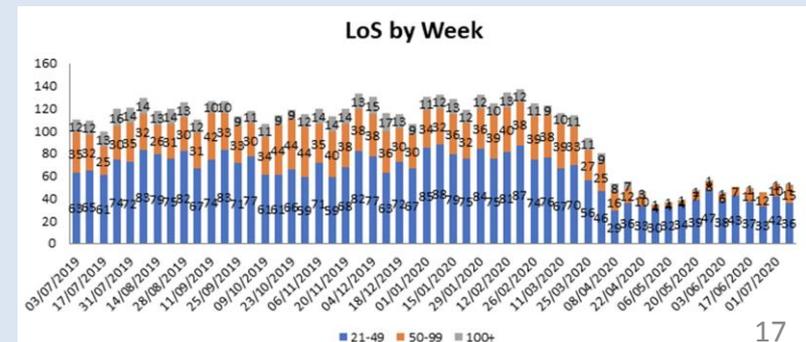
### The work identified 5 key areas of learning:

1. The need for fast decision-making. Decisions had to be made often in the space of a day, considering all the options.
2. Understanding the demand for the service - while data was quickly pulled together, anticipated demand exceeded actual.
3. Staff engagement - making sure staff felt confident about the new systems and procedures in place, and therefore psychologically safe.
4. Effective Triaging – using online, telephone or video consultations enabled the service to direct people to the right places.
5. Bringing the community together – Working collaboratively with support from the community hugely contributed to the success of the new clinics. This was apparent at **One Health Lewisham**, where healthcare colleagues worked together to effectively run the clinic and the community donated money and scrubs - for example through '[For the Love of Scrubs](#)'. Members of the community also volunteered at the new centre.

## Case study 2 – Hospital Flow Centre

- Pre-COVID the hospital had on average over 100 stranded patients with over 21days length of stay. By bringing in additional staff and focusing on purely medical reasons for inpatient stay, the flow centre was able to dramatically reduce stranded patients over the COVID period.
- Reasons to stay in hospital were restricted to medical reasons, such as
  - ✓ Physiology - NEWS2 >= 3 (unless AF &/or COPD)
  - ✓ Therapy - oxygen therapy/ NIV (Treatment)
  - ✓ Therapy - intravenous fluids
  - ✓ Therapy - i.v. medication > b.d.
  - ✓ Iatrogenic - lower limb surgery within 48hrs
  - ✓ Iatrogenic - thorax-abdominal/pelvic surgery with 72 hrs
  - ✓ Iatrogenic - an invasive procedure within 24hrs
  - ✓ Function - Diminished level of consciousness where recovery realistic
  - ✓ Function - Acute impairment in excess of home/community care provision
  - ✓ Function - Last hours of life

The trust the public and families showed in our judgement was magnified through public opinion of the NHS during the crisis and this helped public acceptance of the need for patients to leave hospital quickly. The flow process is now being redefined and redesigned to work more closely with social care and therapies.



### 3. Working together: case studies

#### Case study 3 – Community Hub (“Lewisham Local”) to support the most vulnerable

**Lewisham’s response to COVID-19** included the swift mobilisation of a community response. This response was formed of two key elements: a shielding team to identify those most at risk and a Community Hub to deliver support.

**Given that people who were shielding** have serious underlying health conditions placing them at very high risk of severe illness, the role of the Council’s shielding function and the delivery of food and other essential welfare services provided by the Community Hub was critical in maintaining the health and wellbeing of residents.

**The Community Hub was established** in mid-March to identify and address additional support needs arising from the COVID-19 crisis.

**The Hub is a partnership** between the Council and four key delivery partners, Lewisham Local, Lewisham and Southwark Age UK, Voluntary Services Lewisham and the Food Bank. Many other local voluntary and community services support this delivery. The service works closely with the social prescribers based in primary care.

Clear links have been seen between areas of deprivation and use of the community hub (“Lewisham Local”) service.

**In addition** to the PHE-identified ‘shielding’ population, a wider cohort of approx. 3,000 vulnerable people who are over 70, living alone and not known to services were identified and prioritised for an initial welfare call and where appropriate referral onto other services using the Lewisham Population Health and Council data systems.

**Since mid-March 5,299** individual adults were referred to the community hub and an estimated **15,000** people were helped including children and other adults within the households.

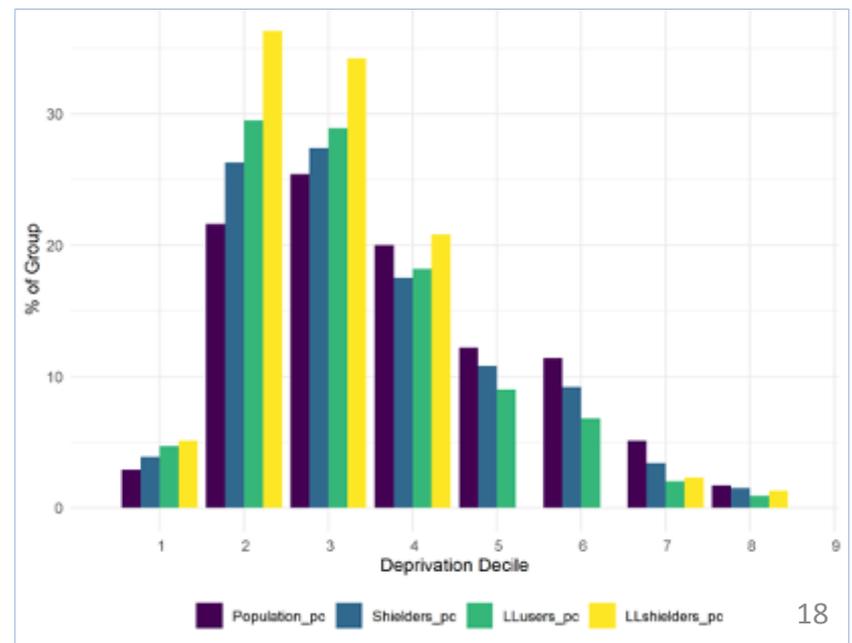
**12,228** help request referrals were made to Lewisham Local:

- o 9,837 food requests
- o 1,336 befriending requests
- o 455 practical assistance requests
- o 600 food bank walk-ins

**2,354** - Total volunteers are registered with hub partners.

**Lewisham already has high levels of food insecurity** with estimates suggesting that up to one in four (24%) adults and one in six (17%) parents have children living in low or very low food security. The co-ordination of food provision and delivery by the Hub played a critical role in mitigating the negative impact of food insecurity and poor malnutrition on some of the most vulnerable residents.

**Table: Comparison of users of Lewisham Local (Community Hub) and Shielders with general population by deprivation**



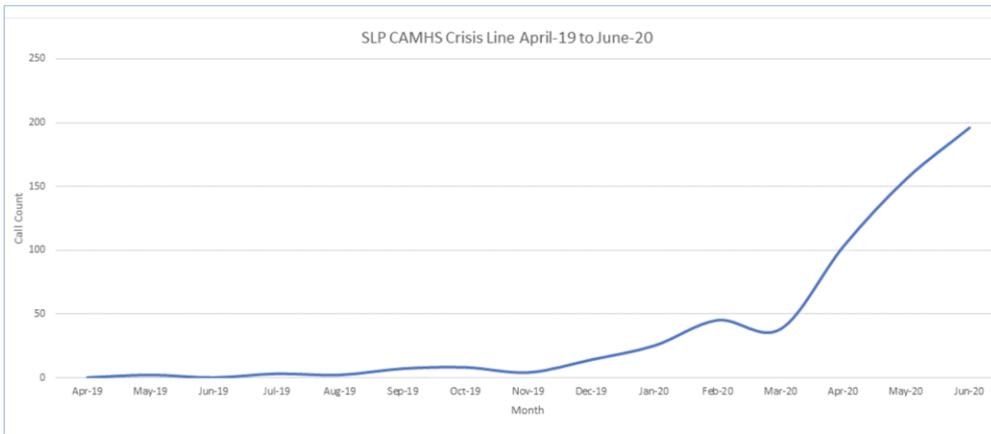
# 3. COVID-19 - case study 4 – Children and young people’s mental health

## (1) Crisis Mental Health line

In March 2020 NHS E/I requested every area provide a 24/7, single point of access for urgent mental health support available to the public as a priority during the Covid-19 pandemic. A South London wide CYP crisis line for all CYP was launched on 30<sup>th</sup> March’20, Monday to Friday 5pm-10pm and weekends (incl. bank holidays) 9am - 9pm. By May 2020 the opening hours were extended to 11pm, 7 days a week, to deal with additional demand.

The line can be accessed by phone by children and young people from anywhere during these times. It is always staffed by two CYP mental health practitioners from nursing, occupational therapy, and psychology backgrounds, as well as a support worker, all of whom have extensive CAMHS expertise.

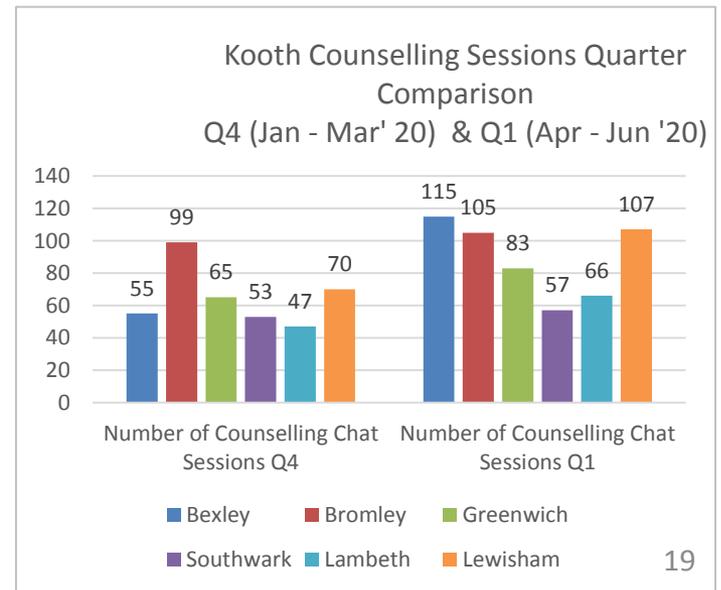
The new CYP crisis line service was communicated widely to professionals and CYP and families as well as the public. As awareness of the line and Covid-19 issues continue, numbers are expected to increase.



## (2) Online counselling

Kooth.com is an online counselling service, offering free and confidential sessions and forums to young people aged 10 – 19 and up to 25 years of age (for targeted aged groups), across the six SE London boroughs. It is a well-established service.

During March-July '20 the service did not see any significant change in referrals. This may be due to the lack of interface between CYP and schools or GPs. However, the service did see an increase in counselling sessions delivered between Jan-Mar '20 and Apr-Jun '20 for those CYP already registered with the service.



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### 3. Working together: learning from COVID-19 first wave

There is learning to be taken from our experience of the pandemic first wave, and we are working with residents and staff to recognise where things have worked well and not so well for them. Below are some initial highlights from organisational perspectives.

<b>Strong local leadership</b>	<p>The local GOLD/SILVER command emergency planning structures were put in place quickly and supported place-based system coordinated communication, data gathering, operational planning and delivery, and key decision-making. Although roles and structures needed some clarification initially, particularly in light of the new CCG SEL structural changes, this was quickly resolved.</p>
<b>Organisational behaviours and culture</b>	<p>During the pandemic providers worked collaboratively with willingness and flexibility to deliver existing services differently, and to move quickly to establish new services. These behaviours were the result of an absolute commitment to the 'common good', and enabled by the removal of financial and bureaucratic constraints. Organisational silo working almost disappeared overnight. Access to digital means (such as MS teams) have made interagency meetings more accessible and easier to plan, especially where a range of agencies are required to attend. Partner agencies have successfully attended statutory social care meetings in a virtual capacity. We will build on the good relationships and behaviours which came out of our joint response to COVID-19 and continue to operate virtually where this is beneficial to joint working.</p>
<b>Collaborative working across provider organisations</b>	<p>Joint working with other partners across SEL (acute) and the independent/private sector (acute and MH) ensured that patients most in need were able to receive support.</p>
<b>Additional funding and removal of organisational requirements</b>	<p>Additional funding and quick decision-making enabled enhanced services to be established in days. The acceptance of common sense decisions over fully developed business cases and requirement for multiple sign-offs led to quick implementation and flexibility, some of which may need to be reviewed, but much of which was extremely effective, for example, the addition of therapy staff in the hospital 'flow centre' which enabled much quicker discharges to take place.</p>
<b>Removal of national regulation</b>	<p>The removal of some regulations, such as patient choice on care homes, has meant that hospital length of stay was able to reduce to manageable levels. (see case study)</p>
<b>Digital first</b>	<p>COVID-19 prompted an incredibly fast and widespread move to use of digital solutions to reduce face to face contact where possible and continue to deliver services safely. This change was remarkable in its adoption across primary, secondary and acute services. Some Mental Health services moved from 70% face to face interaction, to 70% digital (IAPT). During Mar-June, Primary Care in Lewisham have moved to 85% of appointments delivered virtually. Safeguarding boards developed and delivered a range of online training to the large number of new volunteers. However, this move to digital has disadvantaged some people and we are working with local people to understand how to mitigate this.</p>
<b>Voluntary sector and volunteers</b>	<p>Voluntary organisations in Lewisham have collaborated in an unprecedented way to serve residents, particularly those who are most vulnerable to the health, social and economic impacts of coronavirus. A volunteer force of over 2,000 people was mobilised quickly to support the most vulnerable in our community with practical and emotional support.</p>
<b>Staff and residents responded well to change at pace</b>	<p>Staff and residents responded well to change at pace with a common goal and shared purpose. Staff have shown resilience and resourcefulness, understanding that the priority lies with serving patients and residents more than ever at this time. Staff have positively and quickly developed virtual ways of communicating across the organisation and beyond to support critical services. The need to respond quickly meant that a culture of empowering and encouraging new ideas and contributions and working in a positive and constructive way arose. Staff were able to deliver flexibly and quickly, feeling supported in their decisions and actions.</p>

# 4. Planning for recovery: our priorities #1

LHCP have identified a number of **key priorities for 20-21** and beyond which are reflected in our recovery plan. Whilst many of these build on pre-existing priorities, some have an increased focus as the result of learning from COVID-19 as set out below.

COVID-recovery plans will be aligned with **Winter planning** including for 2<sup>nd</sup> wave of COVID-19. This will include a focus on flu vaccination uptake, particularly for those most at risk, including older people, BAME and those with co-morbidities.

## Inequalities

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- Addressing inequalities has always been emphasised throughout LHCP's work. However issues around inequalities and disparities have come into stark focus both as a result of the emergence of an understanding of populations most likely to suffer from COVID-19, the profile of deprivation being linked to higher numbers of BAME people, and the rising racial tensions following the killing of George Floyd in the USA in May.
  - We will continue to review and address inequalities and disparities in risks and outcomes, with a specific focus on the BAME population. For example the case management approach taken by the shielding team and community hub has rightly delivered to proportionately more people from BAME backgrounds, reflecting local racial inequalities. The shielding service has been overwhelmingly positively received and some residents reported it as 'life changing'. This model will be reviewed to see how it can be adapted for future use.
  - In addition, priorities have been developed to support the BAME workforce, including mentoring, career enhancement opportunities and practical support

## Care Homes

- Care homes reported issues early on in the COVID response as the focus nationally was primarily on acute care. We have built on existing systems to support care homes locally including primary care coordinated support through the local GP Federation, and through LIMOS (Lewisham Integrated Medicines Optimisation Service). A workplan is in place to safeguard care home residents and staff from COVID, and a comprehensive action plan has been developed.
- The vulnerability of the local market especially in light of the impact of COVID remains a major concern, voluntary closures are likely. Lewisham will work proactively to support vulnerable care homes and ensure the safety of residents.
- A strategic oversight group has been established to track delivery of further actions to strengthen the support to the care market. One action is to secure additional local infection prevention and control resources by October 2020.

## Prevention

Many of our prevention services such as sexual health, substance misuse, Health Visiting, NHS health checks and immunisations were reduced or put on hold during COVID. A priority will be to get these back up and running particularly with a focus on addressing inequalities as part of their delivery.

## 4. Planning for recovery: our priorities #2

### Planned Care

- Following the reduction or stopping of some services during the peak of COVID-19, LHCP are rightly eager to ensure that planned care restarts as soon as is safe and practicable.
  - Cancer screening programmes are now re-starting, with patients now actively being invited for cervical screening other programmes to follow such as bowel and breast.
  - Bowel sample testing did not stop during COVID-19.
  - There are about 5,500 outstanding Endoscopy appointments across SEL, a proactive plan has been put in place to re-start this, with the expectation that the backlog will be cleared in 6-8 weeks.
- In primary care, priorities are to refocus on proactive planned care including immunisations, cancer screening, LTC management, postnatal checks, SMI/LD/NHS Health checks.
- Implementation of RAS and the rollout of DXS systems also continue to be priorities for Primary Care going forward.

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### Building Community Resilience

- We will adopt an asset based approach to our service delivery ensuring that we focus on an individual's strengths, knowledge and skills. This aims to give individuals more control and a greater voice in the development of their care and support plan in order to achieve improved health and care outcomes.
- We will ensure that the learning from the BAME MH Health inequalities pilots is used to co-produce interventions that make efficient use of digital access, face to face support, mutual aid, peer support and other approaches that improve community resilience leading to increased levels of self care and self management.

### Children, Young People and Families

- A programme of catch-up immunisations has been put in place and screening and weight management programmes will commence in Sept. Referrals to MASH, CAMHS, Domestic Abuse and YP Mental Health and Wellbeing services reduced during COVID-19, but calls to the CYP Mental Health crisis line increased exponentially.
- The Mental Health Support Teams in Schools were directly supporting Lewisham schools during lockdown and helping young people and families prepare for the return to school in September.

## 4. Planning for recovery: our priorities #3

LHCP will also use the learning from COVID-19 to review workplans for the areas set out below which were identified pre-COVID as priorities for system transformation and reprioritise activity as necessary. LHCP will continue to work together to deliver integrated community based care at a neighbourhood level continuing its work on prevention, early intervention, care at home and end of life care. It will also continue to develop an effective interface and pathways between community based care and secondary provision particularly for admission avoidance and hospital discharge. The partnership will continue to reflect on the learning and practices that have developed following COVID-19 and incorporate this into future developments.

### FRAILITY

A dashboard for Frailty was in development to stratify the local population into cohorts of mild, moderate and severe and map against other conditions, service and IMD information. This will continue to be used to provide more responsive anticipatory care. We will review the activity that we identified to address the Right Care Frailty recommendations and reprioritise where necessary.

### MENTAL HEALTH

The Mental Health Leadership Group will continue to focus on transforming Front Door & Rapid Crisis Response ; Community Support; and Rehabilitation & Complex Care. In particular there will be a continued focus on addressing inequalities and improving outcomes, particularly for BAME communities. The group will now also focus on the mental health of CYP and Older Adults.

### RESPIRATORY

Priority actions include commissioning integrated respiratory community hubs, review of Lung Education Exercise Programme (LEEP), and delivery of multi-disciplinary team working with primary care, community and social care for Respiratory patients. Current plans are being reviewed in light of emerging data and evidence from COVID-19 and plans amended accordingly.

### DIABETES

Following an analysis of the data, pre-COVID the following areas of focus were identified :

- Patients with undiagnosed diabetics
- Patients at risk of developing diabetes
- Patients that had gestational diabetes and have not had a 3 and/or 15 month check
- Patients not in range for 1, 2 or all 3 of the treatment targets

Given the impact of COVID 19 on this particular cohort of patients, the partnership group will review formerly agreed proposals for change to see if where activity needs to be re-prioritised or enhanced.

### CHILDREN AND YOUNG PEOPLE

Implementation of the i-Thrive model across early help and emotional health services remains a priority for 20/21, this approach aims to develop a common language and enable access to services, creating improved family resilience.

All LHCP's work will continue to be supported by Lewisham's data and information management system which is providing the population level data and information necessary to inform and validate the improvement and transformation decisions being taken across Lewisham's health and care system. Lewisham is enhancing the local analytical capability to identify further areas for improvement.

## 4. Planning for recovery: wider Council priorities

A number of wider council priorities will be supporting the delivery of the health and care specific priorities set out earlier. The Council's own recovery plan will focus on the Council and the Borough respectively and will be underpinned by the following anchoring principles:

- Tackling widening social, economic and health inequalities
- Protecting and empowering our most vulnerable residents
- Ensuring the Council's continued resilience, stability and sustainability
- Enabling residents to make the most of Lewisham the place
- Collaborating and working together with our communities and partnership across the borough

Recovery will be staggered over three phases:

1. Easing Lockdown : Spring/Summer
2. Transition : Autumn/Winter
3. Reinvention : Autumn/Winter onwards

### **Phase One**

The immediate focus of recovery is managing a coordinated easing of lockdown to ensure Council services remain safe for residents and for staff. To date, the Council has focused on implementing robust and consistent social distancing measures in Council sites that are still in use, and to provide practical and wellbeing support for staff. A review has been carried out of non-critical services to assess capacity, anticipated impact on demand and working arrangements as lockdown eases. Active Council buildings have undergone a thorough risk assessment and adaptation to ensure that critical workers who are sometimes or always required in the office can work in a safe environment, compliant with government guidance.

- The Council is also focused on ensuring that both critical and non-critical services that have been running at a reduced operation during lockdown are gradually and safely reopened where it is appropriate to following a thorough COVID-specific risk assessment and in accordance with the aims and principles of our recovery approach.

### **Phase Two**

- The Council has conducted an internal, interim review of the response to COVID-19 so far and identified a number of lessons learned which will inform and shape ongoing recovery development as well as inform its response to future waves of COVID-19.
- Phase Two will build on and embed the lessons learned from response. There will also need to be an extensive borough-wide impact assessment with residents, members, partners and local businesses in order to build an evidence base to inform policy and decision making.
- This phase will focus on inequalities, analysing the various impacts of COVID-19 on those with protected characteristics to ensure that Council services and local partnerships are working to shared objectives and are fit to tackle inequalities in a post-COVID Lewisham.
- Phase Two will also focus on stabilising the Council's finances and service delivery for the short term, while beginning to plan for the longer term sustainability and stability of the organisation.

### **Phase Three**

- The findings from the assessment and consultation stages of Phase Two will inform a longer term phase of service redesign according to the anchoring principles as set out above.

## 4. Planning for recovery: Protecting residents from a 2<sup>nd</sup> wave

**A cross-sector COVID-19 Health Protection Board has been established to oversee our Local Outbreak Control Plan.**

In Lewisham our partnership response to COVID-19 was swift with emergency structures put in place quickly, supported by coordinated communications across partners and with the local population.

In planning to mitigate and manage any second wave, we will explicitly build on the accomplishments and the lessons of the first, including:

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- **Continue with existing robust infection control practices** which are now embedded in all aspects of activity, including educational establishments in readiness for secondary school reopening in September.  
**Target services to those most in need** quickly, using population health data. This information continues to be built on and refined.
  - **Continue with collaboration between health and care providers** which was developed during the first wave of COVID-19 and build on this to ensure that those most in need receive relevant care and support.
  - **Enable safe access to key services through use of digital for consultations and patient support and providing safe face-to-face services** supported by PPE, training and effective use of sites including designated shielding and isolation areas.
  - **Consultant Connect provides access for GPs to specialist input** reducing the need for patients to be seen at the hospital. The number of specialist conditions offered by this service has increased exponentially in the last few months.
  - **Support for staff to work remotely where possible.** Laptops and telephone solutions are in place and continue to be supported.
  - **Extra critical care capacity available as required** to support any second wave and winter plans.
  - **The 2nd COVID Centre which was set up for the first wave of COVID** to be reinstated if needed.
  - **The infrastructure to support shielded people will be maintained** to allow the service to restart in the event of a second peak. A shadow team of volunteers are “on call” for swift redeployment.
  - **Ensure effective mental health services are available** including co-producing support on offer with local BAME groups.

### Winter plans

The recovery plan is being aligned with winter plans, including a strong focus on increasing the uptake of flu vaccinations, planning for increased staffing levels, and extra PPE to ensure care homes in particular are well supported.

Services will continue to provide digital access, and segregated areas with strong infection control processes in place where face to face hospital or surgery appointments are needed.

# 5. Lewisham Primary Care Recovery Plan #1

- The following areas have been identified as priorities for the local primary care recovery plan and will be linked to other national and local recovery plans.*

Priority area	Description	Considerations
Planned care	<p><i>Need to ensure community and acute services pathways including outpatient referrals (especially cancer 2WW) and diagnostics are fully functioning so patients are appropriately managed and that pressure does not fall back on primary care – this may involve new models of service delivery i.e. virtual clinics, telephone/video appointments, patient initiated follow ups.</i></p> <p><i>Also need to take advantage of the current situation to accelerate the national/London/SEL ICS vision for community based care, with services moving into the community. This will both support pressures on acute services (i.e. long waiting lists) and respond to public feedback in regard to anxieties about accessing hospital services.</i></p>	<p><i>Will need close working with community/acute providers on this</i></p> <p><i>This will include joint work with neighbouring boroughs where appropriate.</i></p> <p><i>There is an opportunity to build on initiatives already underway e.g. PCN first contact physio service, dermatology/diabetes PCN pilots</i></p> <p><i>Need to ensure sufficient resources follow any work moved into the community.</i></p>
	<p><i>Refocus on proactive care including immunisations, cancer screening, LTC management, postnatal checks, SMI/LD/NHS Health checks, diabetes prevention etc</i></p> <p><i>We will need to consider a preventative and early intervention model of service (including virtual models ) which empowers and builds the capacity of local services and communities to support people earlier around existing and new needs we expect to emerge – we will need to consider what proactive care interventions we might want to end / amplify / let go / re-start and which population cohorts and pathways we want to prioritise.</i></p> <p><i>We will need to have specific focus on our Care Home residents and patients who have been shielding.</i></p>	<p><i>There is likely to be an increased need for benefits and employment support as well as people dealing with trauma and need for crisis prevention – will need to consider the on going role of local social prescribing resource to help support these needs.</i></p> <p><i>Working with our PCNs, practices, federation and wider stakeholders we will need to consider the implications of the PCN DES Care Homes and Anticipatory Care specifications to support maximum impact.</i></p>

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## 5. Lewisham Primary Care Recovery Plan #2

Priority area	Description	Considerations
Covid community management	<p><i>Need clear plans for the on-going community offer for suspected COVID cases and those who are discharged from specialist care.</i></p> <p><i>This will need to include the future of COVID Centres and approach to dealing with a potential 2nd wave of COVID, including adequate funding, PPE and access to estates.</i></p>	<p><i>Any support with demand modelling would greatly enhance ability for local planning.</i></p> <p><i>Need to consider the on going impact on GPEA capacity if we continue to divert resource to support COVID centres- with current funding streams it is not possible to provide both COVID centres and a full GPEA service.</i></p> <p><i>Need to link with acute/community respiratory services to ensure a joined up and complementary approach.</i></p>
Winter planning	<p><i>Need to ensure robust plans in place to manage winter pressures and potential overlap with suspected COVID cases.</i></p> <p><i>This will include a specific focus on an enhanced flu campaign – an initial flu plan has been drafted and is currently being peer reviewed across SEL.</i></p>	<p><i>Need to ensure whole system approach to this for maximum impact.</i></p>
Urgent and emergency care	<p><i>Need to consider primary care input to support inappropriate demand at front door of A&amp;E including the co-located GPEA service and interfaces with NHS 111 to ensure only patients requiring emergency care are seen at ED.</i></p> <p><i>Need to consider interface between OHL GP home visiting service and CARRS and how these all relate to the wider community based care developments. Also need to be clear on function of ACU going forward and how primary care best make use of this.</i></p>	<p><i>Agreement on a SEL position on management of unregistered patients presenting at A&amp;E/NHS 111 would be useful.</i></p> <p><i>Need to progress the integration of Digital First and Digital by Default models in the UCC and GPEA to support patient flows and redirection of patients to the most appropriate setting.</i></p>
Evaluation and iteration	<p><i>Impact of interventions need to be continually monitored and evaluated and then iterated as required.</i></p> <p><i>Through clinical effectiveness models, there needs to be focus and support for ongoing Quality Improvement (QI) in primary care.</i></p>	<p><i>Evaluation and Quality Improvement in primary care could be supported at a SEL level.</i></p>

## 5. Lewisham Primary Care enablers

Priority area	Description	Considerations
Communications and engagement	<p><i>Robust engagement and clear communications will be vital to ensure the plan is well informed and that all local stakeholders (including patients) are aware of their required roles to support its success.</i></p> <p><i>Need to build on work already undertaken by local Healthwatch especially in addressing misconceptions/concerns that patients have about access to primary care services.</i></p>	<p><i>Communications could be best coordinated at both a borough and SEL level for consistency and maximum impact.</i></p> <p><i>It is essential that communications does not become purely top-down. An effective strategy needs to include bottom up development of ideas – for example through Communities of Practice/networks of primary care nurses &amp; GPs, informing colleagues across SEL of what is being achieved locally to share best practice.</i></p>
Workforce	<p><i>Need to ensure a continued focus on the health and wellbeing of primary care staff (including mental health) to support on going service delivery in challenging circumstances.</i></p> <p><i>Specific focus to be given to risk assessment for BAME staff.</i></p> <p><i>Work will continue on our local primary care WRES action plan as informed by the primary care WRES survey undertaken in 2019.</i></p>	<p><i>Need to consider what role the local CEPN Training Hub can best play to support training in new ways of working and also recruitment and retention.</i></p> <p><i>Also need to consider any opportunities that staff engaged through the PCN ARR scheme may be able to play in recovery and beyond. Social PCN prescribers have already made a significant contribution and now need to maximise impact of clinical pharmacists and also new first contact physio roles to support recovery efforts.</i></p>
Estates	<p><i>Will need to consider any enhancements/developments to primary care estate to support new ways of working. This could include adaptations to support social distancing/IPC (i.e. Perspex screens at reception, hot and cold zoning of premises, hub working) but also the design of any new developments to take into account the shift to digital access.</i></p>	<p><i>Coordination of approach across SEL would be beneficial to ensure consistency.</i></p> <p><i>Increased remote working in primary care and community services can free up estate for use by PCN ARRS and GP Federation staff (it is projected that there will be approx 90-110 additional staff by 2023)</i></p>
Finance	<p><i>Will need to consider options to resource the delivery of the plan both in terms of local resource that can be redirected/refocussed and also any available external funding at a SEL level and wider.</i></p>	<p><i>Would be helpful if the SEL central team could map any potential external funding sources to support local planning i.e. GP Forward view, PCN development, ETTF, improvement grant, ICT capital, COVID funds</i></p>
Contracts / incentives	<p><i>Will need to consider how any local/national contracts and incentives can best support delivery of the plan i.e. PCN DES / QOF / PMS premium.</i></p>	<p><i>Need absolute clarity on expectations for delivery of national schemes and the level of local discretion available.</i></p>

# 5. Lewisham Primary Care enablers

Priority area. We need to	Description	Considerations
<p>Digital</p> <p>Page 82</p>	<ul style="list-style-type: none"> <li>• <i>IT &amp; Innovation will form a significant part of the framework for the Recovery Plan and integrated working as a concept. Digital First and Digital by Default should be at the heart of our plans and of our future primary care service offer .</i></li> <li>• <i>We need to maximise and build upon the current momentum with shift to digital services both from patients and practices (i.e. remote working / telephone, electronic and video consultations / SMS) to support improvements in access and efficiency.</i></li> <li>• <i>However, need to ensure no patient groups are disadvantaged through digital exclusion and the benefits of face to face consultations not lost.</i></li> <li>• <i>Support the integration of clinical systems e.g. for virtual clinics / MDTs and ensure appropriate technical support to those systems.</i></li> <li>• <i>Ensure practices have access to the right hardware/software solutions to best support their patients and work efficiently (i.e. webcams, multimedia monitors, iBoards, DXS, WIFI, DOCMAN, SMS, telephony, practice websites)</i></li> <li>• <i>Support patients to seamlessly register with GP practices digitally</i></li> <li>• <i>Continue the digitisation of patient records to improve efficiency, reduce bureaucracy and maximise available estate</i></li> <li>• <i>Continue support and focus for our local online consultation programme through the Ask NHS GP APP and widening the suite of tools available to all practices to include systems such as eConsult/AccurX (video and SMS) based on patient and practice requirements – also to support rapid integration with the national NHS APP to enhance patient experience and mitigate against potential confusion with multiple systems/access points</i></li> <li>• <i>Ensure best long term use of the digital tools made available to primary care in response to COVID – i.e. laptops, RAS tokens, UC telephony</i></li> </ul>	<p><i>We would support continued coordination of the digital work stream at a SEL level with local autonomy in light of individual borough positions – this has worked well to date.</i></p> <p><i>A local borough ICT group is being formed asap with all health and care partners to support a joined up approach to this. A joined up approach is essential to developing, funding and delivering gold standard IT solutions across Lewisham and the wider SEL footprint.</i></p> <p><i>Building on the initial work undertaken with Healthwatch, we will need to engage with patients to establish their appetite for digital interactions and identify and try and mitigate any “digital exclusion” issues. This could include establishing a non-digital point of access for digitally excluded patients – i.e. an “analogue hub”</i></p>

## 5. Lewisham Primary Care leadership

- *The newly reformed Lewisham Primary Care Operational Group (PCOG) has taken on the role of the local “primary care recovery cell”. This group is already part of established governance structures and its membership includes many of the key stakeholders who will contribute to the development and delivery of the primary care recovery plan (i.e. public health, LMC, Healthwatch, SEL Primary Care Team). The group formally meets on a regular monthly basis but it is envisaged that much work will be undertaken via email correspondence due to the required timescales involved.*
- *The Borough Based Board (BBB) and Lewisham Health and Care Partners groups will act as the local oversight mechanism for the primary care recovery plan and to ensure alignment with wider community recovery plans. The Primary Care Operational Group reports directly to the Borough Based Board.*

*The Lewisham PCN Forum will be used to ensure engagement and leadership from a primary care provider perspective – this forum has representation from all 6 Lewisham PCNs, the borough wide Lewisham GP Federation and the Lewisham LMC. There will also be PCN/OHL engagement at the Lewisham Health and Care Partners (LHCP) group.*

- *The Lewisham LMC will also be engaged separately through the now monthly liaison meetings.*
- As highlighted, the strategic Lewisham IT Group will:
  - Coordinate a joined up approach to digital strategy across the borough
  - Assess which technology platforms we should aim to end / amplify / let go / re-start in the longer term in line with new models of care
  - Develop solutions to digital / system connectivity issues
- *Creation of sub groups / Task and Finish (T&F) Groups will be considered to ensure specific work streams are progressed and outcomes delivered. A joint T&F group with LGT and primary care is already being convened to consider specific interface issues related to both planned and unplanned care.*
- *The local membership is to be engaged and a local membership meeting took place in August.*

## 5. Lewisham Council Recovery Plan summary

### The overarching strategic aims of recovery are:

- To be prepared and resilient for further COVID-19 demands
- To work to secure the Council's financial stability
- To reinvent and refocus service delivery in order to better serve residents' needs
- To maintain a more agile way of working
- To retain and embed streamlined processes and stop practices that don't add value
- To aim higher and deliver better outcomes for our residents
- To understand and respond to direct and indirect impacts of COVID-19 on our communities, services, local economy and the Council
- To strengthen and embed our connection with residents in order to support sustainable renewal, based on local strengths and identified needs
- To lobby for, influence and shape any new national standards and statutory duties
- To work in partnership to develop an ambitious long term vision for Lewisham the place
- To harness community spirit, strengthening community networks and promoting culture

### Key focus of the borough's recovery will be on:

- **Community Development and Resilience** - harness community spirit and capture goodwill, creativity and innovation.
- **Inclusive Economic Recovery** - support and promote a sustainable and thriving local economy and place
- **Health and Wellbeing** – tackling health inequalities and promoting good public health and wellbeing
- **Cultural Recovery** – Borough of Culture will be delivered in 2022 increased emphasis on tackling inequality and being strengthened by our diversity
- **Green Recovery** – continuing to take action on the climate emergency
- **Education and achievement (our young people)** – to work across the system, promoting the mental health and wellbeing of children and young people.

A focus on tackling racial inequalities will be woven through every element of our recovery. The Mayor, as leader of the borough, will take a lead on ensuring that recovery activity is coordinated and designed to effect long term and sustainable change for Black and minority ethnic communities in the borough.

## 5. Wider System Plans: Acute Care

### Key changes made as part of COVID response:

- Routine elective surgery and routine diagnostic activity was stood down across all providers for around 13 weeks – backlogs have therefore increased significantly. Additional infection prevention and control measures were introduced including COVID protected pathways, additional PPE for staff and patients and additional cleaning / air changes between patients.
- Digital by default, in particular the use of telephone/video for outpatient appointments.
- Significant surge capacity for critical care opened, including the use of theatres and recovery areas, with very successful networked approaches to critical care provision across the three SEL providers.

### Key elements of recovery plan:

- **Restarting activity** via a phased approach, with additional precautions in place, such as patients isolating before admission, to ensure patient and staff safety.
- **Redesigning services**, in line with infection prevention and control guidelines – e.g. spacing in Emergency Departments – and in response to evaluation of new ways of working introduced in the response phase. Key initiatives include:
  - Urgent and Emergency pathway transformation schemes driven through the system wide Help Us Help You programmes, including Same Day Emergency Care
  - Building from the rapid expansion of virtual by default models during the pandemic to drive our outpatient transformation programme at pace and scale.
- **Establishing a programme of work** to be progressed via the Acute Provider Collaborative, including:
  - **Elective surgery** – orthopaedics, urology and ophthalmology as initial priorities, to be followed by ENT, general surgery and gynaecology.
  - **Specialised services** – critical care as a top priority.
  - **Clinical support** – pathology (GSTT/KCH only) and endoscopy as initial priorities, to be followed by radiology/imaging and pharmacy.

### Borough interfaces

- Ensuring **effective and timely access to swabbing** for patients ahead of admission.
- Three **diagnostic community hubs** will be established in SEL by April 2023. Locations are to be determined but likely to include Queen Mary's Sidcup with plans to develop from April 2021.
- **Maintaining discharge arrangements** to ensure that patients do not spend longer than necessary in hospital.
- **Supporting virtual by default** access to acute services and referral support to primary care e.g. using Consultant Connect.

### Ways of working:

- To ensure the safe and effective recovery of clinical services post COVID-19 and to address the ongoing variation within the acute system in terms of access and outcome, SEL's three acute providers have formed an Acute Provider Collaborative (APC), a mutually beneficial model of collaboration between the three Trust Boards, enabled through transparent governance and decision making.
- To support delivery the APC will continue to work in collaboration with other organisations / partnerships across SEL via both informal discussions, borough partnerships and ICS arrangements, for example through the SEL ICS Recovery Leadership Group.

# 5. Wider System Plans: Adult Community Health services

## Key changes made as part of COVID response:

- Radical restructuring of community services to shift resources to frontline admission avoidance/early discharge/multiagency flow processes via single point of contact – integrated discharge processes, palliative care end of life policies and procedures
- Introduction of virtual clinics across community services and step up of digital approach
- Introduction of borough-based demand and capacity modelling to inform workforce plans and specific service developments (eg, intermediate care).
- Weekly cross-community provider meetings to share good practice, jointly problem solve and take sector approach where sensible to do so

## Key elements of recovery plan:

- The priorities for adult community services are:
    - Address health inequalities focusing on shielded and vulnerable people
    - Keep people at home (including admission avoidance)
    - Support discharge home quickly and safely
    - Focus on the last years of life (including supporting care homes)
- SEL is an early accelerator site for 2 hour rapid response and 2 day reablement and we will be implementing our plans to secure this as part of recovery
- These priorities will be enabled through: a digital first approach; building the workforce (including taking a cross-provider approach to workforce development); measuring progress (including community, social and acute care indicators); and responding to ongoing COVID infections.

## Borough specific aspects of recovery plans

- Community services a key element of borough plans with embedded joint local working across primary care, community, social care and mental health
- Developing borough-based integrated delivery plans for each of the four priorities
- Taking a borough approach to the modelling/forecasting of demand and capacity, based on acute, community and social care activity.
- Developing local plans for the support of care homes

## Ways of working:

The priorities will be:

- Delivered in partnership with primary and social care, hospices and the voluntary sector
- Informed by proactive engagement with referrers, patients and families
- Led by clinicians, with advice from social care professionals
- Underpinned by the principles of 'Home First' and 'Right Care, Right Time, Right Place'
- Informed by population data and demand and capacity modelling.

Mechanisms to support these ways of working include: an agreed core offer for SEL residents for community services to support the delivery of equal access and equal outcomes; multiagency steering group for each priority, chaired by providers; multiagency dashboard to measure progress across sectors; joint working across the four community providers including active working towards a SEL formal community provider collaborative; cross provider approach to workforce development (staff passport in first instance) and shared use of some services (eg, intermediate care beds) to enable infection control and specialisation; shared learning (eg, roll out of: GSTT @Home service; Bromley Healthcare's e-scheduling, etc.).

## 5. Wider System Plans: Mental Health

### Key changes made as part of COVID response:

- Fully operationalised pre-admission testing for all people, regardless of age, requiring non-elective care
- Fast-tracked discharges to free up ward capacity for use by tertiary Acute partners to support system surge
- New and innovative all-age Crisis Assessment Centres opened to alleviate pressure on Acute emergency departments and provide a targeted mental offer in a calm environment. Working to develop and strengthen this model with acute partners to deliver a best in class 'mind and body' offer
- Routine MH elective care continued throughout our Covid-19 response due to service type (therapies) and the ability to mobilise technology at pace to support staff and service users to access the necessary technology for meaningful digital contact. 70%+ of all elective community contacts (in the main IAPT services) are now via on-line virtual or telephone consultation
- Increased Home Treatment Team service capacity to support patients post-discharge
- 24 hour all age Crisis Lines established including a dedicated out of hours specialist CAMHS line

### Key elements of recovery plan:

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- Maximising system resources to keep our communities safe, well and thriving
  - Improving our front door and crisis offer for mental health
  - Delivering a best in class integrated offer across Housing, Welfare, Education and Employment opportunities
  - Delivering our Primary Care Network Offer for Mental Health ambitions (a population health based system with multidisciplinary support wrapped around the individual based on their needs)
  - Reducing health inequalities across our communities
  - Pharmacy and prescribing with a focus on supporting individuals in our communities experiencing psychosis or schizophrenia

### Any borough specific aspects of recovery plans

- In taking forward the work of Black Thrive and Lambeth Alliance, commenced pre—Covid-19, Lambeth is focussing on a review of ethnicity data to support further our understanding of the impact on BAME communities. There will be shared learning here for other Boroughs
- Data sharing across partners in Lewisham is supporting the build of a population health model that is delivering results in reducing waiting times and referrals to secondary care, underpinned by rapid decision making

### Ways of working:

- There was an SEL System Summit on 2 June jointly hosted between NHS and Local Authority partners to address how we can work together to protect our communities' mental health as result of Covid-19. This supports our planning for targeted and culturally appropriate support services / offers as a system recognising the disproportionate impact of Covid-19 on our BAME communities
- The South London Partnership is already sharing resources to deliver a three provider collaborative approach across Mental Health provision in South London. working closely with ICS partners. As a recognised best practice model this offers us the opportunity to deliver our existing plans at greater pace to improve patient care whilst supporting our staff in the best way possible.

# 6. Planning for Recovery: infrastructure #1

## Whole system demand and capacity planning

- During the COVID-19 pandemic the SEL system has worked collaboratively to understand and plan for expected demand.
- We are now building from this work to develop a SEL demand and capacity model, that will support both scenario planning related to recovery and a potential second wave, plus future strategic and operational planning across our system.
- Our demand and capacity modelling will be utilised to underpin our service strategies and plans and will help us identify, understand and address capacity gaps in a consistent and systematic way.  
This will include securing plans to address gaps, inclusive of an agreed approach to demonstrably maximising productivity and efficiency and pathway transformation opportunities and a collaborative utilisation of available resource on a system rather than organisational basis, to secure our objective of equity of access and outcome

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## Market fragility and development

- The vulnerability of the local care homes market especially in light of the impact of COVID-19 remains a major concern, voluntary closures are likely. Lewisham will work proactively to support vulnerable care homes and ensure the safety of residents.

## Workforce

- COVID has fostered greater collaboration and flexibility in how we utilise our existing work force within and across organisations, successfully integrated new entrants and returners to the workforce and enabled highly effective sharing of services such as staff testing.
- Our priorities of valuing and investing in our people and working collaboratively to improve working lives, workloads and wellbeing are more critical than ever. Our workforce plans include a focus on:
  - Staff health and well being as we recover from the pandemic – with a specific focus on the psychological impact of the pandemic and ensuring embedded safety and learning cultures.
  - At risk and vulnerable staff, including clear risk assessments and support for BAME staff
  - Optimising innovative workforce models that support flexibility and resilience across staff groups - multi disciplinary team working, integrated workforce development and fellowship/employer models that embed integrated working in the delivery of care, development of non clinical workforce and volunteer models.
  - A refreshed workforce strategy that builds from our LTP response and incorporates learning from Covid and the workforce implications of our planning for recovery. This will include a re-appraisal of supply pipeline risks and growth programmes risks spanning this year and next.

## 6. Planning for Recovery: infrastructure #2

### Digital

- Our objective is a digital strategy that drives our population health management and care pathway transformation, maximising the opportunities offered by digital.
- The COVID pandemic has seen a rapid digitalisation – we are committed to building from this to secure our LTP objective of securing ubiquitous access to digital care services.  
Our objective is a virtual by default model - converting primary care and outpatients to virtual wherever appropriate, securing digitally augmented integrated primary and unscheduled care pathways, extending digital solutions to a wider range of care pathways, including mental health, diagnostics, care home support and self care approaches
- This will be underpinned by work to secure collaboration and system leadership for digital transformation and accelerating digital maturity, enhanced capacity and capability to support system transformation, agreed long term funding, interoperability, and access to patient records and data services to deploy Population Health Management solutions to identify the areas of greatest health need and match services to meet them whilst also supporting our wider pathway transformation objectives.

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### Estates

- LHCP partners aim to utilise existing estates more intensively to support a wide range of community-based health and care services, as well as providing flexible and adaptable spaces to support health and wellbeing. LHCP is also committed to releasing inappropriate estate where possible, withdrawing from property which is at the end of its useful life, and from leasehold property where public freehold estate is available. These project priorities are articulated in more detail in the STP London and South East Estate Strategy and in provider (SLaM, LGT and NHS Property Services) plans. Health and Care estate development will also form part of the One Public Estate plans.
- To support current health and care estate development, a number of potential funding sources have already been made available to various Lewisham projects, including NHS England's Estate & Technology Transformation Fund (ETTF), Department of Health Wave 4 fund, One Public Estate funding and funding contributions from CIL and S106. Further funding will be required as progress is made on estate development in Lewisham
- Capacity in general in buildings has been reduced by the need to incorporate infection control approaches. SLaM report a reduction of 10% capacity in bed based provision. However, many other services have moved to incorporate digital consultations, reducing footfall at buildings and this is likely to continue. Zoning for infection control and triage needs to be reviewed in preparation for winter and a possible 2<sup>nd</sup> wave of COVID. Consideration will be given to how services can adapt to reflect the changed need for building bases.
- Workforce considerations will include virtual working where possible, protection of at-risk groups, infection control and PPE.

# 7. Planning for Recovery: finance #1

## Financial context pre-COVID

- Pre COVID ICS partners across the NHS and local authorities had been working to establish agreed financial plans for 2020/21.
- These plans included significant savings programmes for the year, including the assumed impact of our pathway transformation and productivity improvement programmes, required to support the delivery of 2020/21 budgets and financial targets.
- The plans also included a number of agreed investments, including targeted NHS investment in our out of hospital care system across primary care, community and mental health services, alongside investment in acute services to support underlying demand and improvements in access. For local authorities plans reflected the very significant pressure that social care and other budgets have been under for a number of years.
- Our plans included a continued commitment to pooled and delegated budgets across health and care to support integrated out of hospital service provision and to incentivise the development of integrated models of care, risk and gain share approaches.

## Financial context - COVID

- The pandemic resulted in significant changes to the funding and payments regime for months 1-4 of 2020/21. Block payments to cover core costs were implemented nationally, alongside mechanisms to recover additional covid related costs. As part of these new arrangements discharge costs were borne by the NHS on behalf of the system.
- Guidance is now expected for the rest of 2020/21 and as a system we will work to implement the national guidance with a key priority of providing financial certainty and stability across the system and to ensuring agreed system approaches to the management of risks or funding shortfalls. This will ensure that we are able to secure best value from available resource and support a funding approach that puts the needs and care of our residents at its centre.

## 20/21 and 21/22 financial plans

While the overall implications of the funding regime for 2020/21 are unclear at this point it is clear that we face a very challenging financial position across both the health and care sector:

- We have experienced an increased year to date run rate associated with managing the pandemic – this means that in underlying terms we are spending more money than we expect to have available to us on a recurrent basis
- Our 2020/21 plans are on hold or delayed – resulting in efficiency programmes and the expected return on investment also being delayed during this year, meaning a bigger resulting financial challenge to address going forward
- Recovery will require investment in some areas and/or result in increased inefficiencies – to meet national/regional requirements (critical care, infection prevention and control), meet increased demand (mental health, waiting list backlogs) or to support on going delivery of benefits seen in the pandemic response (discharge, hubs for vulnerable people) – we will need to understand these requirements and reflect them in our financial plans.

# 7. Planning for Recovery: finance #2

## Key Local Issues / Challenges

There are a number of key local issues / challenges which need to be addressed as part of the local borough based recovery plan and these include:

- **Hospital Discharge Scheme** – this has been put in place since mid March to allow early facilitated discharge of residents and avoidance of admission to acute settings during the pandemic with no assessments being undertaken, both financial or CHC. This arrangement is underpinned by the existing Section 75 agreement plus the addition of a new schedule which will be signed by both parties. When this scheme ends, in terms of recovery, there will need to be an agreed plan across health and social care for assessing all clients within the required timeframe.
- **Out of Hospital Schemes / Other Transformation Schemes** – Lewisham is working on a number of transformation schemes, in particular to ensure more clients are treated in the community at home. The challenge around delivery of any of these schemes will be the need to work as a system to deliver the changes without any additional finances. The out of hospital agenda including our care homes has become vitally important during the COVID crisis. As a borough, if investment funds became available, we will align any funding with our priority schemes.

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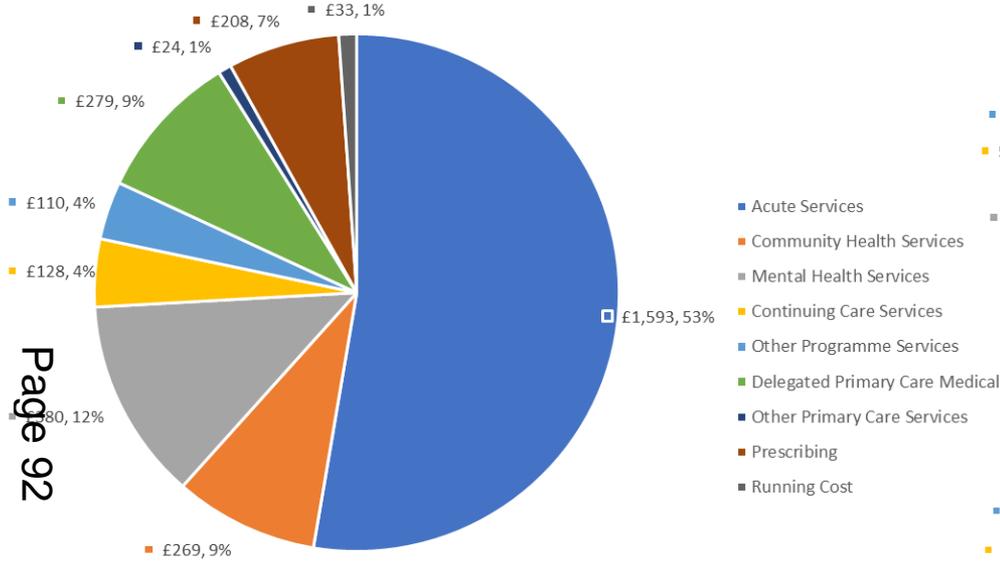
## 20/21 and 21/22 financial plans

NHS – the chart below summarised the planned allocation of resource/investment by area related to CCG commissioned services, which reflected increased investment agreed across the system and which was aligned to the national Long Term Plan funding uplifts. The chart excludes non CCG sources of funding for SEL providers, noting these are significant for areas like specialised services.

- The chart below is provided to illustrate our planned investment for 2020/21, to support expected demand and to support our service and investment priorities for the year.
- The COVID impact we have seen year to date, the financial implications of our recovery plans for the rest of the year plus the NHS funding regime for months 5-12 will result in a balance of spend/investment that differs to that planned
- It will however be important to understand these differences as we plan for the future and reassess our investment priorities whilst seeking to remain true to the overall objective set out in our Long Term Plan response of shifting investment to community based care and from treatment to prevention.

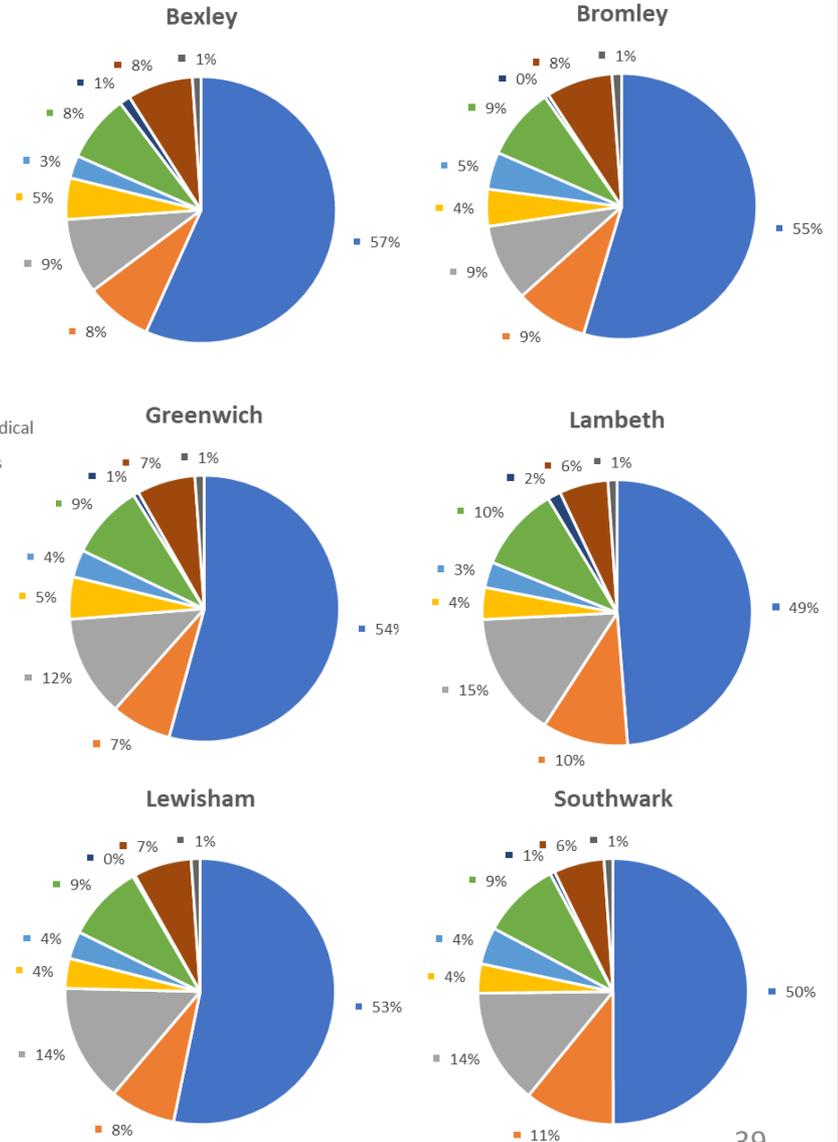
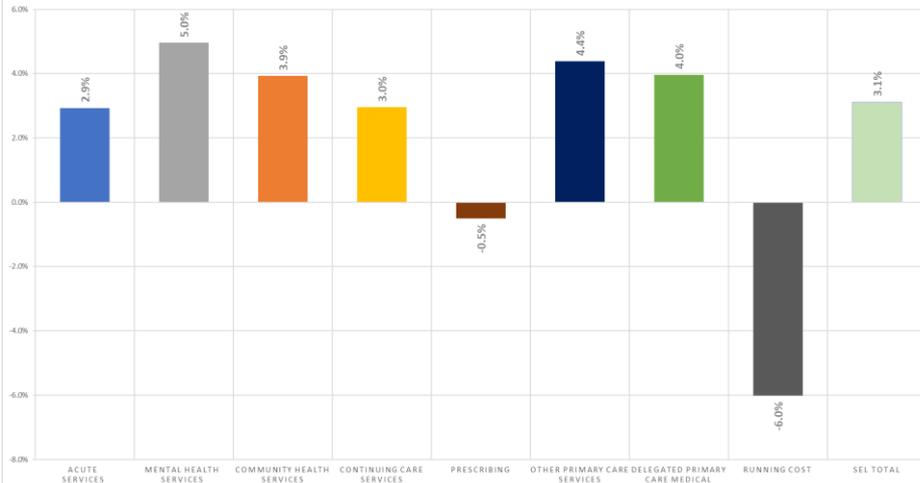
# 7. Planning for Recovery: finance #3

SEL - Planned Spend by Area 2020/21, £'m



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2020/21 SEL CCG INVESTMENT BY SERVICE AREA: UPLIFT FROM 2019/20 RECURRENT OUTTURN



# 7. Planning for Recovery: finance #4

## **Principles**

Whilst recognising the financial uncertainty that we are currently operating under we are committed as a system to managing our financial challenges and future investments in line with the following principled approach:

- Commitment to our existing strategic investment plan – differentiated by area of investment to support agreed strategic priorities and the development of community based care.
- Recognition that we will need to transition back towards our existing strategic plan as in the short term (20/21 and 21/22) there will be additional recovery priorities that we will need to fund
- Commitment to work collaboratively and with collective responsibility across system partners to ensure that we make ends meet over this period
- Commitment to securing demonstrable best value and to maximising available efficiencies to secure the lowest possible run rate - at organisation and system level

Page 93 Commitment to ensuring that the recovery commitments we make are cost neutral overall e.g. they can be managed within the total resource available to the system, recognising that this may require stringent prioritisation

Commitment to ensuring that there are no adverse consequences of our recovery (and wider) actions - where there is either an intended or unintended consequence by organisation we will collectively work to mitigate the risk for that organisation

## **Funding recovery**

- We will need to review our recovery commitments for the remainder of 2020/21 in the context of the national funding approach and the above principles, with a focus on ensuring that we can fund prioritised recovery commitments whilst also seeking to reduce our run rate wherever possible.
- For 2021/22 we will need to adopt a systematic approach to our financial planning that also reflects our principles, takes due account of our pre COVID strategic investment plans and our identified recovery priorities. We are developing a planned approach for doing so and will develop this further over the coming weeks as national guidance and our own recovery implementation plans provide greater certainty in terms of the ask and available resources. Our work will include a collective review of:
  - The investments and savings that we had planned for 2020/21 - to determine those that remain important (strategically or as a vital component of our planned recovery) and those that we would deprioritise as not feasible/no longer a priority in the current circumstances - this will give us a 'carry forward' proposition as a first step
  - Our original 2021/22 LTP commitments, our recovery commitments and requirements and the scope for new savings for 2021/22 - this will give us a 'new requirement' proposition as a second step

## 7. Planning for Recovery: finance #5

- An assessment of the carry forward and new funding requirements against available resource and in the context of our pre COVID investment strategy.
- The development of options for managing the expected gap between aspiration and available resource to support an agreed within borough and system wide prioritisation to enable us to set plans that match available resources.

### ***Ensuring our financial planning and investment approaches support integrated delivery and optimised utilisation of available resource***

- As a system we are clear that we need to move away from the pre COVID funding regime if we are to support our objectives of downstream strategic investment shifts, the development of our prevention and community based care offer, integrated service delivery underpinned by genuinely pooled budgets, system approaches to risk and gain share to incentivise innovation and financial sustainability plus collective responsibility for managing the system finances. This will include our Long Term Plan commitment to move away from the Payment by Results funding model.
- Page 94
- There are a number of key pathways or service areas that we will need to work through to determine approaches that best meet these objectives.
- Doing so will secure a system proof of concept in terms of demonstrating our principles and ensuring a collective agreement on the way forward for these areas that embed the benefits seen during the pandemic whilst also providing a sustainable funding approach for recovery/the future.
  - Potential areas that we will consider are: discharge, Continuing Health Care, community services 2 hour rapid response/48 hour discharge models, shielding/vulnerable hubs, urgent and emergency new access models and digital by default. All will require agreed resourcing and resourcing shifts, alongside securing appropriate system incentives and risk/gain share approaches, to secure a sustainable financial delivery model

# 7. Planning for Recovery: Local Authority Finance

The Council's finances have been severely affected by the ongoing pandemic. The cost of the Council's response to COVID-19, after government funding confirmed to date, is £25m: £15m on the tax base and £10m on lost income and additional expenditure. The ongoing impact of economic recession (including Brexit) is still to be determined but it is anticipated that demand for benefit will increase going forwards. The Council's current Medium Term Financial Strategy estimates a shortfall of more than £40m over the next three years.

The key challenges that impact on the demand for Council services are as follows:

- **Population growth** – particularly affecting people-based services such as adult and children's social care;
- **Ageing population** – affecting care for the very elderly but also impacting on care for younger adults and children with disabilities who are living longer as a result of improvements in medical care;
- **Impact of reducing preventative services** – reductions in budgets for preventative services such as early years, the youth service and aspects of adult social care provision are likely to affect demand for more acute services;
- **Impact of government policy** including children at risk, children involved in crime, adults with drug and alcohol problems, adults in residential accommodation and so on;
- **Household growth;**
- **Regulations and standards**

Officers are assessing the scale and nature of the challenge, identifying opportunities to capture positives from the crisis, and considering how these options may contribute to future cuts. This work is ongoing and includes reviewing progress with agreed cuts of £16.6m, the impact of COVID-19 on service delivery and budgets, and the continuing need for £19.0m of service pressures funded in 20/21.

The Council priority will always be to protect the most vulnerable people in our communities and this period has brought considerable challenges for many of our residents and businesses. Although funding received by government to date has gone some way in alleviating the financial pressures being experienced, this still leaves a significant budget gap. While the Council has sufficient reserves to meet these financial commitments at present, without further investment the Council will be faced with some difficult choices.

Officers are intending to bring forward a financial stabilisation report with a budget update and medium term plan in the autumn.

## 8. How will we deliver this: engagement with partners and residents

### Experience of COVID

**Healthwatch Lewisham** undertook a survey to understand the impact of COVID-19 on the local population. These initial findings are taken from 493 responses received by 5 July.

**Accessing Services:** There remains a considerable reluctance by residents to access services because of the fear of catching COVID-19 or not wanting to be a burden on the NHS. 20% of respondents were unaware that their GP practice was open.

**Digital services:** Residents were predominantly happy with their experience of using GP services and the availability of phone consultations. They had positive experiences with phone consultations finding them to be “quick” and “informative”. However, respondents strongly feel there is a continued need for face to face appointments. It was felt that the main limitation of using a tablet, computer or smartphone is the digital exclusion for those who cannot use or afford to use the technology. Services need to ensure that there is still equity of access for residents who cannot engage with the digital offer.

**Information:** Respondents felt they had adequate information from national campaigns on how to keep safe. The 4 main topics which respondents wanted to receive further information and guidance around were COVID-19 testing, mental health self-help tips, dental services, and any changes to local healthcare services they access.

**Impact of COVID:** The COVID-19 outbreak and lockdown has had a substantial emotional impact on residents, with residents’ experiencing issues such as bereavement, financial worries, isolation and anxiety. There is greater need for a wide provision of mental health support services to be included in services’ recovery plans.

**Next steps:** Patients felt that up to date coronavirus figures, the availability of a vaccine, clear information from services about infection control measures and provision of PPE for staff would encourage them to access services.

### Next steps

A full communications and engagement plan will be developed with partners to support the borough’s recovery plans. This will include:

- Reflecting on what we know from previous engagement work
- Understanding further what partners have learned from people’s experiences of receiving care during the pandemic and the impact this has had on them
- Identifying gaps in knowledge and implementing plans to address this
- Considering how this intelligence will inform our recovery planning going forward
- Working collaboratively across partners in a coordinated way, using our collective engagement resources for the good of our residents

**Given the disproportionate affect** that COVID-19 has had on older people and those from the BAME community – alongside the disproportionate impact it has had on men, lower paid workers, people with long term conditions, people with learning disability and/or autism and people with mental health needs – we need to engage proactively and work with people from these communities and groups in particular to understand the impact that the virus has had in Lewisham. This information will inform how recovery planning can address these issues, as well as supporting how people can help shape our plans. It will build on pre-pandemic work to address health inequalities including the 2018 BAME Mental Health Summit and the BAME mental health insight co-production work which followed.

**We are mapping intelligence** gathered by partner organisations such as local authorities, acute, community and mental health trusts, Healthwatch organisations and voluntary and community sector organisations. This insight will inform our plans and future engagement activity around recovery planning.

**During August and into early September** we will build on the conversations that have taken place to date with partners including elected members and the Lewisham Public Reference Group.

**Robust engagement and clear communications** will be vital to ensure our plans are well informed and that all local stakeholders (including patients) are aware of their required roles to support its success. These can be coordinated at local, SEL and national levels and build on a better understanding of what’s worked well from the Healthwatch survey.

**Working with Healthwatch Lewisham and the Lewisham Public Reference Group** we will develop a set of plans for further engagement building on the survey results (see “Experience of COVID” survey results) and targeting the groups most vulnerable to COVID.

## 8. How will we deliver this: engagement with partners and residents

### Responding to mental health needs

#### Mental health summit

In June 2020 we took part in a mental health summit organised by South London and Maudsley NHS Foundation Trust and attended (virtually) by over 1,000 people including staff from partner organisations and a significant number of service users and residents. All partners agreed to the following six actions:

#### Six actions we will take on COVID-19 mental health prevention

- Page 97
1. To create a mental health prevention taskforce that will have representatives from across organisations and boroughs that will oversee a twelve-month prevention programme.  
To develop a programme of mental health community capacity building across South London – which will work with schools, faith and community groups to stay well. Making sure we reach out and listen to as many communities as possible across our four boroughs, including those for whom English is not a first language to help shape this work.
  3. To create a package of digital mental wellbeing courses for all residents across South London through the South London and Maudsley NHS Foundation Trust Recovery College
  4. To support and share the South East London Free Your Mind mental health campaign with all our residents and communities
  5. To work together on tracking the levels of psychological distress in our communities as a result of COVID-19
  6. To host a Mental Health Prevention follow-up summit in October to report back on progress and further challenges as a result of COVID-19. Using the priorities you have shared with us today, and from our listening campaign with local communities, we will publish our shared action and implementation plan in full.

#### Free Your Mind campaign

22 June – 22 August 2020

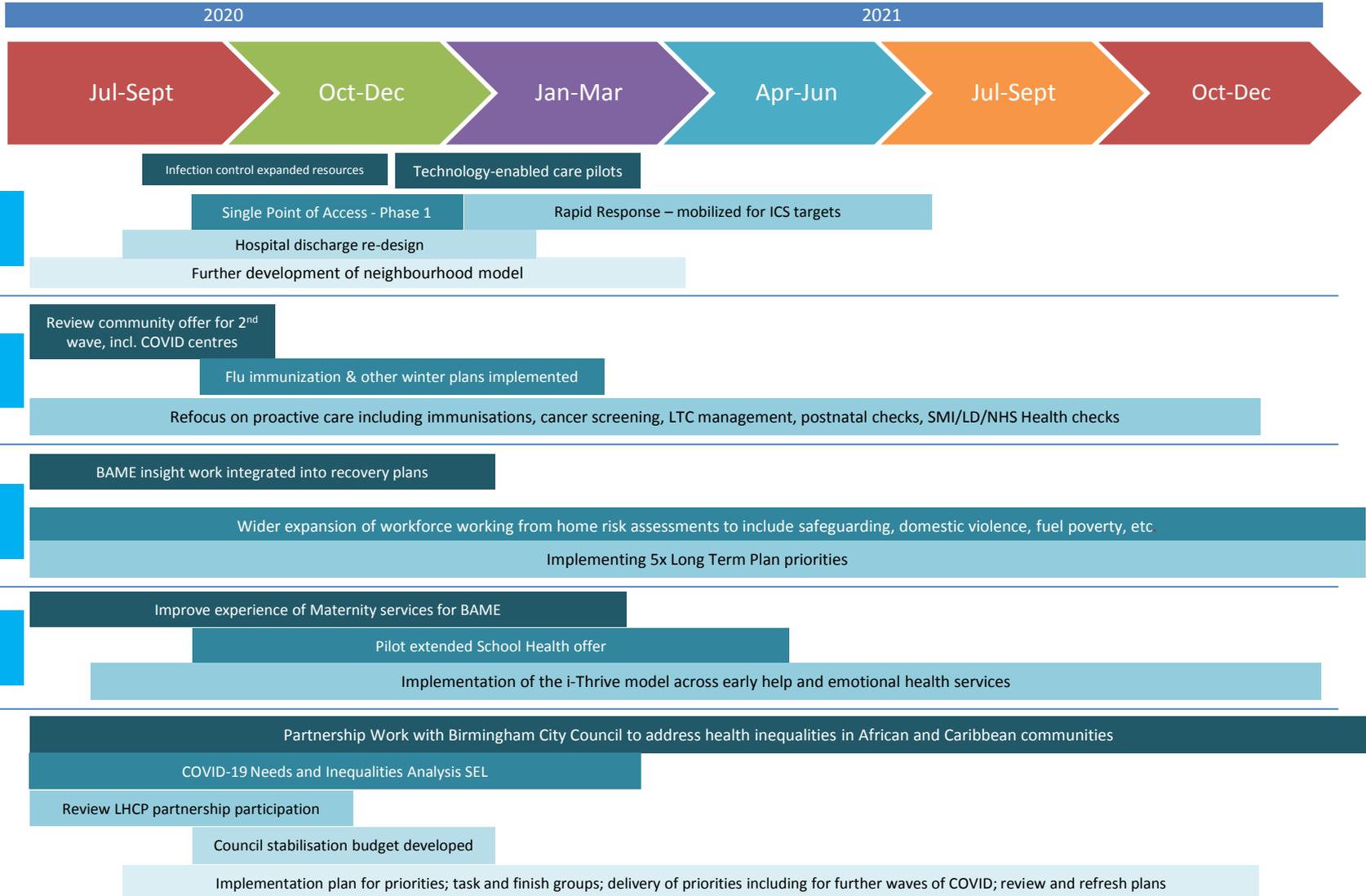
We developed the **Free Your Mind** mental health and wellbeing awareness campaign to reach and engage with south east London residents during COVID-19, informing them of the digital resources and services available to them and give them a nudge to think about their mental wellbeing.

[www.nhsfreeyourmind.co.uk](http://www.nhsfreeyourmind.co.uk)

#FREEYOURMIND



# 8. How will we deliver this: milestones for delivery



# APPENDIX: Partnership structure – board details

Group	Remit
Lewisham Health and Wellbeing Board	The role of the Health and Wellbeing Board is to carry out statutory functions set out under the Health and Social Care Act 2012. These functions include: promoting collaborative working amongst the various agencies whose role it is to advance health and wellbeing in the borough. As part of this the Board oversees the development of joint strategic needs assessments and informs the development of strategy. The Board also offers its opinion on how effectively the Council is performing its functions with regard to promoting health and wellbeing in the borough.
COVID-19 Health Protection Board	The COVID-19 Health Protection Board will report to HWBB to ensure that services can continue to operate as normally as possible, see link for outbreak plan <a href="https://lewisham.gov.uk/myservices/coronavirus-covid-19/health/the-lewisham-covid19-outbreak-prevention-and-control-plan">https://lewisham.gov.uk/myservices/coronavirus-covid-19/health/the-lewisham-covid19-outbreak-prevention-and-control-plan</a>
Lewisham Health and Care Partners Executive Board	This board provides system oversight and delivery of Lewisham’s vision for health and care and sets the priorities for system transformation. This board works closely with the Lewisham Borough Based Board which is made up of CCG and Council commissioners.
Lewisham Borough Based Board	Borough (place) based boards (BBB) are prime committees of the SEL CCG governing body, bringing together the CCG in the borough and the local authority. The BBB is accountable for delegated functions and local delivery as well as helping to shape the priorities and work across SEL.
i-Thrive (CYP) Board	The iThrive Board brings together agencies in Lewisham to improve outcomes for children, young people and their families.
Stronger Communities Partnership Board	This board provides a partnership forum to develop joint actions between the local authority and statutory partners and the Voluntary and Community Sector.
Care at Home Alliance Leadership Group	This group is responsible for the development and implementation of integrated health and care (except MH) for adults in their own homes.
Mental Health Alliance Leadership Group	The group oversees the development and implementation of integrated provider arrangements to improve outcomes for people and which enables individuals and their families to take control of their recovery, wellbeing and overall life
Care Home Strategic Group	This group supports the partnership work with Lewisham Care Homes and their vulnerable residents and ensures delivery of the associated action plan.
The Lewisham Health inequalities group	This group provides oversight of the development of the health inequalities action on behalf of the Health and Wellbeing Board.

# APPENDIX: LHCP – ways of working

The Lewisham Health and Care Partner Executive Board have agreed some key principles, behaviours and approaches which underpin their work

## Principles

We have agreed to work together in good faith and will operate in accordance with the following principles to achieve our vision:

- **Equal voice** and status around the table irrespective of organisational size.
- **Openness and transparency** in relation to the sharing of information and data.
- **Fair and proportionate** distribution of risk and reward in relation to new ways of working.
- **Consideration** of the needs of the health and care system when taking decisions in our own organisations .

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## Shared behaviours

We are committed to working together to achieve our vision and will adopt the following behaviours:

- **Collaborative and constructive:** Partners will support the development of a whole system approach by engaging in collaborative and constructive dialogue.
- **Consensual:** Partners will seek to achieve consensus so far as is possible when making recommendations and taking decisions, while respecting each other's views and statutory accountabilities.
- **Supportive:** Partners commit to a supportive approach, sharing learning and expertise and thereby maximising transformation resources.

## Shared Approaches

We will ensure our work:

- **Is population based** – ensuring that the health and care needs of the whole population are met.
- **Expands and strengthens primary and community care** – providing most care at home or near to people's homes.
- **Promotes health and wellbeing** – providing easy access to information and advice and the support, activities and opportunities available in neighbourhoods to improve and maintain health and wellbeing.
- **Provides a co-ordinated response to the specific needs of the individual** – providing holistic, personalised and integrated care that gives individuals control of their care, enabling them to be independent and make informed choices.
- **Is developed in partnership with patients, service users, carers and wider communities** – involving them in the design and development of services and pathways, listening to their experiences and seeking their feedback at an early stage.
- **Takes a whole system approach** - ensuring it contributes to the overall safety, sustainability and provision of high quality care; managing effectively our shared resource and delivering value to the whole system.
- **Is evidence based and outcome focused** – using the evidence available across health, social care and public health, taking account of patient and user experience, to identify and adopt best practice, develop new ways of working and identify and address inequalities.
- Actively and energetically seeks to **identify and rectify inequalities.**
- **Builds up from communities** to boroughs to sub-region, with integration at neighbourhood and primary care network levels.

# APPENDIX: Evidence base for the impact of COVID-19

## **Those experiencing deprivation are more at risk from covid-19.**

A PHE review of disparities in covid has found that after age the greatest risk factor for dying with covid-19 was among those living in more socioeconomically deprived areas [PHE: Covid-19 Disparities in Risks and Outcomes](#).

People facing the greatest deprivation are experiencing a higher risk of exposure to COVID-19 and existing poor health puts them at risk of more severe outcomes if they contract the virus. [The Health Foundation: Will COVID-19 be a watershed moment for health inequalities?](#)

## **Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups.** [Public Health England: Beyond the data: Understanding the impact of COVID-19 on BAME groups.](#)

ONS data shows the risk of a COVID-19-related death for males and females of Black ethnicity is 1.9 times more likely than those of White ethnicity. [ONS: Covid related Deaths by Ethnic Group, England and Wales \(March-April 2020\)](#).

## **Men working in the lowest skilled occupations had the highest rate of death involving COVID-19.**

Among men, a number of occupations were found to have raised rates of death involving COVID-19, including taxi drivers and chauffeurs, bus and coach drivers, chefs and sales and retail assistants.

Men and women working in social care, including care workers and home carers, had significantly raised rates of death however health care workers were not found to have higher rates of death involving COVID-19. [ONS "Coronavirus \(COVID-19\) related deaths by occupation, England and Wales"](#).

## **The largest disparity in deaths and outcomes found was by age.**

People who were 80 or older were seventy times more likely to die than those under 40. COVID-19 diagnosis rates increased with age for both males and females and these disparities exist after taking ethnicity, deprivation and region into account. [PHE: Covid-19 Disparities in Risks and Outcomes](#).

## **Smoking is associated with increased severity of disease and death in COVID-19 patients.** [WHO: Smoking & Covid 19](#).

Compared to former and never smokers, current smokers were at greater risk of severe complications and higher mortality rate. [PLOS ONE: Prevalence, Severity and Mortality associated with COPD and Smoking in patients with COVID-19](#). Smoking is known to impair the immune system and increase risk of respiratory tract infections all of which increase the risk of contraction and death. [The Lancet: Tobacco smoking and COVID-19 infection](#).

Smoking was considered an additional risk factor for those with severe mental illness due to the high numbers in this population group. [JAMA: Addressing the COVID-19 Pandemic in Populations With Serious Mental Illness](#).

## **People experiencing homelessness are vulnerable to infection and severe disease.** [Medrxiv: COVID-19 and homelessness in England: a modelling study of the COVID-19 pandemic among people experiencing homelessness](#).

Homeless population are at risk from multiple health conditions and access to health services has worsened for this group due to constraints of lockdown and the need to socially distance. [Groundswell: Monitoring the Impact of Covid](#). Additionally those placed in emergency housing are at greatest risk due to overcrowding, small spaces and sharing facilities with strangers. [KCL: The coronavirus response shows we can solve the UK's housing crisis](#).

## **Those with substance use disorders are vulnerable to contract the infection due to existing health conditions and high risk behaviours.**

SUD is associated with a range of health issues such as cardio-respiratory emerging evidence suggests this could heighten their risk for COVID-19 which can be further exacerbated by high risk behavior such as sharing of cigarettes, alcohol and needles increasing the chance of outbreak in this community. [NCBI: Covid 19 and Addiction](#).

**People and places with the lowest incomes are the most vulnerable to job loss and employment impacts.**

Employment has been impacted heavily by lockdown measures, particularly for those in lower socioeconomic positions, research shows that nearly 50 percent of all the jobs at risk are in occupations earning less than £10 per hour. [McKinsey & Company: COVID-19 in the United Kingdom: Assessing jobs at risk and the impact on people and places](#)  
Unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity an increase due to economic impacts from covid-19 could further impact population health and health inequalities. [PHE: Health Matters: Health and Work](#).

**School closures may widen existing educational inequalities.** [The Health Foundation: Emerging evidence on health inequalities and COVID-19: May 2020](#)

School closures in the UK are more likely to negatively impact those from lower socioeconomic background with pupils from better-off families spending longer on home learning and having better access to more individualised resources. [Institute for Fiscal Studies: Learning during the lockdown: real-time data on children's experiences during home learning](#).  
We may also see these closure having a negative impact on nutrition for children, as many families rely on free school meals as source of this. [UNESCO: Adverse consequences of school closures](#).

**Lockdown has forced people to spend more time at home in environments sometimes unsuitable to their health.**

Housing conditions are the worst for Britain's 5.5 million private rented sector households, those in rented accommodation are more likely to be younger and in lower socioeconomic positions.  
Additionally evidence suggests small homes can impact health in many ways through lack of access to green space and exercise space as well as lack of light and ventilation. The increased time spent in homes unsuitable for health could be having an increased impact on population health, particularly for the more deprived. [SMF: Homes, health, and COVID-19: how poor housing adds to the hardship of the coronavirus crisis](#) & [UCL: Coronavirus pandemic puts the spotlight on poor housing quality in England](#).

**UK domestic abuse charities have reported a 25% increase in calls made to its helpline since lockdown.** [NCBI: The socio-economic implications of the coronavirus pandemic \(COVID-19\): A review](#)

Domestic abuse services have experienced challenges in providing support within the current government guidelines with many forced to reduce or withdraw support that they are able to offer women and children – largely due to staff shortages and challenges in adapting to remote delivery. [Women's Aid: The Impact of Covid-19 on Domestic Abuse Support](#).  
This is further impacted by an increase in pressure on associated risk factors such as unemployment and financial security with added stress potentially causing an increase in drinking at home; a risk factor in domestic violence. [NCBI: An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives](#)

**Increase in stress, anxiety and fear during the crisis will impact individual's mental health.**

Many of the impacts from the pandemic won't be physical but will be economic or social. The increase in risk is likely to be impacted by factors including socioeconomic inequalities, poverty, debt, unemployment, food insecurity, social isolation, physical distancing, and physical inactivity, all of which would also be expected to increase the risk of relapse in individuals with a mental disorder. [The Lancet: Addressing the public mental health challenge of COVID-19](#). & [Mental Health Foundation: The COVID-19 pandemic, financial inequality and mental health](#).  
Furthermore the inequality in the fallout from covid-19 means that the mental health consequences may also be unequally felt, impacting the most deprived and further entrenching the inequalities of mental health. [Mental Health Foundation: The COVID-19 pandemic, financial inequality and mental health](#).



## Health & Wellbeing Board

### Healthwatch Lewisham Annual Report 2019/20

**Date:** 3 September 2020

**Key decision:**

**Class:**

**Ward(s) affected:** ALL

**Contributors:** Mathew Shaw, Operations Manager, Healthwatch Lewisham

### Outline and recommendations

This report provides members of the Health and Wellbeing Board with an overview of the work carried out by Healthwatch Lewisham during 2019/20.

The board is recommended to note the engagement and outcomes achieved by Healthwatch Lewisham under the previous provider Community Waves.

### Timeline of engagement and decision-making

This paper is being submitted as an information item for the Health and Wellbeing Board.

## 1. Summary

The Healthwatch Lewisham Annual Report 19/20 showcases the breadth of work carried out by the organisation in order to capture patients' experiences of health and care services. The report outlines how Lewisham residents were able to influence the local plan for south east London and improve complaints information on GP websites. Information is also provided highlighting the impact of Healthwatch Lewisham Youth Board in representing the views of young people during its first year.

## 2. Recommendations

- 1.1. The board is recommended to note the Healthwatch delivery and outcomes between 1<sup>st</sup> April 2018 and 31<sup>st</sup> March 2020

## 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.
- 3.2. The Lewisham Corporate Strategy 2018 – 2022 has as one of its commitments that ‘all health and social care services are robust, responsive & working collectively to support communities and individuals’. Healthwatch Lewisham supports the Council to deliver its commitment to local people.

## 4. Background

- 4.1. Community Waves delivered the Healthwatch Lewisham contract from April 2015 - March 2020.
- 4.2. Your Voice in Health and Social Care was awarded the contract to deliver Healthwatch Lewisham from April 2020
- 4.3. 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 to make changes to their services.
- 4.4. 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.
- 4.5. Local Healthwatch are intended to hold both commissioners and providers of services to account by delivering the 6 statutory functions:
  - Gathering the views and understanding the experiences of patients and the public.
  - Making people’s views known.
  - Promoting and supporting the involvement of people in the commissioning and provision of local health and social services and how they are scrutinised.
  - Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission.
  - Providing information (signposting) about access to services and support for making informed choices.
  - 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.
- 4.6. The Healthwatch contract included the delivery of NHS complaint advocacy

### Is this report easy to understand?

Please give us feedback so we can improve. Page 104

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

## 5. Healthwatch Lewisham Annual Report 2019/20

5.1. Healthwatch Lewisham activities during 2019/20 were delivered by the previous provider Community Waves.

5.2. Summary of work:

- 1,305 people shared their experiences of health and social care experiences with Healthwatch Lewisham
- 208 people were supported by our Lewisham Independent Health Complaints Advocacy Service to make a complaint.
- 108 Lewisham residents received advice and information from the Information and Signposting service
- 8 reports were published about the improvements people would like to see with their health and social care.
- 8 announced Enter and Views were carried and focused on experiences of GP services, care homes and mental health crisis services
- 31 residents volunteered for Healthwatch Lewisham and supported the organisation with a combined 960 hours

5.3. Highlights

- Over 250 residents, patients, carers and their families shared their views to explain what matters most to them. These experiences were used to inform the local response to the NHS Long Term Plan. The engagement was able to influence the SEL future strategy about digital consultations, cancer screening, access to mental health services and equalities.
- Healthwatch Lewisham looked into the quality of complaints information provided on GP websites. To help encourage consistency, a template was developed which was implemented as the standard model for all GP practices in the borough. Residents now have greater access to information on how to make a complaint and what support services are available. Our work around improving complaints information in Lewisham was “Highly Commended” at the national Healthwatch network awards.
- The organisation continues to be part of the Lewisham Junior Citizens Scheme which teaches Year 6 children about different issues to support their transition to secondary school. Over 1,200 Year 6s took part in our workshops on wellbeing. They were educated on what mental health is and how to look after their wellbeing, using the Five Ways to Wellbeing method.
- Healthwatch Lewisham’s Youth Board partnered with the National Citizen Service. Together, we engaged with 200 Lewisham young people and achieved the following outcomes:
  1. Raised awareness of the Accessible Information Standard through the delivery of mystery shops at local pharmacies and opticians
  2. Raised £300 for The Maudsley Charity, to support young people's mental health
  3. Created a short film in one day to demonstrate the findings of, a study of young people's mental health knowledge and experiences

### Is this report easy to understand?

Please give us feedback so we can improve.

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Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

## **6. Financial implications**

6.1. There are no specific financial implications arising from this summary.

## **7. Legal implications**

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

## **8. Equalities implications**

8.1. 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. Climate change and environmental implications**

9.1. There are no direct climate change or environmental implications from this summary.

## **10. Crime and disorder implications**

10.1. There are no direct crime and disorder implications from this summary.

## **11. Health and wellbeing implications**

11.1. The report highlights the experiences of Lewisham residents during 2019/20 and provides a series of recommendations around a variety of issues to help improve local services for the Lewisham population.

## **12. Report author and contact**

12.1. Mathew Shaw, Operations Manager, Healthwatch Lewisham  
[mathew@healthwatchlewisham.co.uk](mailto:mathew@healthwatchlewisham.co.uk)

### **Is this report easy to understand?**

Please give us feedback so we can improve. **Page 106**

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Annual report 2019-20

# Guided by you



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# Message from our chair

## Welcome to the Healthwatch Lewisham Annual Report for 2019-2020.



Over the last year, we have continued to be a strong and effective Healthwatch, acting as a vital part of the health and social care landscape in Lewisham. This report provides an overview of our work and achievements in the last 12 months.

Our engagement work, in-depth investigations and Enter and View visits have shone an important light on services and people's needs and views in the borough. They have helped provide local knowledge, offered patient insight and influenced future plans for services; the engagement we did around the NHS Long Term Plan developed the response in south east London.

We have continued to provide the Lewisham Independent Health Complaints Advocacy Service, providing expert help to people needing to make a complaint to the NHS. Our work looking at improving complaints information was nationally recognised at the Healthwatch Network Awards.

This year we have particularly supported and encouraged opportunities to hear the voice and views of young people. We set up a Youth Board of committed young residents creating a platform for them to have their say. In addition, 1,200 children from Year 6 attended our wellness workshops as part of the Junior Citizens' Scheme.

I thank and commend Nike Ajjola, one of our young local volunteers, who won the Young Person's Achievement Award for her work in co-producing the Youth Board. I also congratulate Aaliyah Odedina, a member of the Youth Board, who was elected deputy Youth Mayor last October.



I would like to thank our Chief Executive, Folake Segun and our staff team for all their inspiration, commitment and hard work this year. We could not carry out our formidable work plan without the exceptional and enthusiastic work of our staff and our many volunteers who give so much time and expertise to our work. I wish to thank all our volunteers who have done so much and in so many ways to make our work and its impact so successful. I especially thank my fellow Trustees and the members of our Workplan Committee who have done so much to steer and lead the organisation.

Finally, I would like to thank everyone who have spoken to us, taken part in focus groups or completed surveys. These contributions are vital to our success in raising the issues which matter most to people.

# Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people. This year we spoke to **3,141** residents, patients and service users.



# About us

## Here to make care better

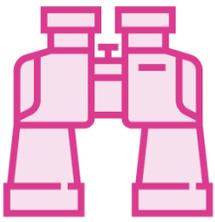
The network's collaborative effort around the NHS Long Term Plan shows the power of the Healthwatch network in giving people that find it hardest to be heard a chance to speak up. The #WhatWouldYouDo campaign saw national movement, engaging with people all over the country to see how the Long Term Plan should be implemented locally. Thanks to the thousands of views shared with Healthwatch we were also able to highlight the issue of patient transport not being included in the NHS Long Term Plan review – sparking a national review of patient transport from NHS England.

We simply could not do this without the dedicated work and efforts from our staff and volunteers and, of course, we couldn't have done it without you. Whether it's working with your local Healthwatch to raise awareness of local issues, or sharing your views and experiences, I'd like to thank you all. It's important that services continue to listen, so please do keep talking to your local Healthwatch. Let's strive to make the NHS and social care services the best that they can be.

 I've now been Chair of Healthwatch England for over a year and I'm extremely proud to see it go from strength to strength, highlighting the importance of listening to people's views to decision makers at a national and local level.

**Sir Robert Francis, Healthwatch  
England Chair**





## Our vision is simple

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.



## Our purpose

To find out what matters to you and to help make sure your views shape the support you need.



## Our approach

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 solutions. We are independent and committed to making the biggest difference to you.



## How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations



Find out more about us and the work we do

**Website:** [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)

**Twitter:** @HWLewisham

**Facebook:** @HWLewisham



## Healthwatch Workplan Committee

Over the last year, we have seen major changes in the NHS and local government both locally across London and nationally. We have seen the amalgamation of GP practices and premises, changes in services, plans for the SEL CCG merger and changes in staff etc.

The WPC has seen its most important role as representing the voice of patients throughout these different processes to ensure that their needs were not forgotten and that services reflect the needs of local people.

We have represented patients on a range of local committees and groups including the Health and Wellbeing Board, Healthier Communities Select Committee and CCG Governing Body.

In particular we have:

- Ensured the findings from our Children and Young People mental health project were heard at a borough-wide level
- Provided advice to support public engagement around GP mergers
- Supported the Childhood Obesity Trailblazer bid by providing BAME community leaders to give insight on beliefs on obesity, nutrition and effective behavioural messaging.

We would like to thank our Committee for using their expertise to inform and influence the projects and work we deliver. They have ensured the views and experiences of different communities are reflected at strategic level in Lewisham

### Our Workplan Committee

Dr Magna Aidoo, Nigel Bowness, Carolyn Denne, Linda Gabriel, Catherine Jenkins, Michael Kerin, Leslie Marks, Libby Peppiatt and Geraldine Richards

## Partnership and Representation

We are part of many strategic and operational meetings, groups and networks providing feedback on experiences of health and social care. Our representation enables us to voice your views directly to commissioners and service providers.

Partnership Groups and Meetings	
BAME Health Inequalities Working Group	Lewisham Council
Healthier Communities Select Committee	Lewisham Council
JSNA Steering Group	Lewisham Council
Lewisham Adult Safeguarding Board	Lewisham Council
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 Health and Wellbeing Board	Lewisham Council
Lewisham Health and Wellbeing Board Agenda Steering Group	Lewisham Council
Lewisham Obesity Alliance Meeting	Lewisham Council
Lewisham Primary Care Commissioning Meeting (PCCC)	Lewisham CCG
Local Healthwatch Leaders Group	Healthwatch
Mental Health and Emotional Wellbeing Cross Sector Delivery Group	Lewisham Council
NCDP Neighbourhoods 1 2 3 4	Lewisham Council
Our Healthier South East London Patient and Public Advisory Group	OHSEL
SLaM and HW meeting	SLaM

# Highlights from our year

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Find out about our resources and the way we have engaged and supported more people in 2019-20.



## Health and care that works for you



### **31 volunteers**

helping to carry out our work. In total, they gave us of **960** hours of their own time.

### **9 staff**

supported us across seven roles in our organisation.

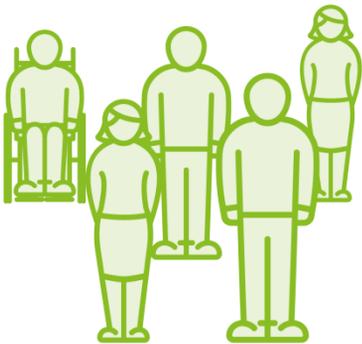
We received

### **£107,482 in funding**

from our local authority in 2019-20 for the Healthwatch Lewisham contract

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## Providing support



### **1,305 people**

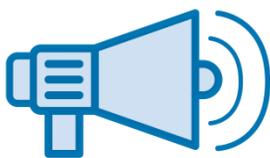
shared their health and social care story with us.

### **208 people**

were supported by our Lewisham Independent Health Complaints Advocacy Service to make a complaint.

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## Reaching out



### **45% more**

people engaged with us through our website and social media.

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## Making a difference to care



We published

### **8 reports**

about the improvements people would like to see with their health and social care.

# How we heard your views

Learn about the different ways we spoke to local people about their health and care



Community engagement is pivotal to what we do and how we make sure voices are heard. We use a variety of methods to understand people’s needs and experience.



## Engagement Hubs

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

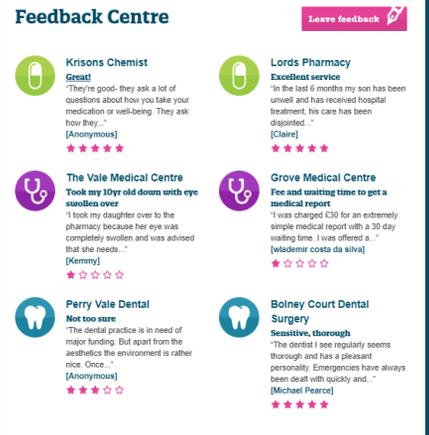
We held **60** engagement hubs in 2019/20 and visited a variety of local community hotspots including GP practices, Lewisham Hospital and summer festivals.

## Feedback Centre

A central feature of our website is the Feedback Centre which enables people to rate local health and social care services, as well as search for their nearest services.

**717** people shared reviews through the online portal this year.

If you would like to share your experiences of local services, please visit [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)





## Summer Engagement

Our organisation attended **7** local festivals as part of our 2019 Summer Engagement Programme during April to August.

We worked in partnership with GP Federation, One Health Lewisham to help promote the GP NHS Ask app.

Engagement took place across the four Lewisham neighbourhoods where we heard the voices of over a hundred residents.

# Your Experiences

I love Lewisham Hospital they were so supportive and caring throughout my experience with cancer. Cannot thank the doctors and nurses enough. Kept me informed during the whole process and I really do now believe they were crucial to my 'all clear' diagnosis.

LEWISHAM HOSPITAL

The pharmacy is busy, but the staff always do their best to help and treat customers with respect and kindness

LLOYDS PHARMACY  
RANDESDOWN ROAD

Dreadfully poor service and poor clinical practice - not all GPs are dreadful, indeed some are excellent, but some make very poor decisions that influence the overall functioning of the practice.

BARING ROAD  
MEDICAL PRACTICE

I had not seen the dentist before, but she was extremely welcoming and reassuring. I have to return for a filling and usually I might feel apprehensive but due to this dentist, I feel comfortable returning.

LEWISHAM DENTAL  
PRACTICE

SHARE EXPERIENCES AT [WWW.HEALTHWATCHLEWISHAM.CO.UK](http://WWW.HEALTHWATCHLEWISHAM.CO.UK)

Share your experiences of health and care at  
[www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)

## Making your voice heard

Last year we heard from **1,305** people about their experience of health and social care.

We produce reports which highlight the key findings and themes from our conversations with patients. We share these with local services to make sure your views shape the support you need.

Here are some of the changes that you want to see.



See the same doctor or nurse



Improve learning disability awareness amongst health professionals

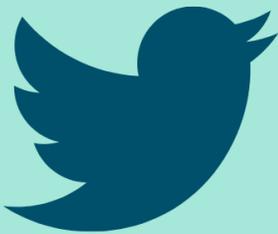


Reduce waiting times at University Hospital Lewisham



Improve communication around hospital appointments

# Communication Trends



**2,024 followers**

**119,754 impressions**



**8,970 reads of our newsletter**



**350 followers**



**14,754 sessions recorded on our website.**

**An increase of 59%**

# How we've made a difference

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# What we've done this year

Find out how sharing your views with your local Healthwatch has led to positive changes to health and social care services in Lewisham. We show that when people speak up about what's important, and services listen, care is improved for all.

Take a look at the highlights of our work over the last 12 months

## Raising awareness of health information in libraries

Residents told us that under the NHS Long Term Plan they would like better access to trustworthy information about health and wellbeing issues.

We launched a project aiming to raise awareness of libraries' role in providing easier ways to find health information, focusing on the Reading Well project.

Reading Well is a scheme that offers fiction and non-fiction books which can help people to understand and manage their health.

We carried out **seven** mystery shops to Lewisham libraries to see how easy someone could learn about the scheme.

Most libraries provided clear and easy to read health displays. Staff were helpful, friendly and confident in explaining where health and wellbeing books can be found.

However, an increased awareness of Reading Well amongst the library staff and volunteers would help direct people to the resources and books available as part of the scheme.

### Recommendations

- Raised awareness and training of paid and unpaid staff about the Reading Well scheme and resources available would be beneficial
- Librarians should be trained on all signs/words that indicate a person is talking about mental health
- Availability of the Reading Well scheme in schools would be helpful to young people



Good Practice	Areas for Improvement
<p><b>Health displays and Reading Well displays including printed leaflets and books with "Reading Well" stickers on the front covers.</b></p>	<p>Training for staff to increase their confidence signposting customers to health and wellbeing resources.</p>
<p><b>Film displays for those who do not enjoy reading or cannot read</b></p>	<p>Distinction between sections for children and young people, and for adults</p>
<p><b>Helpful and friendly staff, confident in explaining where health and wellbeing books can be found, online resources and the Reading Well scheme</b></p>	<p>Recognition that both fiction and non-fiction books can be used as resources for health and wellbeing</p>

Building on the good practice found in local libraries, we felt it would be useful for librarians to be trained on all signs/words that indicate that a person is talking about their mental health. This would allow staff to feel confident when signposting to appropriate resources.

We created a poster to help staff and volunteers' direct residents to the Reading Well scheme.

**"I/my friend/my family member need help with..."**

Diabetes  
Pain  
Stress  
Wellbeing  
Breathing difficulties  
Anxiety  
Autism  
Dementia  
Sleep problems  
Healthy eating  
Depression  
Body image

**Children or young people**

**Adults**

**Reading Well** children  
**THE SHELF HELP**  
**Reading Well for people with long term conditions**  
**Reading Well for mental health**  
**Books on Dementia**

**Extra tips**

- ✦ More resources are available at [reading-well.org.uk](http://reading-well.org.uk)
- ✦ All books are available in the Lewisham Library network. Remember both fiction and non-fiction books are available!
- ✦ Please show the customer any health displays in the library
- ✦ Are there any additional resources e.g. films, audio books, podcasts?

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## Improving access to complaints information



Last year, we looked into the quality of complaints information provided on GP websites. To help encourage consistency, we developed a template which was implemented as the standard model for all GP practices in the borough.

The template was also included in the digital website offer provided by our local GP Federation. This allowed our information to be embedded on even more websites.

Residents now have greater access to information on how to make a complaint and what support services are available.

Our work around improving complaints information in Lewisham was “Highly Commended” at our national network awards.

To read our report, please visit [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)

## Enter and View

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 2019/20, we carried out **eight** announced Enter and View visits in the borough.

### GP Extended Access

Residents regularly tell us that GP appointments are difficult to access. In 2019, we carried out **three** visits to the GP Extended Access (GPEA) Service, which has been created to make more appointments available in Lewisham.

The availability of additional GP and nurse appointments was highly valued by patients who were especially grateful to be seen on the same day.

#### Our key recommendations were:

- Provide patients with more information prior to their appointments.
- Training could be given to staff on how to respond to certain circumstances and ensure patients are safely and privately informed about changes of appointments or updates.
- We recommend that staff follow a uniform policy and the names of clinicians could be put on the consultation room doors with accompanying photos.

#### Impact

One Health Lewisham have agreed to implement the majority of our recommendations. For example, names and pictures will now be put on the consultation room doors in the service to improve identification of staff for patients.

### Oakview Family Practice

We continually receive feedback that patients in Lewisham face difficulties accessing GP appointments. The “GP Patient Survey 2019” found that Oakview Family Practice is the number one rated service in Lewisham and received the highest rating for access.

Our **three** Enter and View visits allowed the opportunity to observe a service that patients rate highly for access and provide a case study to other local GP practices.

#### Our key recommendations were:

- Make display boards easier to navigate by categorising information and having clear headings
- Put signage on the toilet door to indicate that it has wheelchair access.
- The practice has a very useful page on its website, identifying staff who work there and displays pictures of them. We would recommend replicating this in the practice.

#### Impact

Oakview Family Practice thanked us for the report and informed us that the recommendations around the notice boards and disabled toilets would be actioned.

## The Harbour Cafe

We used our powers of Enter and View to visit The Harbour, a mental health crisis café based in University Hospital Lewisham.

The purpose of our visit to the new service was based on our priorities of access and mental health.

We found the café to be a safe, therapeutic and supportive environment. Staff recognised that because the service is relatively new there is room for improvement.

### Our key recommendations were:

- To raise awareness, providers should create a page on their respective websites to detail important information about the service
- Greater availability of group activities may be beneficial to service users. In particular, for people who wish their carer, friend or family member accompanies them to The Harbour
- As noted by staff, regular staff meetings are needed to help promote greater joint working. Meetings between staff across Certitude, SLaM and Lewisham and Greenwich Trust would improve the service provided

### Impact

The Harbour has committed to making information available online about the service, creating easy-read welcome packs for service users with learning disabilities and improving communication between Certitude, SLaM and LGT staff teams

## Fieldside Residential Care Home

Earlier this year, we used our powers of Enter and View to visit Fieldside Care Home. The CQC had rated the service as "Requires improvement" in July 2018 and we wanted to hear from residents and staff to understand what progress the home was making.

Our staff and Authorised Representatives were impressed by the service provided at the care home. We found the home to be cosy, pleasantly decorated and extremely clean. It was clear to see that residents were benefitting from a longstanding and caring staff team.

### Our key recommendations were:

- Where possible, all communal information should be written in large fonts, use colour, images and be easily accessed. It should also be simplified
- Improvements could be made to the environment in Fieldside to ensure it is responsive to people living with dementia
- In all of the communal spaces observed, television or music was present. We felt it was important that a truly quiet space is available to residents, especially if they are experiencing distress

### Impact

Despite sending an official reminder, Fieldside Residential Care Home have chosen not to respond to our report

## Youth Board

This year we set up the Healthwatch Lewisham Youth Board to represent the voices of young people in Lewisham in relation to health and social care services. Here are some of the highlights to celebrate our one-year anniversary... ✍️



### Growing our Youth Board

Why do young people need a voice?

We created a recruitment video to demonstrate why it is important for children and young people to be able to influence local health and social care services.

### Partnership with NCS

Last summer we partnered with the National Citizen Service.

Together, we engaged with 200 Lewisham young people and:

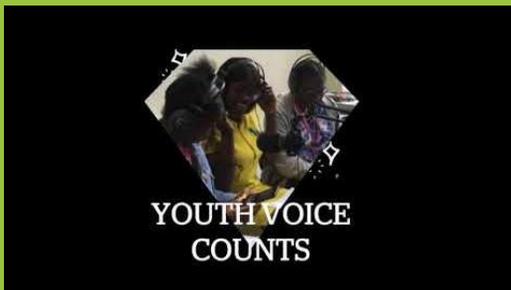
- Raised awareness of the Accessible Information Standard by carrying out mystery shops at local pharmacies and opticians
- Raised £300 for The Maudsley Charity, to support young people's mental health
- Created a short film in one day to demonstrate the findings of, a study of young people's mental health knowledge and experiences



### #YouthVoiceCounts

We teamed up with Love the Beat Radio Lewisham to create a new community radio show, Youth Voice Counts.

During the show, Youth Board members discussed topics that matter to them. Their most recent show focused on relationships and featured interviews with a special guest from public health and a trainee GP.



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Visit [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk) to listen to their first show on Mental Health and Identity



## 15 Steps Challenge



We took part in a '15 Steps Challenge' at Downham Sexual Health Clinic.

The Challenge is an NHS initiative inspired by a mum who said "I can tell what kind of care my daughter is going to get within 15 steps of walking on to every new ward".

Our Youth Board was able to highlight the positives and areas the clinic may need to improve. Their recommendations will help improve the waiting area, information displayed and signage at the facility.

## Reading for Wellbeing

Simi, one of our Youth Board members carried out a mystery shop at Lewisham Central Library and conducted an interview at school to find out what health resources were available for young people.

Our mystery shop engagement has been included in the latest Lewisham CYP Transformation Plan which supports improvements in children and young people's mental health and wellbeing.



## Young Mayor Elections



In October 2019, a member of our Youth Board, Aaliyah Odedina, was elected the Deputy Young Mayor for Lewisham 2019-20.

She came 2<sup>nd</sup> after a hard-fought campaign which saw her amass over 1,000 votes from her peers.

We are really proud of Aaliyah and know she'll be great!

# Mayor's Award for Volunteering

The Mayor's Award scheme was launched in 2017 to recognise people, community projects and businesses who volunteer in their spare time in Lewisham.

Nike Ajjola, one of our young volunteers, won the Young Person Achievement Award for her work co-producing the Healthwatch Lewisham Youth Board.

The co-production of the Youth Board has been vital to its success so far and Nike's contribution has been invaluable to ensuring young people are being heard by local services.

## Young people's health

Former Deputy Young Mayor Nike Ajjola, 15, won the young person's award for her work with Healthwatch Lewisham.

I've always been interested in medicine. I already know that I want to be a doctor.

I started working with Healthwatch about a year ago. They make sure people who are accessing health and social care are getting the right support. I'm working with them to form a youth board that supports young people with their health concerns.

We have been auditing primary care services to see how accessible healthcare is to young people. We want to help young people take

their health more seriously.

I also work on a radio show called Youth Voice Counts, where we discuss issues such as insecurities, stereotypes and relationships. You can hear it at [www.lovethebeatradio.com](http://www.lovethebeatradio.com).

A big issue for young people is mental illness. People use terms about mental illness casually in conversation, which makes it harder for everyone to take the issue seriously. There is still a stigma around it all. What our mental health is like now affects us for



the rest of our lives, as it affects the way we work. Many people don't understand how important mental health is.

**To find out about volunteering at Healthwatch Lewisham, visit [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk) or call 020 8690 5012.**



Find out more about our Youth Board  
Website: [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)  
Instagram: @hwl\_youthboard



### Our Youth Board rocking their new t-shirts

"The Youth Board has been a really fun experience for me because I have been able to meet new people and try new things. It has been interesting to gain a perspective into community health and how it affects me and the people I know. I have enjoyed helping young people through various projects like the 15 Steps Challenge and Youth Voice Counts radio show."

**Simi**

"Since joining the Youth Board I have met so many new, interesting people and gained so much more confidence. I've developed my speaking skills and learnt how to work in a team, my parents also feel as if I've come out of my shell a lot more.

Thank you for this amazing experience!!"

**Meryem**

## What they said

Our Youth Board has worked with several organisations this year to ensure young people's voices are heard and able to influence the delivery of local services.

"I worked with the Healthwatch Youth Board between September 2019 and January 2020 around a number of projects related to sexual health. I was tasked with the role of engaging with young people around a sexual health strategy in order to shape our local action plan.

The input of the Youth Board was invaluable. For example, engaging with young people about what healthy relationships mean to them through the Youth Voice Counts radio show gave our public health team a very helpful insight into how relationships education could be better approached in schools. This information has been passed on to secondary schools via our Healthy Schools Officer who is helping schools deliver the 2021 curriculum changes to relationships and sex education.

Another project which was particularly useful was the 15 Steps Challenge in which the Youth Board visited Downham sexual health clinic and gave feedback on how the environment could be more welcoming and accessible to young people. This feedback was well-received by the clinic leads who have committed to act on some of the recommendations.

It has been a pleasure working with Sydney and the Healthwatch Youth Board; I hope our work together marks the start of a more meaningful engagement process between the public health team and young people in Lewisham."

**Dr Natalie Elkheir**  
**Public Health Specialty Registrar**  
**Lewisham Council**

"We as workers have really valued the strong, supportive and beneficial relationship with Healthwatch. It has enabled and encouraged the young people to re-visit in new ways, the concerns of the wider youth population. Particularly around physical and emotional wellbeing.

The Youth Board work has enabled the young people to be clear, sharp and effective in raising any concerns with councilors, officers, partner organisations and the wider community. Without this partnership it is clear that these interventions may not have been as effective or valuable. Thank you!"

**Malcolm Ball**  
**Advisor to Lewisham Young Mayor**  
**Lewisham Council**

## Children and Young People Projects



### Junior Citizens Scheme

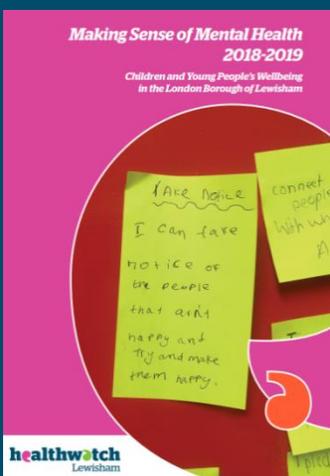
We continue to be part of the Lewisham Junior Citizens Scheme which teaches Year 6 children about different issues to support their transition to secondary school.

Over **1,200** Year 6s took part in our workshops on wellbeing. They were educated on what mental health is and how to look after their wellbeing, using the Five Ways to Wellbeing method.

### Childhood Obesity Trailblazer Pilot

We supported Lewisham Council's Childhood Obesity Trailblazer bid by connecting services with BAME community leaders to give insight on beliefs on obesity, nutrition and effective messaging.

The bid was successful and Lewisham was one of five boroughs to be awarded £100,000. The funding will be used to restrict advertising of junk food and use unsold outdoor advertising space for health eating promotion campaigns.



### Making Sense of Mental Health 2019

Our 'Making Sense of Mental Health' report surveyed **511** children and young people's mental health knowledge, experiences and opinions on services available to them.

We shared this report with local commissioners and providers responsible for CYP services. The findings from our report have been included in the latest Lewisham CYP Mental Health Transformation Plan.

## Further impact



### Mental Health Train the Trainer

We delivered a 'Teach the Trainer' workshop at the borough's Mental Health Stakeholder event on young people's mental health and wellbeing.

The workshop provided professionals with information on how to deliver a workshop to CYP on topics such as mental health and the Five Ways to Wellbeing.

We offered tips and advice including a hands-on exercise to support emotional wellbeing.

### LGT Employee of the Month

We were invited to judge and select the winner of Lewisham and Greenwich NHS Trust's January Employee of the Month.

We awarded the prize to a healthcare assistant who works with cancer patients in the Macmillan Brook Outpatients Department after they received a glowing commendation from a patient.

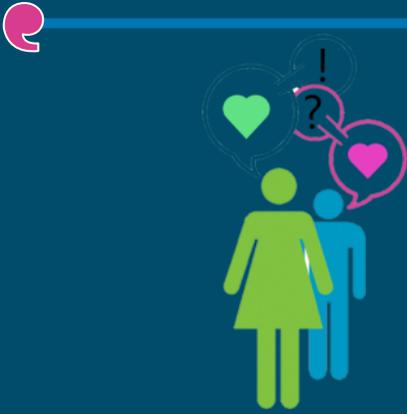


### Supporting SLaM recruitment

We supported the recruitment of a senior staff member staff for South London and Maudsley NHS Foundation Trust.

We were involved in an activity designed to assess shortlisted candidates for the role.

This is an example of good partnership working which will have a direct impact on shaping service provision.



## LGT Sexual Health Strategy

Last year, Lambeth, Southwark and Lewisham launched a new 5-year sexual health strategy in March which included the development of a new sexual health promotion service.

We held a focus group where we engaged with local residents from African and Caribbean communities to hear their views on how they would like the service to be implemented

## PLACE Visits

We were invited to be part of Patient-led assessment of the care environment (PLACE) visits to both the BMI Blackheath Hospital and University Hospital Lewisham.

By visiting the hospitals, we were able to understand how well the services are meeting the needs of their patients and identify where improvements can be made.

At Blackheath Hospital, we suggested improvements around signage and making access easier for people with learning disabilities and dementia.

At University Hospital Lewisham we highlighted a lack of privacy at the triage desk and felt the A & E department needing more rigorous cleaning.




## Quality Accounts

We submitted our response to both Lewisham and Greenwich NHS Trust and SLaM NHS Foundation Trust's Annual Quality Accounts during 2019/20.

In our responses, we make sure to hold local Trusts to account in relation to their performance and quality.



## Adult Social Care Survey



Every year Lewisham Council send a survey to all Lewisham residents who receive adult social care support.

The survey aims to learn more about how effectively social care services are helping people to live safely and independently in their own homes, and the impact that these services have on their quality of life.

We support residents by answering any of their questions and assist anyone who needs help filling out the Adult Social Care User survey.

## LD Big Health Day

We teamed up with our Healthwatch colleagues to be part of the first ever joint Bexley, Greenwich and Lewisham Learning Disability Big Health Day. The event gave people with learning disabilities the chance to learn more about cancer and get involved in workshops, mini-health checks and dance classes.

During the Big Health Day, we spoke to over **50** people about their understanding of mental health and experiences of local services.

Read the report on [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)



## HW Involvement Panel



We are supporting an independent, 30-month study carried out by King's College London (KCL) to explore the work of Healthwatch.

We are represented on the Healthwatch Involvement Panel which is composed of members from the network.

The Panel will enable KCL to gain a broader perspective on their findings and understanding of how Healthwatch works.

## What they said

“Lewisham Speaking Up has a good relationship with Healthwatch Lewisham and they keep us up to date with any news and developments in relation to local health care services. We also work more closely together on particular projects such as consultations.

We recently collaborated by running a focus group with people with learning disabilities on the NHS 10 year plan. Staff from both organisations worked together to gather the views of people on using GP services, accessing hospital care and adopting a healthier lifestyle. The event was well attended and people with learning disability engaged well discussing their own experiences and what does and doesn't work for them.

Healthwatch staff provided accessible materials to facilitate the discussion and some useful feedback was collected. They are always friendly and approachable and we like the way that you always make the effort to make things accessible for people with learning disabilities. This includes using images and the also the way that you talk, using simple, direct language without being patronising.

We look forward to working with Healthwatch Lewisham staff in the coming year.”

**Marsh Stitchman**  
**Self Advocacy Coordinator**  
**Lewisham Speaking Up**



## What they said

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

“Healthwatch Lewisham has continued to provide NHS Lewisham CCG with vital information about the quality and delivery of healthcare services during 2019/2020. Healthwatch regularly attend our Integrated Governance Committee and bring a level of detail of patients’ views and experiences that we are not able to gather in other ways.

The group’s work with young people from Lewisham’s BME community highlighted cultural differences in the experience of cancer particularly around perceptions and feelings of stigma that were having a profound impact on young people’s lives. The work also identified a range of myths and cultural beliefs that are not shared widely in the population at large. We shared and discussed this work with our local hospital which has recently strengthened and added to its cancer services to improve engagement, information sharing and support to all those touched by these illnesses.

The CCG is grateful to Healthwatch Lewisham for its regular reports on people’s experiences of access to services, particularly to primary care. The work that the group carried out to review the way general practices presented information for complainants has led to improvements for concerned patients. The regular supply of patient stories has helped the CCG understand the patient experience and human impact of its commissioning decisions over the years since the CCG was created in 2013.”

**Graham Hewett**  
**Associate Director of Quality**  
**NHS Lewisham Clinical Commissioning Group**

## What they said

We continue to have strong partnerships with a variety of organisations to ensure we hear the views of a wide range of different communities in Lewisham.

“Healthwatch Lewisham have always taken the time to engage with carers at our engagement forums. Healthwatch Lewisham have great knowledge on the different aspects of health services and are very professional. They take the view of carers seriously! We hope they are able to engage with us in Lewisham for the new year.”

**Matthew Mckenzie**  
**Carer Consultant**

“Healthwatch Lewisham has provided an excellent service to Lewisham Homes. They have supported many of our Health & Wellbeing events and their talks have always been well attended. They are always a good partner to collaborate and bring health and wellbeing closer to our employees.”

**Lucia Perez-Gonzalez**  
**People Services Graduate**  
**Lewisham Homes**

“As the Involvement Lead for SLAM adult mental health services in Lewisham it is very helpful to me to work with Healthwatch Lewisham. We have benefited from receiving feedback on our own work. For example, I co-produced a summary of service user priorities around service redesign and was able to receive guidance from Healthwatch based on their local knowledge.

Officers from Healthwatch have linked in with our service user and carer advisory group to provide information and seek feedback. For example Marzena visited the group in late 2019 to share the NHS Long Term Plan report and to answer questions about how Healthwatch works and how it is able to influence service provision locally and across south London.”

Jane Lyons  
Involvement Lead for Croydon and Lewisham Adult Mental Health Services  
South London and Maudsley NHS Foundation Trust

# Long Term Plan

**#WhatWouldYouDo**

## NHS Long Term Plan

Following a commitment from the Government to increase investment in the NHS, the NHS published the 'Long Term Plan' in January 2019, setting out its' key ambitions over the next 10 years. Healthwatch launched a countrywide campaign to give people a say in how the plan should be implemented in their communities.

Over **250** residents, patients, carers and their families shared their views as part of the "What Would You Do?" surveys that ran from March to June to encourage people in Lewisham to explain what matters most to them.

Question	Answer
What is most important to you to help you live a healthy life?	Access to the help and treatment I need when I want it
What's most important to you to be able to manage and choose the support you need?	Choosing the right treatment is a joint decision between me and the relevant health and care professional
What is the most important to you to help you keep your independence and stay healthy as you get older?	I want to be able to stay in my own home for as long as it is safe to do so
What is most important to you when interacting with the NHS?	I can talk to my doctor or other health care professional wherever I am

As well as hearing the views of Lewisham residents, we were responsible for co-ordinating the engagement for the whole of south east London.

We shared our findings with Our Healthier South East London to help influence the local plan for the region.

Your feedback had the following impact on the local plan for south east London:



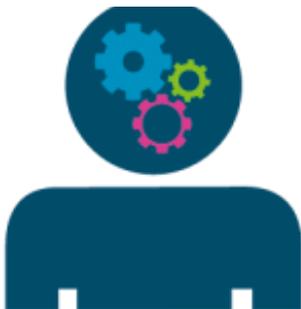
### Digital Consultations

Some residents told us they would like to have the option of video consultations with their GP and, under our Digital First programme, there will now be a video consultation offer in each GP practice by April 2021.



### Cancer Screening

South East London Cancer Alliance amended its draft plan to include targeted work and education to support public understanding of screening programmes.



### Access to mental health services

The mental health programme has further outlined plans to continue increasing timely access to IAPT services.



### Equalities

The Healthwatch engagement report was used as an information source in OHSEL undertaking an equality impact assessment against their response to the NHS Long Term Plan.

## What they said

“Through Healthwatch reports the services get to hear from a wide range of service users and families. For example, the Healthwatch report on local views about the NHS Long Term Plan was shared with SLaM colleagues planning the redesign of community services in the borough to highlight local priorities. Timely access to services was a high priority identified in the report and is now a central part of the SLaM proposals, with a goal to respond to request for services within 24 hours and to provide a first assessment within two weeks.”

### Jane Lyons

**Involvement Lead for Croydon and Lewisham Adult Mental Health Services  
South London and Maudsley NHS Foundation Trust**



# Helping you find the answers

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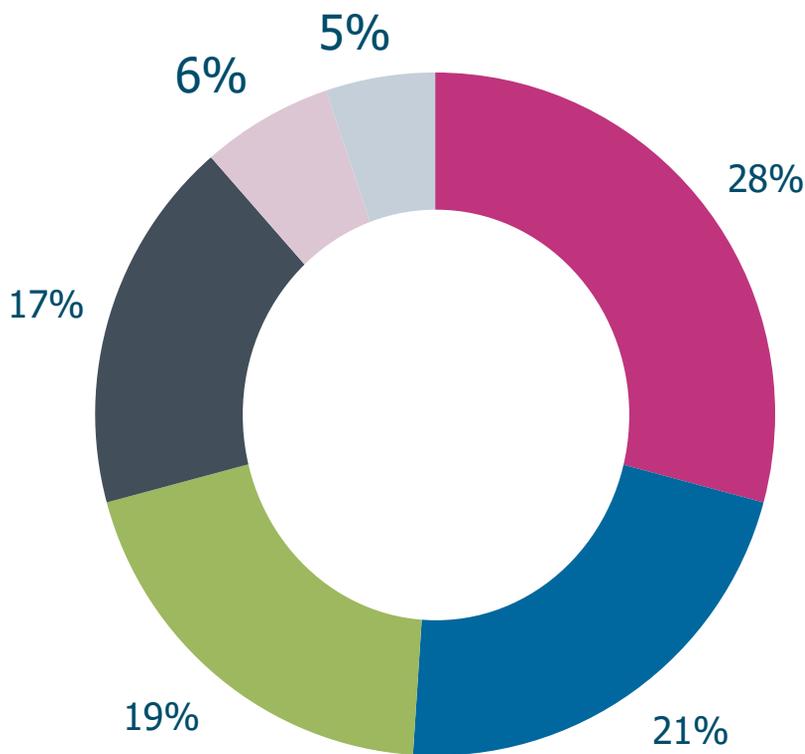


**Finding the right service can be worrying and stressful. Healthwatch plays an important role in helping people to get the information they need to take control of their health and care and find services that will provide them with the right support.**

This year we helped **108** people get the advice and information they need by:

- Providing advice and information articles on our website.
- Answering people’s queries about services over the phone, by email, or online.
- Talking to people at community events.
- Promoting services and information that can help people on our social media.

**Here are some of the areas that people asked about.**



- GP
- Social Care
- Hospital
- Other
- Community Services
- Mental Health

## Examples of signposting enquiries

### Enquiry:

Ms B has a history of developing sebaceous cysts on her scalp which have been removed on the NHS.

Last year, her GP explained that the treatment is no longer available on the NHS and she will need private treatment to get the cyst removed.

### Outcome:

We suggested she should book a consultation with her GP, as the cyst had grown significantly since the last consultation.

We also provided the SEL Treatment Access Policy with the criteria for why a benign skin lesion could be removed.

### Enquiry:

Lewisham Migrants and Refugee Forum were concerned that several of their members were being refused access to Primary Care services because of their immigration status.

### Response:

We provided the organisation with the "My Right to Healthcare Card" which explains that everyone has the right to register and use all services in a GP practice regardless of their immigration status.

We raised this issue with Lewisham CCG.

### Enquiry:

Ms B contacted our service exasperated at being unable to contact the Gastroenterology department at Lewisham Hospital.

Her daughter is severely disabled and requires specific medicine to manage her sodium levels. The daughter needed a new prescription; however, their regular doctor was away, and their secretary had not actioned the request. The mother was worried about the negative effect the lack of medicine would have on her daughter's health.

Despite trying to organise a prescription for over two weeks, nothing has happened. At this point, the mother rang us for help because she didn't know what else to do and had run out of options.

### Outcome:

We explained that in most cases GP practices will ask for a birth certificate when registering a baby.

However, if the baby isn't registered but needs to see a doctor, they can receive emergency treatment from any GP surgery.

We provided information from NHS England which outlined the services and support available for parents.

# Lewisham Independent Health Complaints Service

Our organisation continues to provide the Lewisham Independent Health Complaints Advocacy Service. We have supported 177 new clients and helped a total of 211 residents in making a complaint about an NHS service in 2019/20.

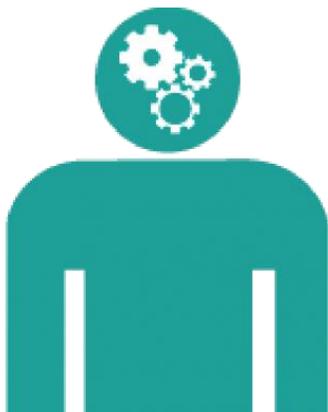
Analysis of our advocacy cases enables us to understand the key issues which are causing people to register an official complaint. From speaking with clients, we recognised the following issues for Lewisham residents during the last year.



**Early discharge from hospital**



**Difficulties with NHS Continuing Healthcare funding**



**Some residents wanted to challenge their sectioning under the Mental Health Act**



**Access to patient records**

## Making a difference in the community

### A Matter of Privacy

In early 2020, our advocacy service contacted University Hospital Lewisham after receiving a number of complaints that patients were having blood samples taken in the waiting room at the Accident and Emergency Department.

This practice was really unpopular because patients felt their privacy was being invaded.

We decided to draw this to the attention of the service provider separate from a complaint.

After raising the issue with Lewisham and Greenwich NHS Trust, they informed us that our intelligence had supported their business plan to convert a linen room into an appropriate space for blood tests which has now been approved.

Patients will now have a dedicated space which will not encroach on their privacy.

*"Thank you very much, I truly appreciate your help and what you are managing to achieve, not just for me but for other patients."  
(Lewisham resident)*



## Feature Case Study



### Problem

Mr M had been receiving renal dialysis as an out-patient at a local hospital for 13 years because he was unsuitable for a renal transplant. He contacted our advocacy service because he sometimes found that he was not receiving the full amount of time on the dialysis machines, as the nurses were very busy.

As he knew a considerable amount about his life-threatening condition, he was very anxious about this practice. He was also concerned that new patients did not appreciate how damaging this practice could be to their health.

### Actions

Many patients with long standing conditions can be very challenging to care for, the Advocate was mindful that a complaint should not compromise Mr M's relationship with the dialysis staff. When drafting the complaint, they ensured that the letter acknowledged the care that Mr M had received and acknowledged that the service was clearly understaffed. The client letter requested that the complaint be used as a tool to lobby for increased funding for the service.

### Outcome

The provider letter displayed a very thorough investigation into the service. The investigation showed that there were many issues with the service and that delays in transport meant that if Mr M was late for his therapy slot, then sometimes his treatment had to be cut short.

In response to the complaint, special measures were introduced to care for Mr M. There was also an acknowledgement that the complaint had been used to successfully obtain increased funding and as a direct result, extra nursing staff would be recruited.

## Feature Case Study



### Problem

Ms A was a vulnerable client who had previously been assisted by one of our advocates in gaining access to treatment by a specialist unit at SLaM. However, she was now having issues accessing transport to her appointments.

As our client lived in Lewisham, she was out of borough for SLaM and was advised to travel by taxi and reclaim the cost. As she was also restricted in her mobility, a taxi was totally unsuitable, and she required an ambulance. Her first appointment was cancelled as no one knew how to arrange an ambulance and she was returned to the waiting list. Ms A sought our assistance as she was desperate to begin treatment.

### Actions

The client wished to complain that the NHS had not provided her with transport. An advocate raised this complaint with the service provider who quoted regulations from the NHS website by telling us that "Patient Transport Services may not be available in all area; you will need to speak to your GP or the healthcare professional who referred you to hospital."

Ms A had already approached her GP who was unhelpful. The advocate felt that there should be a clear pathway for a client with both mental health and physical disabilities to access out-of-borough transport, as the two categories of illness were not mutually exclusive. The advocate approached a number of organisations to clarify this issue.

### Outcome

Eventually, the advocate contacted the Senior Joint Commissioning Manager for Adult Mental Health at the Lewisham CCG. They were able to clarify that the GP should organise and pay for the transport and be able to reclaim the payment from the CCG. The Commissioner was happy to be the point of contact to facilitate this issue for the client. The GP is now acting upon this information.

# Volunteers

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# Volunteer contribution



**31**

residents supported us



**£13,714**

was the monetary value of our volunteers



**960**

hours volunteered



**123**

working days given

## Volunteer Spotlight

We caught up with one of our fantastic volunteers to show how they are making a difference

### Kate

**Q: What is your volunteer role at HW?**

**A: Data Input Volunteer**

**Q: What does your role involve?**

**A: Mainly helping the organisation by uploading the comments collected by staff and volunteers at hubs into the Feedback Centre. But I am always open to getting involved with any admin task.**



**Q: Why did you choose to volunteer for HW?**

**A: It's a small local charity where I felt my small contribution would make the biggest difference**

**Q: What has been your favourite moment at HW?**

**A: It has been lovely being made so welcome and feeling part of the organisation despite only being a part-time volunteer.**

**Q: What has been your best personal achievement whilst volunteering?**

**A: It's been great having a regular "job" to go to which has given me structure whilst not in work – I am pleased I've kept at it**



### Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at Healthwatch Lewisham

**Website:** [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)

**Telephone:** 020 3886 0196

**Email:** [info@healthwatchlewisham.co.uk](mailto:info@healthwatchlewisham.co.uk)

## Volunteer Recognition

Our volunteers are an incredibly important part of our organisation and we feel that it is just as important to make sure they understand how much we appreciate them.

We gave out some well-deserved awards to volunteers who made outstanding contributions in 2019. Find out more about the winners below!



*Alessandra*

Alessandra established a new partnership that allowed us to hear the views of Spanish speaking residents, a seldom heard community in Lewisham. She volunteered her time at the weekend and linked us with another Spanish speaker, who now volunteers for Healthwatch.

Thank you Alessandra!



*Alex*

Alex is an irreplaceable part of the Healthwatch family. Come rain or shine, Alex will be listening to the views of patients across the borough. He uses his encyclopedic knowledge to signpost patients to the right information and support. He organises Hubs and his sense of humour brightens our days.

Thank you Alex!



# Kate

Kate provides support in vital tasks that others might not find exciting (data entry). Those tasks are vital for our organisation and intelligence gathering process. Kate shows amazing attention to detail, is always cheerful and easy to talk to and work with. Thank you Kate!



# Taiwo

Taiwo has shown true commitment by volunteering an amazing 361 hours in 2019 to help residents get their voices heard through the advocacy service. She is caring, listens to residents and best of all, always has a smile on her face. We hope her hard work will contribute to furthering her career. Thank you Taiwo!

## What they said



As a volunteer interested in the provision of health services, hearing people's views on the local health and social care services gave me the possibility to connect further with my local community and play a role in guiding and signposting people when necessary, which was very rewarding and interesting.

One of the highlights for me was to engage with the Spanish speaking community which was one of the seldom heard ethnic groups--one of which I am also a part of!

It felt really lovely to be able to use my mother tongue to contribute to improving the services for people who deal with language and cultural barriers to access health and social care. I would definitely recommend it to people who are interested in connecting with their community and meeting interesting people!

**Alessandra**



# Finances

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**We are funded by our local authority under the Health and Social Care Act (2012). At the time of writing, the Community Waves financial accounts for 2019/20 are still to be published. Full details will be released upon availability.**

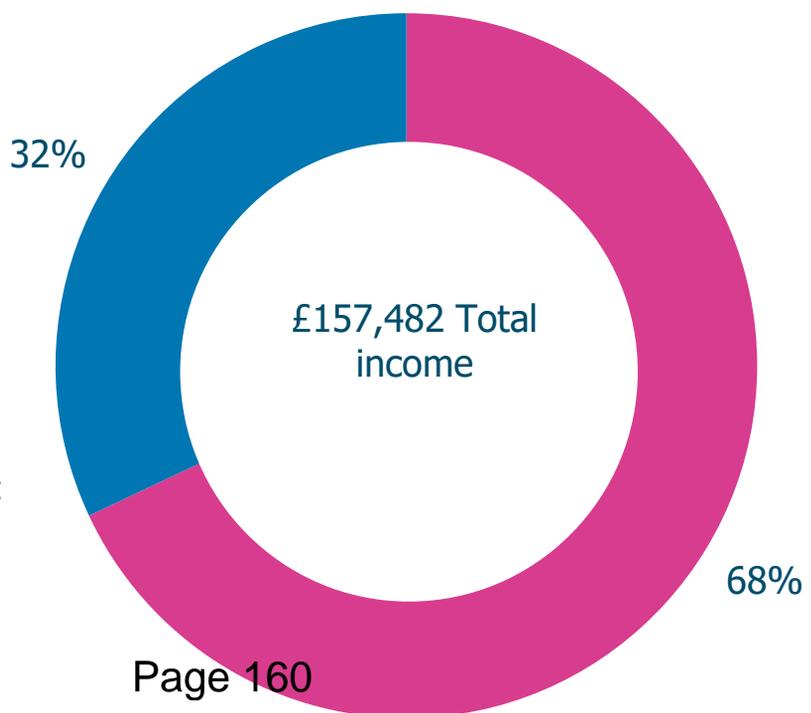
■ How much it costs to run our Healthwatch



100%

■ Funding received from local authority

■ Lewisham Independent Health Complaints Advocacy service



# Our plans for next year

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## Having influence in a changing landscape

From the 1st April, the six Clinical Commissioning Groups (CCGs) in South East London, who are responsible for planning and buying our healthcare services and making sure that we have good provision of care, all merged to form a new CCG at the regional level.

This new joint CCG covering Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark is called South East London CCG (<http://www.selondonccg.nhs.uk>).

Healthwatch Lewisham along with the other five Healthwatch in south east London (Bexley, Bromley, Greenwich, Lambeth and Southwark from day one wanted to make sure that what people are telling us is part of the new planning, monitoring and commissioning of services.

To support us we appointed Folake Segun as Director, South East London Healthwatch. Folake began on 1st April and is working with the SEL HW.



**Folake Segun, SEL Healthwatch Director**

We are going through unprecedented times, with rapid changes rolled out across health and social care. During the lockdown period and over the next few months and years, you may have to use services differently. Your feedback is as important as ever to get things right.

Please do get in touch with us and encourage your friends and family to share their experience too – so that we can make care better for borough residents and everyone in south east London.



### Get in touch

Website: [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)  
Twitter: @HWLewisham  
Instagram: @HWLewisham  
Phone: 020 3886 0196  
Email: [info@healthwatchlewisham.co.uk](mailto:info@healthwatchlewisham.co.uk)

## Change in service provider

From the 1st April 2020, Your Voice in Health and Social Care (YVHSC) will be the new providers of Healthwatch Lewisham.

Healthwatch Lewisham will be providing reduced community engagement services due to COVID-19. However the service is running virtual community engagement sessions and will offer signposting, information and guidance during this time.

For further information about the future of Healthwatch Lewisham, please contact YVHSC:

Website: <https://www.yvhsc.org.uk/>

Phone: 020 3886 0839

## HOW TO CONTACT HEALTHWATCH LEWISHAM

Phone: 0203 886 0196

Email: [info@healthwatchlewisham.co.uk](mailto:info@healthwatchlewisham.co.uk)

Website: [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)

Twitter: @HWLewisham

Facebook: @HWLewisham

Instagram: [healthwatch\\_lewisham](https://www.instagram.com/healthwatch_lewisham)

Address: Healthwatch Lewisham, Waldram Place, Forest Hill, London, SE23 2LB

## Goodbye from Community Waves

Community Waves became responsible for delivering Healthwatch Lewisham in April 2015, and since then, have always provided a high-quality service which enabled our residents the opportunity to have their voice heard and get involved with the local health and social care conversation.

Our magnificent staff team have worked diligently to develop reports with clear, concise and accessible findings that have influenced services and policy change. Representation from our Committee members at key local meetings created a platform for sharing patient and public insight which informed the process of strategic commissioning in the borough.

From 1st April 2020, we will no longer be responsible for delivering the Healthwatch in Lewisham contract; the new provider will be Your Voice in Health and Social Care.

We would like to express gratitude to all stakeholders that worked with us over the years to ensure that the patient voice was influential and integral in the design of future services. We will also take this opportunity to once again thank our volunteers whose dedication and support allowed to us to commit to a wide range of different projects. Every minute given to our organisation will always be appreciated.

Community Waves would again like to thank everyone who has shared an experience, attended an event or completed a survey over the last five years. Your involvement, no matter how small, allowed us and local services to understand the issues that mattered most to our local population.

Healthwatch Lewisham will have an increasingly important role to play in an ever-changing health and care landscape with the merging of local clinical commissioning groups (CCG) and services responding to the unprecedented outbreak of COVID-19. We ask that you continue to share your experiences in what will be a challenging time for our community.

### Community Waves Staff and Trustees



**We will be making this annual report publicly available on 30<sup>th</sup> June 2020 by publishing it on our website and sharing it with Healthwatch England, Care Quality Commission, 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 need this report in an alternative format please contact us.**

Healthwatch Lewisham

Old Town Hall

Catford Road

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Lewisham](https://www.facebook.com/Healthwatch.Lewisham)