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HEALTH AND WELLBEING BOARD

Date: THURSDAY 3RD DECEMBER 2020 (3-5PM)

Virtual meeting via Microsoft Office Teams

Enquiries to: stewart.weaver-snellgrove@lewisham.gov.uk

Members

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

ORDER OF BUSINESS – PART 1 AGENDA

MINUTES OF THE

HEALTH AND WELLBEING BOARD

Thursday 3rd September 2020 at 3.00pm

ATTENDANCE

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

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

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

Welcome and introductions

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

1. Minutes of the last meeting

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

2. Declarations of interest

2.1 There were no declarations of interest.

3. COVID-19: Healthwatch Survey Results Summary

3.1 Michael Kerin presented an overview of the key findings and recommendations from the Healthwatch Lewisham COVID-19 Survey, which ran between June and July 2020, with a total of 1,030 responses.

3.2 As a largely online survey, the sample isn't scientifically robust due to issues of digital exclusion amongst potential respondents (e.g. few responses from those living in care homes).

3.3 The aim was to understand the experiences of Lewisham residents during the coronavirus pandemic and lockdown, with a focus on the issues of access to services, access to information and the impact on people's mental health.

3.4 Key findings from residents:

a) Reluctance in accessing services due to fear of catching COVID-19 or of being a burden to the NHS.

b) Continued need for face to face appointments and for a wide range of available appointments rather than a "one size fits all model."

c) Lack of awareness that GP practices open for routine appointments.

d) In some cases, it is now easier to secure GP appointments than before the pandemic - with many accounts of 'fast and efficient' services received. The ability to send images for diagnosis has also worked well for many patients. However, we have also received evidence of patients experiencing long delays in phone queues until a receptionist was able to answer their call.

e) The COVID-19 outbreak and lockdown has had a substantial emotional impact on residents, with people experiencing issues such as bereavement, financial worries, social isolation and anxiety.

3.5 Key recommendations:

a) Need for a local communication campaign by each practice, in view of their different access arrangements, that not only informs patients about what services are available, but also reassures them that services are carrying out social distancing and infection prevention measures.

b) While it is acknowledged that digital services may be effective and resourceful, for many people, we feel there should always be an alternative. It is simply the fact that 'one size fits all' systems result in the further marginalisation of disadvantaged and vulnerable groups

c) Wide provision of mental health support services must be included in services' recovery plans to help those with existing conditions but also for those who have never previously sought support.

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

- Nationally, Healthwatch are undertaking similar surveys but South East

London has had the highest number of respondents. Do these other surveys provide any additional learning that might be useful for Lewisham?

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

3.7 Action:

The Board noted the content of the report.

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

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

4.2 The role of Lewisham's public health team will largely be to support Level 1 of the service i.e. supporting outbreaks in complex settings, although our role in communications and community engagement will be applicable to all levels of the service.

4.3 In order to clearly articulate and implement our role in contact tracing, we have been asked to develop local outbreak control plans covering 7 themes.

4.4 The Plan sets out the arrangements that will effectively prevent and manage outbreaks of COVID-19 to ensure that Lewisham communities are protected.

4.5 There have been over 1,345 cases of COVID-19 in Lewisham, with 260 confirmed deaths (up to 26 June 2020) which speaks to why the plan is so important.

4.6 This plan is a live document and is subject to change in line with the latest developments concerning the COVID-19 pandemic.

4.7 The Health and Wellbeing Board is now due to act as the Local Outbreak Engagement Board, providing political and partner oversight of our strategic response with accountability to Mayor and Cabinet.

4.8 As part of this role Board members will hear direct experiences of COVID-19 from community stakeholders. In addition to Healthwatch (Agenda Item #3), Lewisham BME network and the Youth Offending Service (on behalf of young people).

4.9 **Lewisham BME Network**

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

a. Interactions have been at a grass roots level, mainly within the Afro-Caribbean communities but extending to faith clubs, the Diamond Club and the Positive Ageing Council.

b. Direct contacts and conversations taking place primarily through Zoom and WhatsApp channels.

c. Communities looking for reliable and trustworthy information to answer their questions and allay their health anxieties. Signposting to advice and mitigating re lack of trust on Track and Trace.

d. Undertaking horizon scanning and evidence-based good practice e.g. learning from developments in Brent, Hackney, Southwark, Croydon and Birmingham.

e. Daily briefings by the Prime Minister lacked clarity for some BME residents and the assimilation of fake news and the proliferation of conspiracy theories, also undermined trust in key information. This resulted in many people disengaging with the whole process.

f. Some people stuck at home as terrified to come out of their flats due to infection touch points such as fire doors or lift buttons. Variation in experiences across different wards e.g. Catford South vs Deptford. Outside areas piled high with rubbish.

g. Response of NHS 111 and local pharmacies has been excellent, though long queues outside the latter in hot weather.

h. Uptick in use of traditional remedies due to concerns about visiting UHL for any reason.

i. Insufficient social distancing in Mountsfield Park and Foster Park. People finding opportunities to exercise difficult. Lack of access to open space in some communities had significant impacts on mental health.

j. Especially tough for people with dementia. Relied on neighbours but vulnerable to financial scams.

k. Group in BME Network funded to provide culturally appropriate food delivery. Concerns that vulnerable people weren't eating because they didn't like the food in the Government's shielding parcels.

l. Also offered telephone befriending service and group wellbeing sessions. Supported by six volunteers but totally over-subscribed. Dealing with the tip of the iceberg.

m. Inconsistent approach across boroughs re funeral services. Unable to attend in Lewisham but in Southwark could go with up to 10 relatives.

n. Support to staff groups. Concerned about the risks exposed to at work.

o. Local response needed to be co-designed from the outset. BME organisational resources got things done quickly in the first few weeks.

p. System partnership needs to be widened to include Lewisham Homes and L&Q.

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

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

a. YOS responded quickly to COVID-19 and maintained essential service provision. Although delivered remotely, there remained a staff presence in the office-based reception and officers continued to undertake court work.

b. High percentage (70%) of BAME young people and families represented in the YOS.

c. To assess the impact of COVID-19, service users were surveyed to better understand their experiences. 44 people (all over 16 years of age) were engaged, two-thirds (66%) of whom were of Black ethnicity.

d. Responses provide critical CYP/BME insights that will be useful in preparing for a 'second wave' of COVID-19.

e. Some respondents experienced less anxiety than usual because their families were safe at home and there was a sense of family cohesion that was not normally there e.g. siblings pulling together. Others valued the lockdown as they felt that it lessened their aggression.

f. Negative health impacts were felt however, with respondents indicating that they experienced weight-loss, headaches and depression.

g. Online approach (safe media and resources) generally appreciated by young people and their families, some of whom preferred not to attend the office. Digital exclusion remains an issue, though families had access to iPad-sharing. A newsletter was also distributed and a forum with parents is being planned for October.

h. Some families struggled to adapt, so work packages were sent out to them. Some young people not motivated to complete studies at home and preferred the reduced timetable in a school setting.

i. Criticisms re stop and search and the lack of social distancing by police officers. Concerns that police being over-zealous and old cases being brought for charge during 'quiet' period of lockdown.

j. Responses from young people has reinforced benefits of a public health approach to the work of the YOS.

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

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

4.12 Actions:

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

5. BAME Health Inequalities Update

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

5.2 Several national studies and reports have demonstrated the disproportionate impact of COVID-19 on BAME communities.

5.3 In light of these findings the working group made a decision to add a new workstream into the existing action plan focusing on COVID-19. The actions in this workstream have been grouped into the following themes:

a. Communications and Engagement (e.g. culturally appropriate information)
b. Data (e.g. utilising disparate data sets to track impacts holistically)
c. Workforce (e.g. ensuring staff feel safe)

5.4 An additional area of work that has been added to the existing action plan is a new partnership between Lewisham Council and Birmingham City Council. The aim of the partnership is to jointly undertake a series of reviews in order to explore in depth the inequalities experienced by Black African and Black Caribbean groups and their drivers. Progress and results of this partnership will be reported in to the BAME health inequalities working group.

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

a. Intended aim of each action
b. Desired impact of each action
c. Impact measure of each action
d. RAG (red, amber, green status for each action)

5.6 Following on from the March 2020 Health and Wellbeing Board meeting, work will also be progressed to determine some community measures of impact for the action plan. The plan will be a standing agenda item at the Board to allow progress to be tracked.

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

- The disproportionate impact of COVID-19 on BAME communities is rightly acknowledged across the political spectrum.
- A data set on BAME health inequalities is also being collated by Robbie Williams (Mayor's Office) and will be shared at the next Board meeting.
- The Public Sector Equality Duty is likely to be revised with a greater focus on evidence-based policy-making and service delivery.
- For a borough with such a large BAME population, resourcing will be a challenge. Can't continue to protect the most vulnerable across the board. Need to identify the most vulnerable cohort within each service.
- Unable to provide quality of life in statutory services. Value of community response in meeting the needs of marginalised groups, as evident in the work of Lewisham Local and the 'hub' during COVID-19.
- Joint applications with VCS to co-design/co-deliver services are needed and will be submitted where possible. Partnership working needs to be taken further. This work is intertwined with our COVID-19 response.
- Looking to identify grant funding opportunities to deliver elements of the action plan.

5.8 Action:

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

6. Joint Strategic Needs Assessment (JSNA) Update

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

6.2 The rationale for this was as follows:

a. There are a number of JSNA Topic Assessments still outstanding from 2018/19 and 2019/20. Postponing the agreement of topic assessments for 2020/21 will allow time for these assessments to be completed, approved and published.

b. It had been proposed that a new HW Strategy be developed in 2020/21. It is likely that a Macro Level JSNA will be required to inform this process. Postponing the identification of new JSNA Topic Assessments will provide the analytical capacity to undertake this Macro Level JSNA.

c. The trends in demographics and population health and wellbeing depicted in the "Picture of Lewisham" do not change significantly from year to year. It often takes at least 3 years of surveillance to identify a change in trend.

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

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

6.5 Actions:

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

7. COVID-19: Lewisham System Recovery Plan

7.1 The Plan Summary and the Full Plan are still in draft. This item is an opportunity for further comments from the Board following the dedicated session at the last Health and Social Care Leaders' Forum.

7.2 The Plan covers an 18 month period and what will be done to: "Protect local people; Re-start services; and Work with local communities to build back better". It also includes key aspects of Lewisham's response to Covid-19 to-date and is underpinned by the need to address health inequalities.

7.3 The Plan informs and is part of the overall COVID-19 recovery response for the borough, led by the Council. It also sits alongside the respective recovery plans of LGT, SLaM and the Primary Care Network, as well as the Emergency Winter Plan.

7.4 The Board is being asked to note the priorities set out in the Plan and the significant risk of increased pressures due to winter and also any further spike in Covid-19 cases. The Plan sets out the action to be taken in the event of a second wave.

7.5 The proposed activity against each priority will be dependent on the resources that are available. The finance sections of the plan outline the financial challenges that all parts of the system are facing.

7.6 The Plan is due to be signed-off at the Borough Based Board on 22nd September 2020, though comments from Mayor and Cabinet can be received up to 20th September 2020. Delivery of the Plan will be implemented through Lewisham Health and Care Partners.

7.7 A full communications and engagement plan is being developed with partners to support the borough's recovery plans. This is iterative in approach.

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

- The iterative programme of engagement will risk the completion of the Plan becoming a moving target.
- The full Plan is more 'gung-ho' about digital exclusion than the summary Plan. Need to explicitly acknowledge this very real issue for some service users who feel isolated as a result.
- Partnership action between Healthwatch and Lewisham Health and Care Partners underway to address digital exclusion.
- Consider the setting-up of hubs for those that have no digital access at home e.g. in GP surgeries, libraries etc. Make use of WIFI hotspots.
- Must take measures to alleviate people's anxiety about accessing services and boost their confidence to do so.
- Need to incorporate the wider determinants of health, especially housing and employment, though these are referenced more explicitly in the Council's recovery plan.

7.9 Action:

The Board noted the contents of the report.

The meeting ended at 16:48 hours

Health and Wellbeing Board

Declarations of Interest

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Chief Executive (Director of Law)

Outline and recommendations

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

1. Summary

1.1. Members must declare any personal interest they have in any item on the agenda. 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.

1.2. Further information on these is provided in the body of this report.

2. Recommendation

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

3. Disclosable pecuniary interests

3.1 These 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.

4. Other registerable interests

4.1 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.

5. Non registerable interests

5.1. 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).

6. Declaration and impact of interest on members' participation

6.1. 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 not 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**

6.2. 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 6.3 below applies.

6.3. 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.

6.4. 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.

6.5. 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.

7. Sensitive information

7.1. 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.

8. Exempt categories

8.1. 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).

9. Report author and contact

9.1. Suki Binjal, Director of Law, Governance and HR, 0208 31 47648

Health and Wellbeing Board

Report title: Local COVID-19 Outbreak Engagement Board update

Date: 3rd December 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 provide an update to the Lewisham Health and Wellbeing Board in its role as the Local Outbreak Engagement Board.

The Health and Wellbeing Board are recommended to:

- Note the contents of the report

Timeline of engagement and decision-making

1. Recommendations

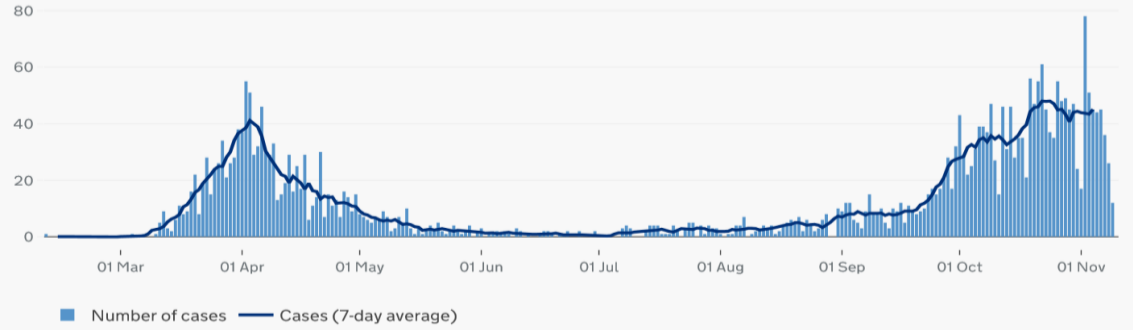
1.1. The purpose of this report is to provide an update to the Lewisham Health and Wellbeing Board in its role as the Local Outbreak Engagement Board.

1.2. The Health and Wellbeing Board are recommended to note the contents of the report.

2. Background

2.1. As of 6th November 2020, there have been a total of 3,261 confirmed cases of COVID-19 in Lewisham. The rate of COVID-19 cases/100,000 population was 99.4/100,000 in the seven days between 31st October and 6th November 2020. This represents a significant increase in seven day case rate since the September meeting of the Health and Wellbeing Board, with the rate of COVID-19 cases/100,000 population being 15.2/100,000 in the seven day period between 28th August and 3rd September 2020 (see Figure 1).

Figure 1. Daily number of new lab confirmed cases in Lewisham until 6th November 2020



Source: https://coronavirus.data.gov.uk/cases

2.2. 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. This plan has been updated to reflect the introduction of national tiers of restriction and the introduction of locally enhanced contact tracing in Lewisham. The updated plan can be seen in the Background papers for this report.

2.3. At the September 2020 meeting of the Lewisham Health and Wellbeing Board, it was agreed that the Board will act as the Local Outbreak Engagement Board as part of the governance of the COVID-19 Outbreak Prevention and Control Plan.

2.4. In this role, the Board has committed to ensure that residents are provided with timely communications regarding the COVID-19 pandemic. The development of the Lewisham COVID-19 Community Champion initiative has been a key tool in achieving this within the wider borough COVID-19 communications and engagement plan. Some Lewisham COVID-19 Community Champions will be in attendance at the meeting to share their experiences.

3. Lewisham COVID-19 Community Champions

3.1. The Lewisham COVID-19 Community Champions programme is a new initiative led by the Lewisham Public Health team designed to provide clear, trustworthy information about the COVID-19 pandemic to Lewisham residents.

3.2. Similar initiatives have been adopted in other London boroughs including Newham, Bromley, Bexley, and Birmingham City Council. The model used in Lewisham has been to focus particularly on COVID-19 information and other related health issues. The initiative aims to empower leaders with relevant information to disseminate and ensure that messaging is delivered via trusted community voices.

3.3. Over 100 volunteers have been recruited to become Lewisham COVID-19 Champions and come from a range of backgrounds including voluntary community sector groups, Black, Asian and Minority Ethnic (BAME) community groups, staff groups, health providers, business owners, local councillors and faith leaders. As part of volunteering, Lewisham COVID-19 Community Champions have agreed to be part of a mailing list hosted by the Council and to attend optional fortnightly webinars hosted by Lewisham Public Health.

3.4. The COVID-19 Community Champions receive the most up to date information around COVID-19, guidance and health information. The webinars also provide a forum for Champions to share ideas on they disseminate the information with community members they are in contact with. Champions also feedback questions from community members and assist in guiding future topics. Training opportunities, such as Talk Cancer delivered by Cancer Research UK are also available for community members to access.

4. Financial implications

4.1. Lewisham Council has received an allocation from central government of £2,267,070 to support implementation of the Lewisham COVID-19 Outbreak Prevention and Control Plan.

5. Legal implications

5.1. 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.

5.2. 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.

5.3. 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.

5.4. 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.

5.5. 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.

5.6. 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

5.7. 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

5.8. 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

6. Equalities implications

6.1. 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)
- 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)

7. Climate change and environmental implications

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

8. Crime and disorder implications

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

9. Health and wellbeing implications

9.1. This updated Lewisham COVID-19 Outbreak Prevention and Control 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.

10. Background papers

10.1. Lewisham COVID-19 Outbreak Prevention and Control Plan v2

11. Report author and contact

11.1. Dr Catherine Mbema

11.2. Catherine.mbema@lewisham.gov.uk

London Borough of Lewisham
COVID-19 Outbreak Prevention and Control Plan

TO ACTIVATE THIS PLAN, GO TO SECTION 7.2

All organisations should ensure that if printed copies of this document are being used, the latest version is obtained from Lewisham Council.

Completion Date	Nov 2020
Version	V2.0
Review Date	31st Mar 2020
Classification	Official

All enquiries relating to this document should be sent to:

Dr Catherine Mbema, Director of Public Health for Lewisham
Lewisham Council
Laurence House
Catford Road
London
SE6 4RU
0208 314 3927 | 07725 143 060
catherine.mbema@lewisham.gov.uk

Issue & Review Register

Summary of changes	Issue number & date	Approved by
First version of Lewisham COVID-19 Outbreak Prevention and Control Plan compiled by CM, HB, KL and KM	v.1.0 30/06/2020	KW (Kim Wright, Chief Executive)
Section on asymptomatic testing, care home testing, local lockdowns, national second lockdown, and convening IMT added. Details added about additional powers of UTLA/ULA to impose closures and targeted restrictions as per contain framework. Guidance on visitation in care homes. PHE / NHS T&T action cards, isolation guidance for exposed HCWs, updates on support for the Clinically Extremely Vulnerable (shielders). HMO and student accommodation SOP. Compiled by LM, YYB and SAL	v.2.0 05/11/2020	CM (Catherine Mbema, DPH)

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Tables & Figures

Abbreviations

ADPH	Association of Directors of Public Health
BAME	Black Asian & Minority Ethnic Groups
CAG	Confidentiality Advisory Group
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CTAS	Contact Tracing Advisory Service
CYP	Children and Young People
DASS	Director of Adult Social Services
DCS	Director of Children's Services
DHSC	The Department of Health and Social Care
DPH	Directors of Public Health
DPH	Director of Public Health
EHO	Environmental Health Officer
EPPR	Emergency Prevention, Preparedness and Response Team (SE regions, NHS England)
GDPR	General Data Protection Regulations
GP	General Practice
HMO	House in Multiple Occupation
HPB	Health Protection Board
HWBB	Health and Wellbeing Board
ICC	Incident Co-ordinating Centre
IMT	Incident Management Team
IPC	Infection Prevention Control
JBC	Joint Biosecurity Centre
LA	Local Authority
LB	London Borough
LBL	London Borough of Lewisham
LCRC	London Coronavirus Response Cell
LHRP	Local Health Resilience Partnership
LOCP	London Borough of Lewisham COVID-19 Outbreak Prevention and Control Plan
LOEB	Local Outbreak Engagement board (Joint Health and Wellbeing Board)
LRB	London Recovery Board
LRF	Local Resilience Forum
LRTW	London Recovery Taskforce And Workstrands
LTB	London Transition Board
LTMG	London Transition Management Group and Strategy Groups
MAIC	Multi Agency Information Cell
MSOA	Middle Layer Super Output Area
NHS	National Health Service
NHS T&T	NHS Test and Trace
NPI	Non-pharmaceutical interventions
ONS	Office for National Statistics
OPCP	Outbreak Prevention and Control Plan
PHC	Public Health Consultant
PHE	Public Health England
PHE HPT	Public Health England South London Health Protection Team
PPE	Personal Protective Equipment
SCG	Strategic Coordinating Group
SEL	South East London
SITREP	Situation Report
SOP	Standard Operating Procedure
SPOC	Single Point of Contact
TCG	Tactical Coordinating Group

UTLA	Upper Tier Local Authority
VCS	Voluntary and Community Sector
WHO	World Health Organisation

Definitions

Single suspected/possible case – a person with coronavirus symptoms (fever, persistent new cough, and/or loss of taste/smell)
Single confirmed case – a person who has tested positive for coronavirus
Single complex case – a suspected or confirmed case of coronavirus where this is complicated factors (e.g. homelessness, Learning difficulties)
LCRC defined Community Cluster - An MSOA with positive cases in four or more households in the preceding 7 days or a household with 5 or more cases reported within the last 14 days
Lewisham defined Community Cluster - An MSOA with positive cases in 8 or more households in the preceding 7 days or a household with 5 or more cases reported within the last 14 days
Outbreaks - defined by Public Health England, as two or more suspected and/or confirmed cases associated with the same setting and with onset during a 14-day period.
Middle Layer Super Output Area (MSOA) – a geographical area that is larger than a postcode but smaller than a ward, with a minimum population of 5000 people
'Vulnerable' - a person who has support needs and is required to self-isolate
Incidents - one or more suspected or confirmed case of COVID-19 associated with a setting. Where there is a single case the focus is on outbreak prevention.
Contact - anyone in close contact with a confirmed case from 48 hours prior to onset of symptoms until they self-isolate.
Close contact means:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
    - being coughed on
    - having a face-to-face conversation within one metre
    - having skin-to-skin physical contact, or
    - contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

Executive Summary

As part of the UK government's COVID-19 recovery strategy, the NHS Test and Trace service was launched on 28th May 2020 with the primary objective to control the COVID-19 reproduction (R) rate, reduce the spread of infection, save lives, and help return life to as normal as possible for as many people as possible in a way that is safe, protects health and care systems, and restarts the economy. As we enter the next stage of this pandemic, the ability to test and trace individual cases and outbreaks will be vital in how we contain and manage this disease. We know that COVID-19 does not affect all equally with it being most damaging to those who are older, from Black, Asian and minority ethnic (BAME) communities, and those from lower socio-economic backgrounds.

Lewisham has one of the most diverse populations in the country and also has high levels of deprivation meaning we are particularly susceptible to the disease. Therefore, it is vital we protect the most vulnerable to this disease. That is why Lewisham's plans puts these key groups at the heart of its strategy and will ensure that there is tailored messaging and support to these and other key groups. Achieving these objectives requires a co-ordinated effort between local government, the National Health Service, Public Health England, police and other relevant organisations at the centre of outbreak response set out in a Local Outbreak Prevention and Control Plan.

Throughout the pandemic Lewisham's Public Health team has responded superbly, for example ensuring that care homes had the latest guidance on PPE and training in disease prevention. Building on this knowledge, the Public Health team have ensured this plan focuses on planning for outbreaks in high risk areas such as care homes, schools and homeless shelters. Additionally, the plan will also build upon the strong relationships and partnerships across the borough between the Council, Lewisham Greenwich NHS Trust and local healthcare providers to ensure that all aspects of this strategy from communications, infection control, social distancing, and testing and contact tracing are successful.

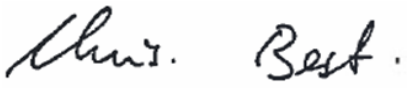
The Lewisham COVID-19 Outbreak Prevention and Control Plan sets out the arrangements, processes and actions that will effectively prevent and manage outbreaks of COVID-19 to ensure that Lewisham residents and communities are protected from the impact of COVID-19. The plan brings together the existing outbreak prevention and management work of national and regional 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.

The themes are;

1. Governance structures that have been established and are led by the Lewisham COVID-19 Health Protection Board and supported by the Strategic Coordinating Group of the Local Outbreak Engagement Board through the Lewisham Health and Wellbeing Board (HWBB) (**Section 4**)
2. Arrangements to manage care homes & education setting outbreaks including defining monitoring arrangements, identifying potential scenarios and planning required responses (**Section 5**)
3. Arrangements in place to manage outbreaks in other high-risk places, locations and communities of interest including sheltered housing, transport access points & detained settings including defining monitoring arrangements, identifying potential scenarios, and planning required responses (**Section 5**)
4. Managing the deployment and prioritisation of services available for local testing which allows for a population level swift response. This includes delivering tests to isolated individuals, establishing local pop-up sites and hosting mobile testing units at high-risk locations (**Section 6**)
5. Monitoring local and regional contact tracing and infection control capability in complex settings and the need for mutual aid, including developing options to scale capacity if needed (**Section 7**)
6. Integrating national and local data and scenario planning through the surveillance and analytics during a pandemic (**Section 8**)
7. Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities (**Section 9**)

8. Communicating with the public and local partners in Lewisham; essential for managing outbreaks effectively (**Section 10**)

This is a crucial time in this pandemic and this Outbreak Prevention and Control Plan is essential in ensuring that any new cases are quickly contained before new outbreaks can take place. It is also right that we have made protecting the most vulnerable at the heart of this plan acknowledging the disproportional impact this disease has on those from BAME communities, on older residents and those on the lowest incomes.



Cllr Chris Best
Deputy Mayor and Cabinet Member for Health and Adult Social Care

1. Introduction

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of an unknown cause detected in Wuhan City, Hubei Province, China (1). On 12 January 2020 it was announced that a novel coronavirus had been identified, this virus is referred to as SARS-CoV-2, and the associated disease as COVID-19 (2). On 11th March 2020 the WHO declared the COVID-19 outbreak a pandemic (3). As of 25 June 2020, over 9.1 million cases have been diagnosed globally, with more than 473,000 fatalities (4). The total number of confirmed cases in the UK is published by the Department of Health and Social Care (DHSC) and local numbers by Public Health England (PHE) are available here (5)

The UK Government's response strategy for managing the COVID-19 pandemic is now entering its next phase. Up to date information about the national response can be found here (6). As places such as schools and shops start to open and as the NHS Test and Trace service (7) becomes more established, additional support is required to ensure this is delivered safely and effectively.

Under the Health and Social Care Act 2012 (8), Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a specific duty to protect the population's health. They must ensure plans are in place to respond to and manage threats such as communicable disease outbreaks which present a public health risk. DPHs fulfil this duty through collaboration across a range of partners. These include local authority (LA) environmental and public health teams (including consultants in public health), Public Health England (PHE), National Health Service (NHS) organisations and other agencies.

As part of the UK Government's COVID-19 recovery strategy, the DHSC has mandated the development of local COVID-19 Local Outbreak Control Plans by UTLA and ULAs. National government has provided LAs with £300 million additional funding to support delivery of these LOCPs.

1.1. Purpose & Scope

The London Borough of Lewisham COVID-19 Outbreak Prevention and Control Plan (LOCP) will augment existing health protection arrangements in place within Lewisham. This plan will enable additional specific action to be taken to address COVID-19 outbreaks. Its aims and themes are set out in the **Executive Summary** (see page 7).

The LOCP is based on Public Health Outbreak Management Standards (9), and health protection functions for local government. These functions are outlined in "Health Protection in Local Government Guidance (10) placing primary health protection roles at both District/Borough and County Council level, with other functions sitting with PHE and the Guiding Principles for Effective Management of COVID-19 at a Local Level (11)

The LOCP includes;

- London Borough of Lewisham (LBL) resilience and recovery strategies including their work with key settings, communities, and populations to prevent, identify and control outbreaks, facilitate communication, and meet any additional needs.
- Specific roles, responsibilities, and individual arrangements for and between Lewisham outbreak control organisations in preventing, identifying, and responding to COVID-19 outbreaks.
- Lewisham-wide information and communication flow maps including key processes to be followed proactively day to day (e.g. infection control) and in the case of COVID-19 outbreaks.
- Trigger points for escalation and deployment of certain processes
- Existing national, regional, and local level plans (e.g. Action Cards & Standard Operating Procedures) for high risk locations & vulnerable populations
- Proactive and reactive communications and engagement plans including prepared / example materials and data usage to tailor messaging.

Please see **Section 7.2** for examples on how LOCP can be used in different elements depending on where transmission is occurring (e.g. a specific setting, community or population group).

2. Lewisham in Context

An estimated 303,536 people live in 18 wards of Lewisham[1]. Lewisham is the sixth largest inner London borough and the fourteenth largest in London.

2.1. Health Needs of Residents

- Women in Lewisham can expect to live for 81 years and men 76 years. Life expectancy in Lewisham is below that of London (80.7 years for males and 84.5 years for females) and England (79.3 years for males and 82.9 years for females), for both males and females. Within South East London, it is below those in Bexley, Bromley and Southwark, but not significantly different from that of Greenwich and Lambeth.[2]
- The estimated prevalence data that is available from Local Tobacco Control Profiles[3], states a smoking prevalence of 27.1% for the three-year period 2006/2008, higher than the England prevalence of 22.2% and London prevalence of 20.8%.
- The published data for Lewisham on the prevalence of excess weight (overweight and obese) in adults is 61.2%, similar to the national average but higher than the London average (57.3%)[4]. Obesity is known to be a COVID-19 risk-factor[5].
- Increasing age is known to be a COVID-19 risk factor[5]. Lewisham has a population of 28,481 residents aged 65+. Thus, the proportion of the population aged over 65 years is 9.4%, compared to the England average of 18.2%. This is expected to rise to 10.2% by 2025.
- Non-white ethnicity is also known to be a COVID-19 risk-factor[5]. Lewisham is the 15th most ethnically diverse local authority in England, and two out of every five residents are from a black and minority ethnic background. The largest BME groups are Black African and Black Caribbean: Black ethnic groups are estimated to comprise 30% of the total population of Lewisham.
- A 2018 report found there to be significant inequalities in the health outcomes between residents of Lewisham wards, with the ward with highest premature mortality 2 times higher compared with the ward with lowest premature mortality[6].

2.2. Health & Social Care Landscape

Our Healthier South East London (OHSEL)[7] is the NHS Sustainability and Transformation Partnership (STP) for south east London. The Lewisham council, Lewisham and Greenwich NHS Trust and Lewisham Council are part of this partnership. They aim to address three problems in local healthcare:

- The health and wellbeing gap – people should be helped to lead healthier and longer lives;
- The care and quality gap – variation in the accessibility and quality of care should be improved; and
- The funding and efficiency gap – the NHS must become more efficient and make better use of the money available.

Organisations involved in the delivery and/or support of Lewisham residents' health and social care needs include:

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[1] Office for National Statistics, "Local Authority Profile - Resident Population," 2018.
[2] Health in Lewisham
[3] Association of Public Health Observatories: Local Tobacco Control profiles 2010.
[4] Tackling obesity in Lewisham
[5] Public Health England, "Disparities in the Risks and Outcomes of COVID-19," 2020.
[6] Health inequalities briefing Lewisham
[7] Our Healthier South East London (OHSEL)

- 42 General Practice (GP) Surgeries
- 2 Hospitals (University Hospital Lewisham and Queen Elizabeth Hospital)
- 55 pharmacies and 1 Dispensing Appliance Contractor (DAC)
- 16 Dentists
- 6 Primary Care Networks
- 6 Integrated Care Partnerships (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark)
- 1 Mental Health Trust
- London Ambulance Service
- 1 Clinical Commissioning Group (CCG)

2.3. The Impact of COVID-19

There have been 1,392 lab-confirmed cases of COVID-19 in Lewisham reported to PHE as of 8st Sep 2020. This is a rate of 455.1 cases per 100,000 population.

3. Legal Context

The DPHs in UTLA and ULAs have a statutory duty to prepare for and lead the LA public health response to incidents that present a threat to the public's health. As such, they are responsible for developing the LOCP and will work closely with local partners to control and manage the spread of COVID-19 outbreaks as part of a single public health system. Specific legislation to assist in outbreak control of COVID-19 in the UK is detailed below.

3.1. Public Health (Control of Disease) Act 1984

To prevent the spread of infection or contamination, the Public Health (Control of Disease) Act provides that Justices of the Peace may impose restrictions and requirements on individuals, premises, groups, and objects through orders, known as "Part 2A Orders." This can be implemented by Environmental Health Officers.

3.2. Public Health (Control of Disease) Act 1984

The Civil Contingencies Act 2004 places two duties on responders to public health crises. The first duty is to warn and inform the public of any likely risks and threats that NHS organizations may address, and of any planned responses to these risks and threats. The second duty is the organization's response to a crisis. This can be implemented by Emergency Planning.

3.3. Health Protection (Coronavirus, Local COVID-19 Alert Level) (Very High) (England) Regulations 2020

Under the Coronavirus Act (12), the Health Protection (Coronavirus Restriction) (England) Regulations 2020 as amended (13) sets out the current restrictions and regulations in place as well as the powers that DPHs from UTLAs and ULAs can draw on in order to respond to an outbreak and control the transmission of COVID-19 in its area. From 14th Oct 2020, DPHs from UTLAs and ULAs can apply restrictions in relation to the Tier 3 local COVID alert levels. They will have the authority to close individual premises and public outdoor places as well as restrict events with immediate effect if they conclude it is necessary and proportionate to do so without making representations to a magistrate. The use of these powers should be an option of last resort where individuals or organisations are unable, unwilling, or opposed to taking actions that reduce the spread of this virus. The powers of the police to enforce restrictions, closures and lockdown measures also flow from these regulations. The Regulations came into force on 18 July 2020 and are supported by statutory guidance, which the local authority must have regard to. They continue until the 17 January 2021.

Premises which form part of essential infrastructure will not be in scope of these powers and DPHs will therefore need to engage with the setting owner and the NHS Test and Trace Regional Support and Assurance team, who will work with the relevant government department to determine the best course of action.

In exercising any of these powers the UTLA/ULA must notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days. UTLA/ULAs may also seek support from ministers to use powers under the Coronavirus Act 2020 to close schools or limit schools to set year groups attendance, to cancel or place restrictions on organised events or gatherings, or to close premises.

3.4. Health Protection Regulations 2010 (as amended)

The powers contained in the suite of Health Protection Regulations 2020 as amended (13), sit with district and borough council and ULA Environmental Health teams.

The Health Protection (Local Authority Powers) Regulations 2010 (14) allows a LA to serve notice on any person with a request to co-operate for health protection purposes to prevent, protect against, control or provide a public health response to the spread of infection which could present significant harm to human health.

The Health Protection (Part 2A Orders) Regulations 2010 (15) allow a LA to apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days. These Orders are a last resort, requiring specific criteria to be met and are labour intensive. These Orders were not designed for the purpose of 'localised' lockdowns, so it is possible that there may be a reluctance by the Courts to impose such restrictions and the potential for legal challenge.

3.5. Data Sharing

There will be a proactive approach to sharing information between local responders, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004 (16). Further details regarding data sharing and information governance can be found in **Section 8.4**

4. Theme 1 – Local, Regional and National Governance Structure

The *Guiding Principles for Effective Management of COVID-19 at a Local Level* sets out that ULA and UTLA Chief Executives, in partnership with the Director of Public Health and Public Health England Health Protection Team, are responsible for signing off the Local Outbreak Control Plan (11)

Alongside the development of LOCPs, it recommends the formation of three critical local roles in outbreak planning alongside community leadership. Building on the robust governance structures used for the COVID-19 pandemic response in Lewisham, the three main governance levels for development implementation and oversight of the plan will be as outlined in **Figure 1** below. Escalation and decision making around the management of an outbreak will be outlined in 'Data Integration' and 'Outbreak Management' sections below.

4.1. Lewisham COVID-19 Health Protection Board

In line with above, the Lewisham COVID-19 Health Protection Board (HPB) was formed. Led by the Director of Public Health (DPH), the HPB provides assurance that there are safe, effective and well-tested plans in place to protect the health of local population during COVID-19. They provide infection control expertise; lead development and delivery of local plans (DsPH) and link directly to PHE London Coronavirus Response Cell (LCRC). HPB meets weekly depending on operational requirements and

serves to ensure effective system wide collaboration whilst providing strategic oversight for both the development and delivery of the LOCP. It is a multi-agency representation, including Public Health, NHS (incl. CCG, LGT, Primary Care), Environmental Health, Education. HR, Communications. Led by DPH, this board is accountable to Local Authority Gold.

4.2. Local Authority Gold/Silver/Bronze

The Lewisham Gold is 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. In order to ensure a coordinated, strategic Council-wide response to COVID-19, the Council's Director of Public Services, Ralph Wilkinson, was designated Gold Director to act as a single point of contact in managing the Council's emergency response to COVID-19 (and accountable to Mayor and Cabinet). The Gold Director acts as a liaison point between the strategic Council Gold Group, which takes decisions on the overall strategic direction of the Council's response, and the operational Council Silver Group which reviews the current position of the delivery of critical services, ensuring they continue to provide for Lewisham's residents. Supporting the Gold Director is an Incident Response Team, which includes, emergency planning, project support and secretariat support. The Executive Directors and Council officers are part of this group. The Gold Director also sits on the COVID Committee, chaired by Lewisham's Director of Public Health, which ensures a coordinated borough-wide response with key partners across Lewisham including Lewisham Clinical Commissioning Group, Metropolitan Police, Lewisham Homes and Lewisham Hospital among others.

4.3. Local Outbreak Engagement Board

As stipulated by the DHSC, there is a need for a Local Outbreak Engagement Board (LOEB) to provide political ownership & facilitate public and stakeholder engagement for the COVID-19 Local Outbreak Control Plan. In Lewisham, Health and Wellbeing Board members including LBL Executive Directors of Community Services and Children and Young People, Chair of Lewisham and Greenwich NHS Trust, South London and the Maudsley NHS Trust representative and Lewisham Healthwatch. Other stakeholders may also be invited as required e.g. police or Lewisham homes. Their purpose is to provide political and partner oversight to ensure a coordinated, transparent strategic response to local COVID-19 outbreaks and facilitate collaboration across the region where necessary. They provide timely communication to the public, public-facing delivery oversight of Test and Trace programme locally, and act as liaison to Ministers as needed. This board is led by the Mayor of Lewisham and is accountable to both the Mayor and Cabinet.

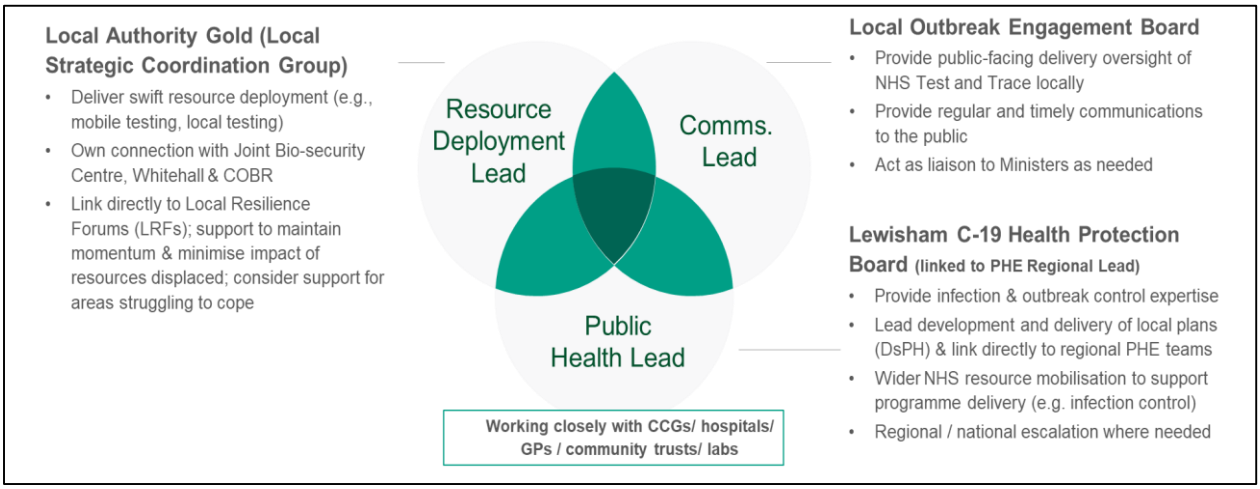


Figure 1 – Governance Structure of Local Boards

To link local to regional action, London has four boards/groups working for COVID-19 strategic direction (**Figure 2**), while local authorities have support from the London Good Practice Network supporting and

sharing materials to enable local authorities to conduct their own desktop scenario activities at a local level, and with their Local Outbreak Engagement Boards.

4.4. London Transition Board (LTB)

The LTB provides the strategic direction for the next phase of the response to COVID-19. This transition board is expected to run until the end of 2020. It is chaired by Secretary of State for MHCLG, Robert Jenrick MP and the Mayor of London, Sadiq Khan. Other representatives from London Councils, statutory agencies, trade & industry groups.

4.5. London Recovery Board (LRB)

The LRB will look at a wider, long-term economic and social recovery programme for London, following the ongoing impact of COVID-19. It is chaired by the Mayor of London, Sadiq Khan and Cllr Peter John, Chair of London Councils. Includes a range of stakeholders and representatives from across the social, economic, academic, faith and charity sectors and Government.

4.6. London Transition Management Group and Strategy Groups (LTMG)

The LTMG will provide assurance, progress, risks and issues to the LTB. It is responsible for the oversight of the joint work undertaken across London providing assurance both vertically (agency by agency) and horizontally (sub-regionally). It is chaired by John Barradell. Other members include reps from HMG, Mayor's Office, Police, NHS, PHE, Work Cell Leaders, Chairs of Sub-Regional Transition Co-ordinating Groups & Local Authorities. The strategy groups include Outbreak Control, Business Reopening, Health and Social Care London's Communities, Education (Schools), Arts and Culture.

4.7. London Recovery Taskforce and Workstrands (LRTW)

The LRTW is stood up for London's long-term recovery. Will coordinate the actions to meet the challenges identified by the London Recovery Board. The Recovery structures will expand/evolve to match the extent of the recovery work programme, likely to be agreed over the next two months. It is chaired by Dr Nick Bowes, the Mayor's Director of Policy with reps from Boroughs, London Council and the GLA. The Economic Recovery Workstrands is chaired by Georgia Gould (Leader of Camden Council) and co-chair Jules Pipe (Deputy Mayor for Planning, Regeneration and Skills) and the Social Recovery Workstrands

4.8. The London Good Practice Network (London Councils Network)

Working with London Councils, the London Good Practice Network, in mid-July 2020 held a desktop scenario planning exercise to support Leaders preparedness as boroughs move into the next phase of the pandemic response. At the session it was agreed across the London region that Local Authorities need to strike a balance around when to communicate widely with regards to a local outbreak and ensure that existing channels are utilised to share messages (e.g. GP text messages, school newsletters, ward members etc.). Politicians agreed that a localised outbreak is Business as Usual for Directors of Public Health however keeping channels of communication open between politicians and across the London region were important. The Good Practice Network is also sharing materials to enable local authorities to conduct their own desktop scenario activities at a local level, and with their Local Outbreak Engagement Boards.

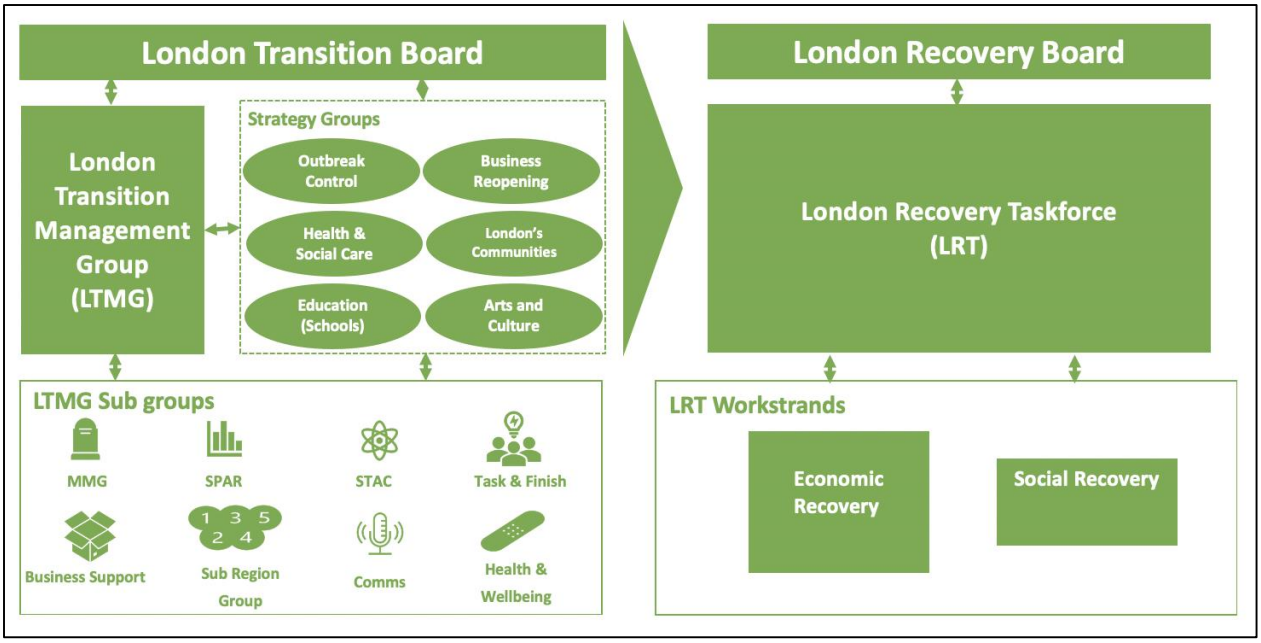


Figure 2. London Region COVID-19 Strategic Direction

5. Themes 2 & 3 - Identification of Complex Settings

This section delineates the settings, places and communities that are considered high-risk or complex. This could be because there is a risk of significant onward transmission, or there are clinically vulnerable individuals based at that setting (e.g. care homes and schools).

These settings have been identified as complex settings by PHE HPT. This means there are specific arrangements for the prevention, identification and management of cases, community clusters or outbreaks in these settings (see **Section 7**)

The list of identified complex settings in Lewisham can be found in **Error! Reference source not found.**. Each setting has a specific action card embedded within the Appendix which are signposted from **Error! Reference source not found.**. These cards;

1. Outline the triggers, process and required response for each setting, the resource capabilities and capacity implications and what current plans are in place to support these settings.
2. Have been designed to be used by those who have responsibility for an individual setting, providing a single point of access to key information on how to minimize outbreak risks and guidance on what to do if someone reports symptoms of or tests positive for COVID-19.
3. Provide a transparent and consistent approach when working with PHE HPT, Lewisham and other local partners and are intended to complement existing systems and processes for managing infectious diseases.
4. Include the PHE and NHS T&T outbreak management action cards for particular settings which can also be found online here

Table 1. List of Complex Settings and the Location of their COVID-19 Action Cards

Complex Setting	Location of Action Card
Educational Settings	Appendix 1
Workplace Settings	
Travel and Movement	
Shelter Refuges and Hostels	
Personal	
Health and Care	

6. Theme 4 - Testing

Testing & Contact Tracing (see **Section 7**) are a fundamental part of COVID-19 outbreak control. By monitoring COVID-19 closely, it should be possible to isolate infectious persons, prevent & mitigate outbreaks, and detect early warning signs of COVID-19's spread both locally and nationally. This section outlines the key steps of the local testing arrangements in place in Lewisham.

There are currently 2 types of test available for use, PCR tests and antibody tests. For the purposes of the LOCP, we shall only discuss PCR testing that identifies those currently infected with the virus. This is the primary method used for testing, contact tracing and outbreak management in Lewisham.

6.1. Access to Tests

National

Depending on the situation and setting, there are different routes by which a person can access testing. The NHS Test & Trace (NHS T&T) system is the main route of public access to test for COVID-19 (17). There are a number of national testing routes available:

- Self-referral: Lewisham residents who have symptoms of COVID-19 can access testing online through the national testing website: www.nhs.uk/coronavirus or by calling 119.
- Key Worker: Essential workers access priority testing through a dedicated national website here.
- Care Home Portals: Residents of care homes and other residential care settings are able to access testing for symptomatic and non-symptomatic residents through a dedicated national care home testing portal. The local Adult Social Care and Public Health teams will work together to prioritise settings to access this offer.

The national testing offer is available with a number of different options:

- Regional testing drive-through centres: with various sites open across London.
- Mobile Testing Units: venues are not fixed and rotate around London.
- Home Test Kits: delivered to households and then collected by courier

The national testing should offer 48-72 hour turnaround. It is anticipated that the majority of people as part of test and trace will access the testing through the national supply. In addition to these, there are testing systems set up by NHS hospitals and other commercial testing facilities. A summary diagram of testing is delineated in **Figure 4.**

These will be updated, should additional testing capacity be brought online, or future models of testing emerge.

Local

Although the majority of those with symptoms of COVID-19 requiring testing should access this through national testing programme, it is acknowledged that there will be circumstances where we need to expedite a test for an individual or a group of people, in order to make rapid decisions locally. In these instances, an assessment will be made around accessing testing via a local offer. The availability of tests and turnaround times will vary depending on other priorities for testing.

Lewisham and Greenwich Trust have PCR testing capability that is being utilised to support high risk settings not covered by Pillar 1. The testing centre is at Deptford for 3 months (7 days, 8am-8pm). This is also provided to hospital staff, patients and other frontline workers. Access to PCR tests will be determined on a case by case basis and will require a specific request to be made through the DPH as per the criteria and notification arrangements in below (**Figure 3**).

Criteria

- Symptomatic residents and staff who are not picked up through PHE outbreak management or the CQC portal.
- Sampling should be done within 3-5 days from the onset of symptoms.
- Care homes must notify incident.internal@lewisham.gov.uk with TESTING – CARE HOMES in the subject line, within 24 hours of the onset of symptoms so testing can be arranged.

Notification & kit requests

- **Notification**: Care home notifies incident.internal@lewisham.gov.uk with a number of staff, number of residents, number of symptomatic residents, and the details of the person that will be receiving the swab tests
- **Requesting kits**: LA team to request testing kits from QEH Laboratory to and inform
- **Tquest**: LA to liaise with OHL to arrange the addition of test request onto T quest (viral resp swab; nose and throat)

Swabbing arrangements**:**

- **Swabs will be supplied by LGT team**
- LA team will liaise and coordinate with the OHL Home Visiting Team to arrange for suitably qualified and trained staff to undertake the swabbing in the CH, please note nursing homes will complete their own swabbing. If there is no capacity, alternative arrangements would need to be sought.
- Swabs will be collected from and returned to UHL.
- To request swabbing please contact: incident.internal@lewisham.gov.uk with TESTING – CARE HOMES in the subject line, within 24 hours of the onset of symptoms so testing can be arranged.

Transport and results

- **Pick-up and drop-off of test kits**: Delivery to the requesting home will be organised on a case by case basis
- **Communicating test results:** Lab to inform the following channels with results within 24 hours:
  - Care Home manager

Add results to Tquest

Figure 3. Lewisham and Greenwich Trust (LGT) testing arrangements

Further details on ensuring adequate testing access for Lewisham's workforce can be found in **Section 6.3** with **Figure 5** outlining testing routes.

6.2. Testing Results and Outcomes

National guidance for the public concerning test results can be found here (18). In the event of a negative result, no further action is needed from the NHS T&T service. However, those who have been notified to have been in contact with a person with COVID-19 should continue to isolate for the full 14 day period (19). In the event of a positive test result, contact tracing services will be initiated. Whilst cases identified through the NHS T&T testing services will automatically be referred onto the PHE Contact Tracing and Advisory Service (CTAS), some testing facilities, such as those at NHS trusts, may need to manually notify PHE HPT (slhpt.oncall@phe.gov.uk or 0344 326 2052) to ensure timely notification. Support for those that need to self-isolate can be found in **Appendix 4**.

6.3. Assuring Local Testing Capacity

Lewisham will be required to support Pillar 1 of the national testing strategy (20); to scale up NHS swab testing for those with a medical need and, where possible, the most critical key workers and also for

outbreak management. If enhanced support and testing capacity is required, DPHs can escalate to the national government command structure.

- Using local intelligence to identify sites for deployment of mobile testing units (MTU) to enable us to direct national capacity to high risk areas
- Considering the options for local delivery and administration of tests to isolated, complex and vulnerable individuals. This will build on the experience gained from providing support via the Lewisham Community Hub to those who are shielding or vulnerable as outlined in the 'supporting vulnerable people' section above.
- Testing for the homeless population and hostels. A reporting and outreach testing model have been successful in avoiding major outbreaks in the homeless population by encouraging the reporting of symptomatic cases among the homeless population. Notification prompted a response from the Find and Treat team which included testing the individual, close contacts and staff and in some cases a whole location. The team also provide infection control advice tailored to the setting.

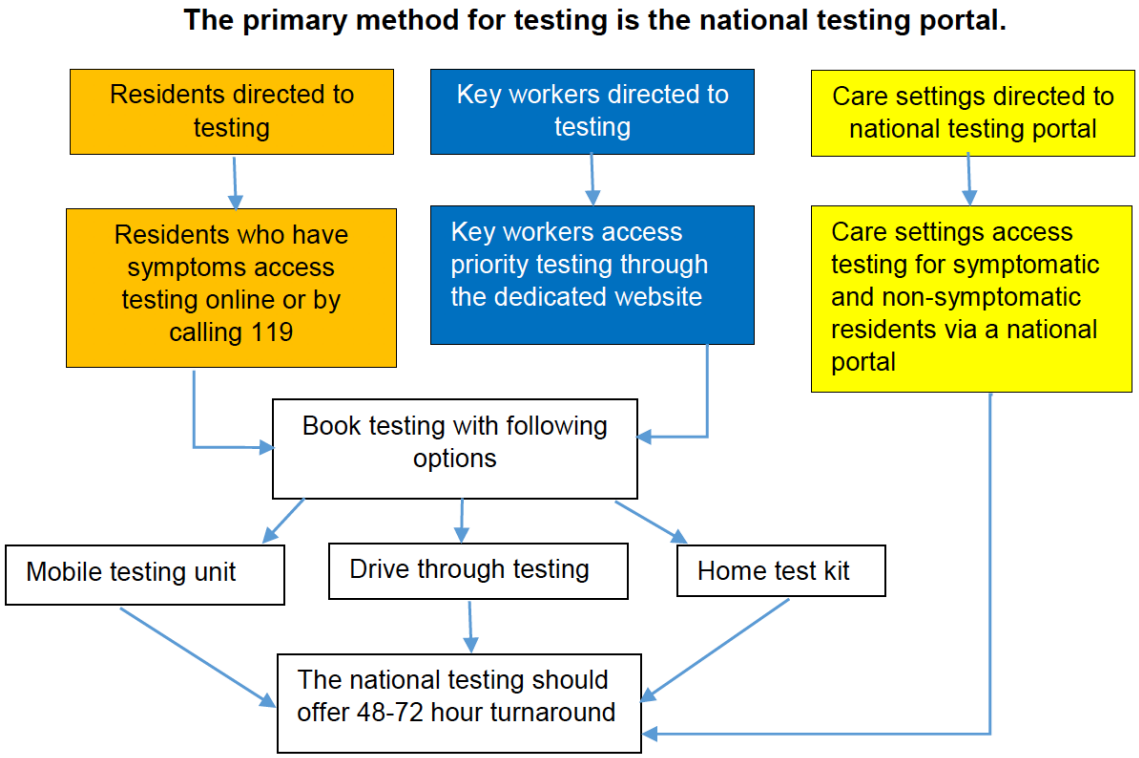


Figure 4 – Testing Delivery

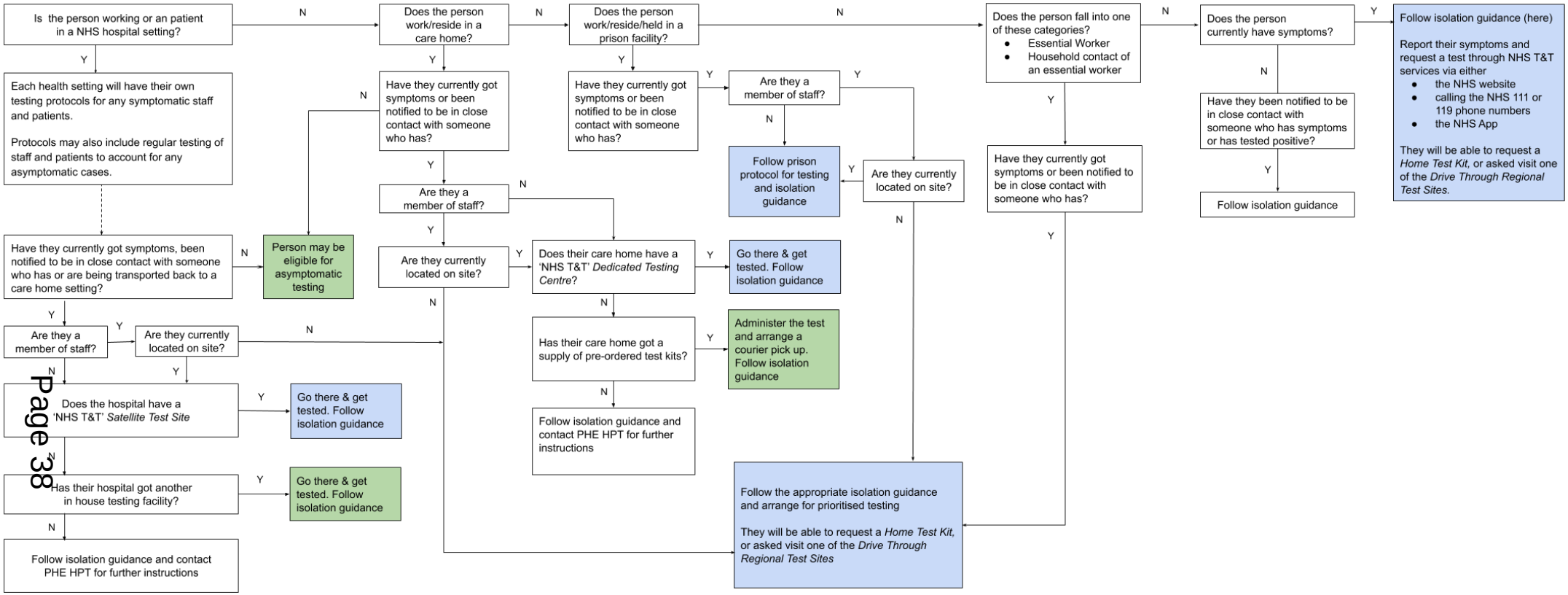


Figure 5 – Testing Access Routes

There are different routes by which a person may be able to obtain a test depending on their circumstances. BLUE boxes = testing facilities that are part of NHS Test and Trace system and results are therefore automatically fed directly through to PHE CTAS. GREEN boxes = testing facilities that need to manually notify PHE HPT of a positive test result to ensure timeliness of notification.

7. Theme 5 - Contact Tracing & Outbreak Management

7.1. Contact Tracing

The Trace component of NHS T&T is an integrated service to identify, alert and support those who need to self-isolate. It is run by the Contact Tracing and Advisory Service (CTAS) which is jointly led by NHS England and PHE and is made up of three tiers of contact tracers. The roles of each CTAS tier is outlined in **Figure 6**

All positive cases are initially referred to Tier 3 CTAS from a range of NHS T&T testing sources who will then obtain further information on details of places they have visited, and people they have been in contact with. These contacts are risk-assessed according to the type and duration of that contact. Those who are classed as 'close contacts' are contacted and provided with advice on what they should do e.g. self-isolate. Depending on the case or setting complexity, contact tracing and other health protection functions may be escalated to be handled by one of the higher CTAS tiers.

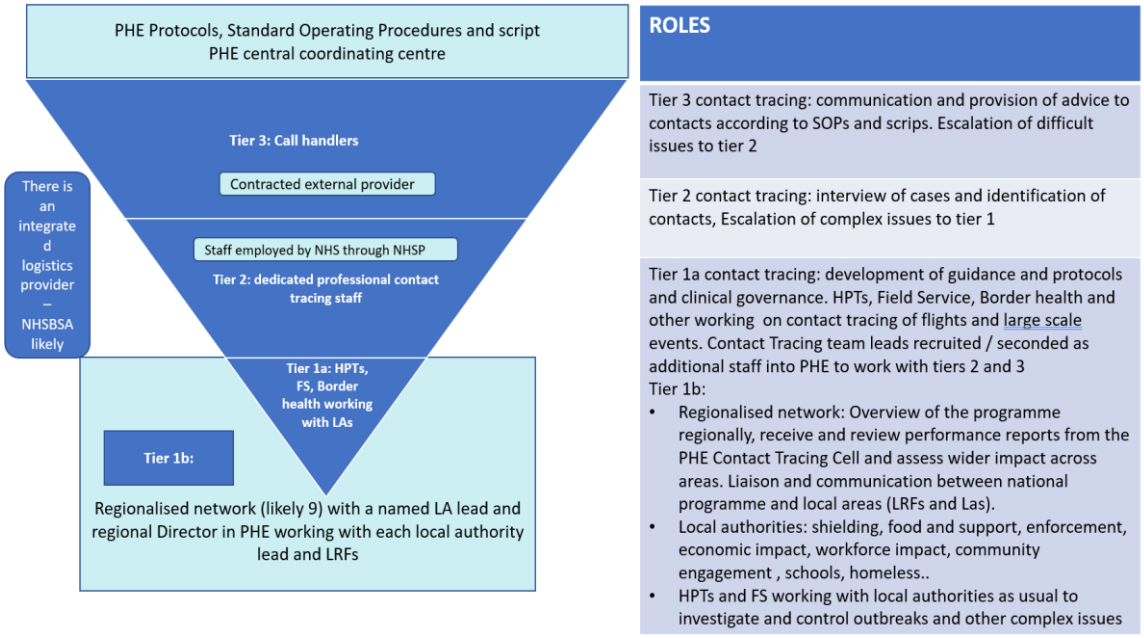


Figure 6 – Contact Tracing Advisory Service (CTAS) Contact Tracing Tiers

- **Tier 3** – Around 20,000 call handlers have been recruited by external providers under contract to DHSC to provide advice to contacts using national standard operating procedures (SOPs) and scripts as appropriate.

- **Tier 2** – Around 3,000 dedicated professional contact tracing staff have been recruited by NHS providers to interview cases to determine who they have been in close contact with in the two days before they became ill and since they have had symptoms. They will also handle issues escalated from Tier 3. Appropriate advice following national guidance is given to cases and their close contacts

- **Tier 1** – PHE HPT will investigate cases escalated from Tier 2. This will include those unwilling to provide information, healthcare and emergency services , complex and/or high-risk settings such as care homes, schools, prisons/places of detention, workplaces, health care facilities and transport where it hasn't been possible to identify contacts. Advice following national guidance will be given to cases, their close contacts and settings/communities as appropriate.

- **1a**: a national coordinating function leading on policy, data science and quality assurance

- **1b**: a regionalised network providing local contact tracing, settings management and advice and interventions relating to complex cohorts.

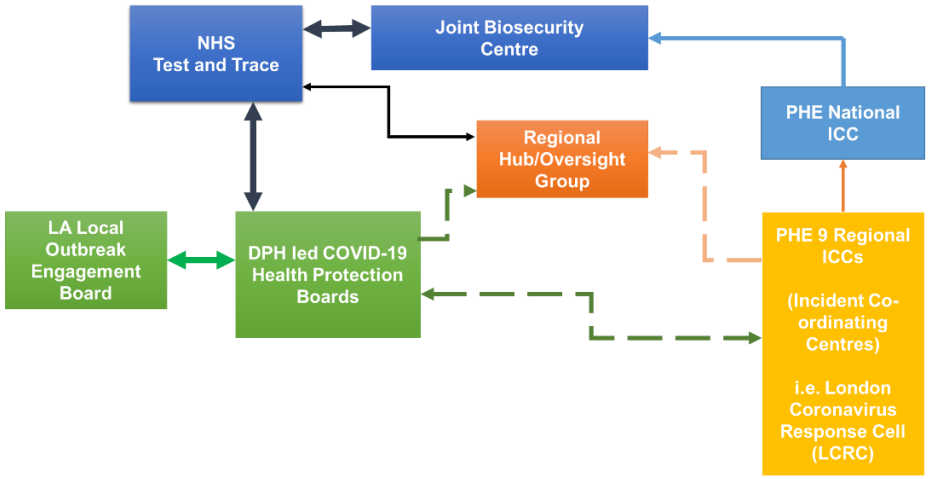
For the Lewisham, Tier 1 contact tracers are the PHE HPT available at slhpt.oncall@phe.gov.uk or 0344 326 2052. As outlined in **Section 7** and **Figure 7**, complex cases can be referred to London Coronavirus Response Centre (LCRC) via several routes:

1. A positive case is identified by Tier 2 & 3 of NHS T&T to be complex or within a complex setting.
2. Through direct notification from a complex setting to the PHE HPT regarding either a symptomatic or confirmed positive case.

7.2. Outbreak Definition & Plan Activation

An outbreak is defined as two or more cases (suspected and/or confirmed) linked in place/time (21). The LOCP is currently active throughout Lewisham and decision making when there are suspected or confirmed COVID-19 outbreaks in any setting type. It should be noted that most outbreaks will be managed through business as usual measures. Moreover, if there is indication of community spread of the virus (i.e. a rising tide situation where either a number different locations flagging or there are a number of community cases with no obvious immediate links between them, especially if take alongside increasing incidence rates), additional capabilities of the SCG may be needed.

LOCP initiation may also be informed by other factors, for example, national government direction in the form of information received through the JBC.



National	
NHS Test and Trace	Develop and implement national test and trace strategy
Joint Biosecurity Centre	Provide data and analytics relating to management of regional infection rates building on PHE's surveillance data systems
PHE National ICC	National oversight identifying sector specific and cross-regional issues that need to be considered
Regional	
London Coronavirus Response Cell	PHE Incident Co-ordinating Centre for London managing outbreaks in complex settings
Local	
DPH led COVID-19 Health Protection Boards	Responsible for the development of local outbreak control plans by Directors of Public Health
Local Authority Local Outbreak Engagement Board	Provide political ownership and public-facing engagement and communication for outbreak response

Figure 7. Relationships between local and national elements of outbreak management[8]

Below diagram explains the collaborative structures utilised by the London Good Practice Network in gathering, sharing and disseminating best practice and collaborating during this initial phase and the development of Local Outbreak Control Plans.

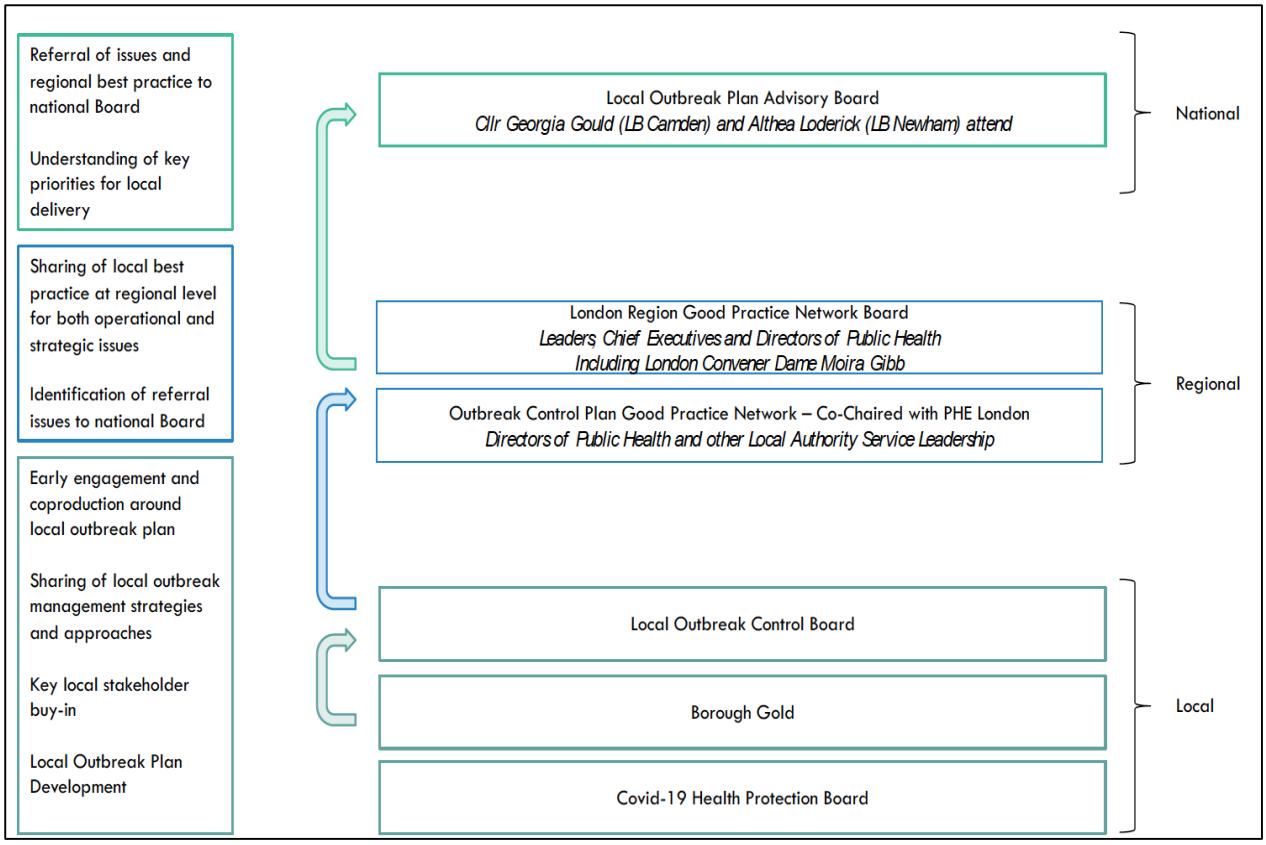


Figure 8. the collaborative structures utilised by the London Good Practice Network

This plan will therefore bring together the existing outbreak prevention and management work of national and regional 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.

7.3. Outbreak Response

In the event of an outbreak occurs in a particular setting, the steps listed in **Table 4** will be taken. A summary overview of the outbreak response within a defined setting can be found inError! Reference source not found.. In the event there is indication of community spread of the virus (as defined in **section 7.2**) required the steps listed in **Table 5** will be taken.

These steps may vary slightly depending on the situation and circumstance of the outbreak and will be tailored to the nuances of each situation drawing on local intelligence (see **Section 8**). This is in line with the LA PHE Joint Action Plan SOP, 6 Point plan for Local Authority Wider response (**Figure 9**), Local Outbreak Control Plans Themes (**Figure 10**) and the National Government's Contain Framework (22).

Role of PHE London Coronavirus Response Cell (LCRC) and Local Authority COVID-19 Health Protection Boards

PHE LCRC and the Lewisham COVID-19 Health Protection Board will work in partnership to lead the management of outbreaks in complex settings alongside wider system partners. The DPH alongside

[8] https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf

Consultants in Public Health will act as the single point of contact (SPOC) for notification of outbreaks in complex settings and community clusters by PHE LCRC. LCRC provides daily situation report to Lewisham and all Senior Management Team (SMT) meet at 9am to discuss all new cases since 24 hours ago. The rationale for the joint agreement is:

- to have a joint collaborative and co-ordinated approach to supporting London settings including care homes, extra care housing and supported housing, local hospitals, workplaces, prisons, primary care settings, schools, nurseries and homeless hostels in managing COVID-19 outbreaks, reflected in councils' Local Outbreak Control Plans (LOCPs).
- to improve understanding and access to services, reduce transmission, protect the vulnerable and prevent increased demand on healthcare services
- to share outbreak information to facilitate appropriate measures
- to have a Single Point of Contact (SPoC) in LCRC and in each local authority to facilitate data flow, communication and follow up
- to provide consistent advice to settings and local public health teams

Role of the Incident Management Team (IMT)

Incident management teams will be mobilised to respond to outbreaks when required. These will be triggered by the LCRC in line with current health protection arrangement and the Joint agreement or by the local authority (DPH, Lewisham Mayor, Lewisham Council Chief Executive, COVID-19 Health Protection Board or Gold Command) as deemed appropriate. Triggers for setting up an IMT and the roles and responsibilities in Lewisham IMT are outlined in **Table 2** and **Table 3** below.

Table 2. Triggers levels for instigating a local Incident Management Team (IMT)

Number(s) and nature of outbreak	**Level of action**	**IMT convened**
Sporadic cases of COVID-19 and individual outbreaks in single care homes, schools, workplaces or supported living/homeless shelters	SPOC inform relevant members of Lewisham COVID-19 Health Protection Board and instigate outbreak follow up actions SPOC inform Gold members of situation and actions taken	Only if the following take place: - Individual setting requires closure and/or large numbers of cases affected and contacts to be identified - Deaths occurring in an individual setting - Situations where there is likely media or political concerns/interest
Outbreak in hospital, multiple care homes, multiple schools, linked to places of worship, sporting venues or universities	SPOC inform relevant members of Lewisham COVID-19 Health Protection Board and instigate outbreak follow up actions SPOC convene virtual Gold meeting to discuss any resource implications and escalation to Outbreak Engagement Board SPOC contact PHE LCRC regarding IMT	Yes
Community clusters	SPOC inform Gold Gold inform members Outbreak Engagement Board SPOC contact PHE LCRC regarding IMT	Yes

Table 3. Roles and responsibilities in Lewisham IMT

Role	Title/Member
Chair and Public Health Lead	Director of Public Health
COVID-19 Incident Response Leads	Lewisham Gold (SCG) Director Council Silver Director
Emergency Planning	Emergency Planning Lead
Public Health	Public Health Strategists and consultants
Environmental Health Lead	Head of Environmental Health or Health and Safety (depending on setting)
Communications Lead	Communications Officer
Setting Based/Sector Specialist	Identified based on outbreak setting (e.g. infection control nurse, school nurse, hospital infection control team, specialist from council – e.g. housing lead, adult social care etc.)
Data Lead	Public health consultant/Data Analyst/Intelligence Analyst
Meeting Coordination, Loggist and Liaison	Incident Response Team
CCG/Primary Care Lead	South East London CCR/Primary Care Rep
HPT Lead	Lewisham Borough Lead at South London Health Protection Team

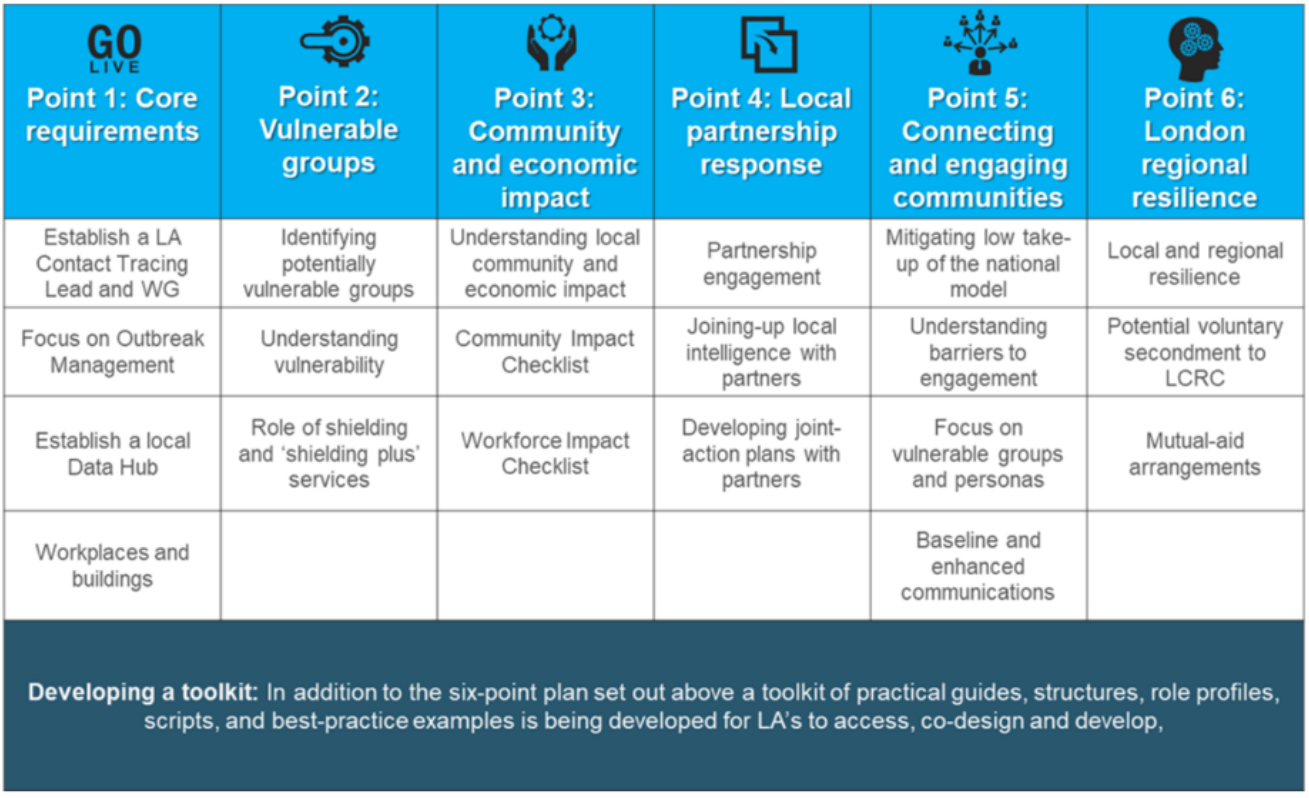


Figure 9. 6 Point plan for Local Authority Wider response (London CEO Task and Finish Group)

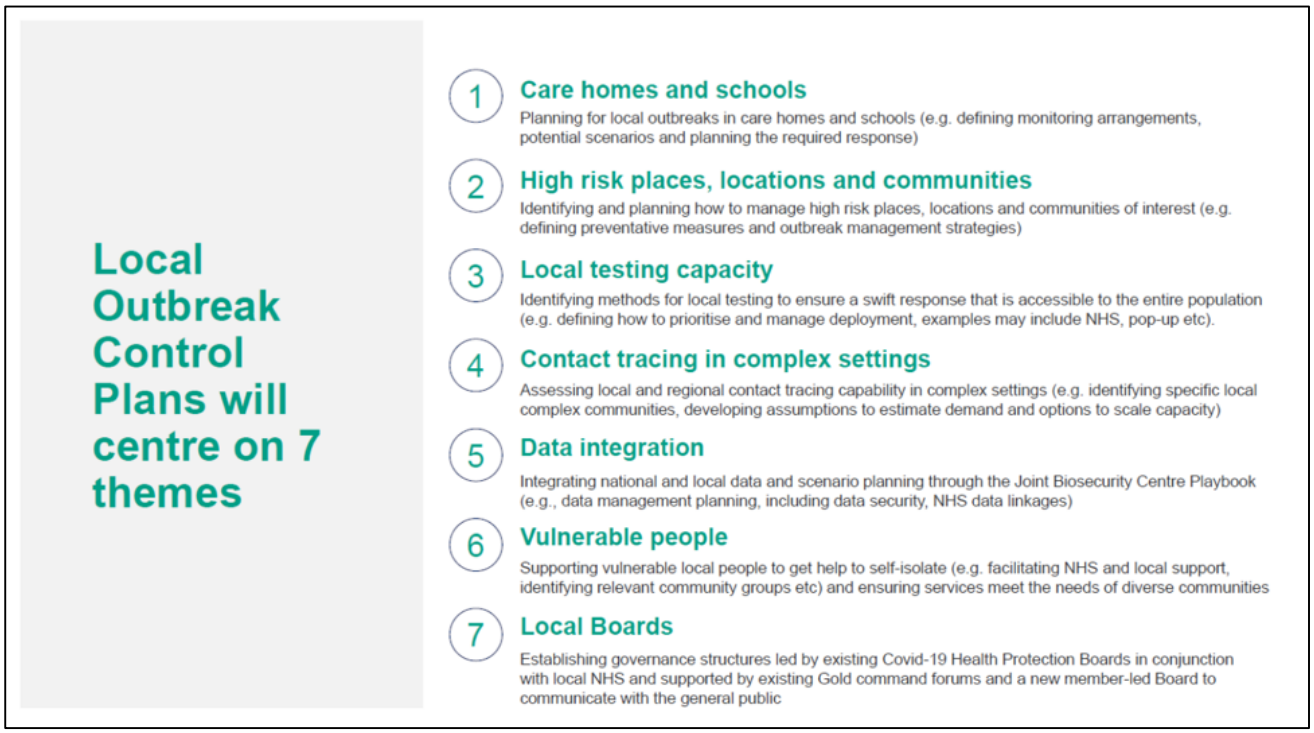


Figure 10. Local Outbreak Control Plans Themes (DHSC)

Table 4 – Steps to be Taken in Response to an Outbreak within a defined setting (e.g. school, care home)

STEP 1 – London Coronavirus Response Centre (LCRC) Initial Risk Assessment & Contact
LCRC will receive notification from Tier 2, undertake a risk assessment and give advice and provide information. LCRC will manage cases and contacts, and provide advice on testing and infection control. On the outcomes of the expert risk assessment and these discussions, the LCRC will also decide whether it is necessary to convene an Incident Management Team (IMT). LCRC will then inform the Lewisham SPoC, which then Lewisham will follow-up and support the setting to continue to operate whilst managing the outbreak, including, if required, support with infection prevention and control measures and PPE access. Lewisham will support wider aspects of the response, such as support for any vulnerable contacts who are required to self-isolate, as per London's 6 Point Plan and national 7 themes of outbreak management plans.
STEP 2 – Infection Control & Response to Enquires
If it is decided that an IMT should be convened, PHE HPT and the DPH will identify and contact key stakeholders to form the IMT. The IMT will be responsible for coming up with the infection control plan moving forward including deciding the roles of the multi-agency response, the measures they will take and what resources will be required to deliver the response. The relevant members of the IMT would also follow up with the setting's occupational health departments or other points of contact and support the affected setting on operational issues (e.g. sourcing PPE, staff capacity, removal of dead bodies & care provision). Any situation updates will be fed back to the HPB and SCG Chairs.
STEP 3 - Perform Enhanced Testing & Contact Tracing
Testing of people within complex settings may be advised by the IMT. Testing will be done in collaboration between PHE and partners including mobilising existing Mobile Testing Units where necessary. Lewisham may need to supplement local level testing and contact tracing efforts though NHS mutual aid, mutual aid from environmental and public health teams at district and borough councils, external partners who have undergone training (see **Section 6.3**).
STEP 4 – Continue to Monitor Intelligence
The setting will continue to be monitored by the IMT closely using regular intelligence updates as detailed in **Section 8.**
STEP 5 – Facilitate Closures and/or Targeted Restrictions of that Setting
If the virus continues to spread, activities at that setting may be restricted or required to close (see S**ection 3.1**). This will be decided by the IMT based on a risk assessment. If a tactical response is required then, the Lewisham Gold (SCG) will be stood up (see **Section** Error! Reference source not found.) and additional multi-agency national incident resource will be deployed to bolster local resources to respond to the incident. Powers may also need to be invoked, depending on the resistance that is put up by the setting or persons required to isolate. There are several that can be utilised so the IMT will need to determine the most appropriate. If any legislative powers are used, the DPHs are required to notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days.

Table 5 – Steps to be taken in response to the community spread of COVID-19 (i.e. rising tide scenario)

STEP 1 – HPB Monitors Intelligence
The HPB continuously monitors the local situation and through intelligence and situation reports presented at the weekly meeting (see **Section 8**).
STEP 2 – Indication of Community Spread and Decision to Convene an IMT
If there is indication of community spread of the virus (see S**ection 7.2**) or where it looks like the capabilities of the SCG may be required, then the HPB will convene an IMT. The DPH would invite key members and stakeholders to the IMT including representatives from the SCG.
STEP 3 – Role of IMT & Facilitation of Targeted Restrictions/Closures/IC Measures

The IMT will allow for dedicated time to discuss the situation, gather more detailed intelligence, and decide what additional Infection Controls (IC) measures may need to be put in place. The IMT will need to anticipate and respond early as any measures taken will take several weeks to have an effect. They may therefore start by implementing some smaller targeted IC measures and restrictions early on – especially in response to soft intelligence e.g. police reporting raves, no mask wearing. If a tactical response is required at this point then, the Lewisham Gold will be informed (see **Section** Error! Reference source not found.) and additional multi-agency national incident resource will be deployed to bolster local resources to respond to the incident.

Depending on the prevalence of cases within that LA the IMT may also decide to encourage people in the community may also be encouraged to get tested. Lewisham may need to supplement testing and contact tracing efforts though NHS mutual aid, mutual aid from environmental and public health teams at district and borough councils, external partners who have undergone training (see **Section 6.3**)..

All decisions made should in partnership/consultation with people in the community who would be affected. Decisions will also be based on discussions between the DPHs and JBC as to what measures they think would be more effective at a local level (bespoke or use what is in the playbook). Any situation updates will be fed back to HPB.

STEP 4 – Escalate Concerns & Facilitate Enhanced Restrictions/Closures/IC Measures

If all previous measures taken are unable to stop the spread of the virus within the community or the scale/type of outbreak calls for the use of wider or more intrusive powers, then decision-making may be escalated to the national level.. In this instance more severe lockdown restrictions will be put in place locally that diverge from the measures throughout the rest of England. Depending on the nature of the outbreak, this may include the closure of all non-essential services and businesses across local areas, with travel in and out of the area will be restricted, bespoke measures implemented for people who are shielding and people will be encouraged to stay home. If a tactical response is required then, the Lewisham Gold will be informed (see **Section** Error! Reference source not found.) and additional multi-agency national incident resource will be deployed to bolster local resources to respond to the incident.

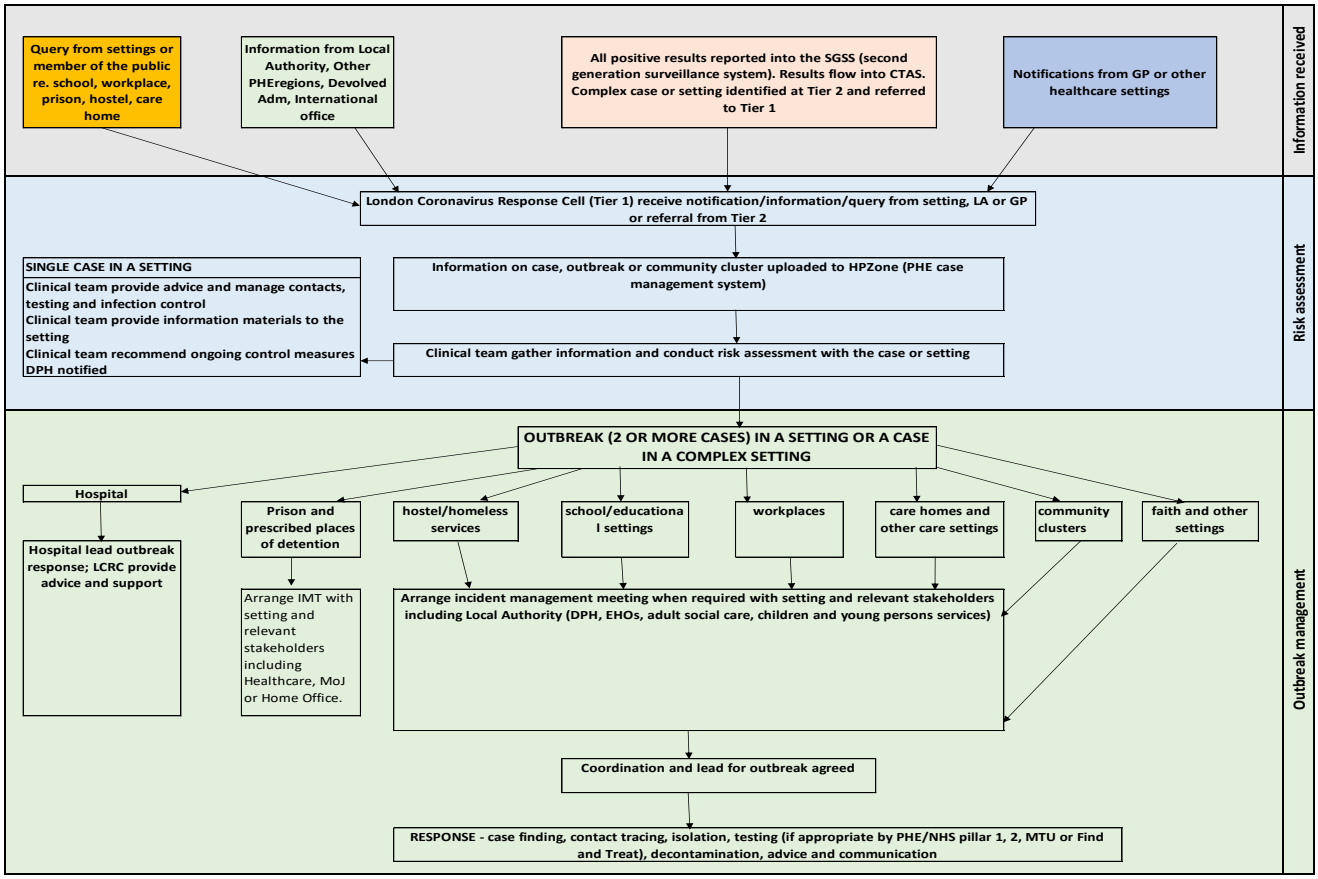


Figure 11. Referral Routes of Cases in Complex Settings to the PHE HPT and the Required Responses. The different routes by which a positive or suspected case of COVID-19 in a complex setting can be referred to the PHE HPT. PINK box = testing facilities that are part of NHS T&T system and results are therefore automatically fed through to PHE CTAS. BLUE box = testing facilities that may need to manually notify PHE HPT of a positive test result to ensure timeliness of notification.

Table 6. Lewisham LOCP Contain and Escalation Framework

	LOCAL ALERT LEVEL 1: 'Medium'	**LOCAL ALERT LEVEL 2: 'High'**	**LOCAL ALERT LEVEL 3: 'Very High'**
Contain Framework classification	National baseline, applies to all regions of England where local restrictions have not been applied	Area currently under restrictions and some additional areas	Engagement underway with highest prevalence areas.
Potential other triggers include	Analysis of the early warning indicators (including exceedance reports, 7 day weekly rate, positivity rates) suggests the need for raised local alertness Emerging evidence of cluster(s) or increasing trend at community / area level suggesting potential sustained community spread or an outbreak with an unknown source requiring investigation At least one outbreak in a complex / high risk setting(s) that is not managed within routine outbreak control arrangements. Specific concerns / outbreaks in vulnerable populations.	Sustained concern regarding early warning Indicators, and increasing trend in overall numbers of cases and high or increasing positivity rate in an area or areas of Lewisham. Several outbreaks are identified including (potentially uncontained) in complex settings, potentially combined with community spread.	High level of concern regarding early warning Indicators, and rapidly increasing trend in overall numbers of cases and very high or rapidly increasing positivity rate in an area or areas of Lewisham. Several outbreaks are identified including (potentially uncontained) in complex settings, potentially combined with community spread, and Lewisham DPH requests national intervention. Resource prioritisation is required by Ministers as local systems cannot meet need (eg PPE; staff capacity). Local capabilities and controls are exceeded (due to scale or effectiveness)
Escalation Determination Minimum timescale for	Escalation to Level 2 will be ratified by the PHE LCRC and the Lewisham COVID-19 Health Protection Board as required by exceptional meeting / virtually.	Escalation to Level 3, and de-escalation back to Level 1, by PHE LCRC and the Lewisham COVID-19 Health Protection Board as required by exceptional meeting / virtually	De-escalation back to Level 2 will be ratified by the PHE LCRC and the Lewisham COVID-19 Health Protection Board as required by exceptional meeting / virtually. Moreover, Secretary of State for Health and Social Care, at the Local Action Committee, drawing on advice from the CMO, NHS Test

escalation – one week i.e. no de-escalation prior to this			and Trace, Joint Biosecurity Centre and PHE.
Shielding and Support	National advice on protecting the vulnerable National level support for enforcement/compliance	National advice on protecting the vulnerable; Care home visits only in exceptional circumstance (e.g. end of life) National level support for enforcement/compliance	Plan for care homes mandated; Care home visits only in exceptional circumstance (e.g. end of life) Compliance and enforcement delivery plan required with funding/additional enforcement support
Remaining Open with Restrictions	Schools, FE colleges & universities remain open Protests: Any number complying with COVID-19 Secure guidance (risk assessment, reasonable steps) Worship: Open - subject to rule of six Registered and wraparound childcare; Supervised activities permitted in private homes; Children's groups permitted. Youth clubs and activities permitted. Sports: Organised sport/licensed physical activity allowed in outdoor settings (but not indoors where	As previous level Worship: Open – no household mixing Registered and wraparound childcare; Childcare bubbles for under-14; Supervised activities permitted in private homes; Children's groups permitted. Adult hobby clubs permitted with household only	As previous level Universities open & open to move with greater online provision.

	above the Rule of Six, other than youth or disabled sport) Adult support groups Permitted up to 15; adult hobby clubs permitted with rule of six		
Restrictions (fixed) Page 50	Social contact: rule of 6 indoors and outdoors, in all settings Retail: Open No restrictions on travel and transport and overnight stays Weddings and civil partnerships: up to 15 for ceremonies. Receptions for up to 15 (sit down meal, COVID secure venues) Funerals: Up to 30, 15 for wakes and other commemorative events Work from home where possible	As previous level Social contact: 1 household / bubble indoors; Rule of 6 outdoors (including gardens) Travel and transport and overnight stays: Ask people to minimise the number of journeys taken, while making clear that they may still travel to venues that are open.	As previous level Social contact: 1 household / bubble indoors; 1 household / bubble in outdoor private gardens, hospitality or ticketed venues; rule of 6 in outdoor public spaces (e.g. parks, beaches, and the countryside) and sports courts. Travel and transport and overnight stays: As per level 2 for travel within the defined area; Avoid travel in or out of the affected area (with clear exceptions, e.g. work, school, transit journeys); Those in a Level 3 area should avoid overnight stays out of the area in other parts of the UK (though may stay overnight in hotels/guest houses in the same L3 area with people from their household/bubble). People from outside of the area advised against staying overnight in the area.

	Large outdoor events subject to national guidance and in line with wider limits – rule of 6 Elite sports events: public attendance not permitted at professional and elite sports events		Weddings and civil partnerships: Receptions not permitted
Restrictions (subject to engagement)	Hospitality: Open; 10pm-5am closure - Click-and-collect, delivery and drive-thru permitted; Ports and Motorway service stations exempted (no alcohol after 10pm); table-service only Entertainment sector and tourist attractions: Open other than nightclubs, adult entertainment venues Leisure: open Public buildings: open (activities restricted by social contact rules) Personal care/close contact services: open Accommodation: open Large indoor events (excluding business events): Large events (e.g. those with an impact on local services) subject to LA agreement	As previous level Accommodation: can be subject to social contact limits	As previous level Hospitality: **Default** hospitality venues to require customers to purchase a substantial meal with any purchase of alcohol, or will legally close. **Optional** restrictions preventing the sale of alcohol in hospitality or closing all hospitality (takeaway and delivery permitted). Entertainment sector and tourist attractions: **Optional** close indoor venues or close indoor and outdoor venues. Leisure: **Optional** close venues such as leisure centres and gyms but LAs must consider the equalities impact and ensure provision remains available for elite athletes, youth and disabled sport and physical activity. Public buildings: **Optional** close public buildings (such as libraries and community centres). LAs must consider the equalities impact and ensure provision remains

			available for youth clubs and childcare activity and support groups. Personal care/close contact services: **Optional** close highest-risk activities **or** close all personal care/close contact services. Accommodation: Any closures/additional restrictions subject to engagement Large indoor events: **Optional** LAs have the option to shut performing arts venues under existing regulations.
Notifications & communication	See communication document in appendix 2	See communication document in appendix 2	See communication document in appendix 2
Intelligence and data gathering	Compiling data from LCRC daily report as well as other nationally released PHE reports. Daily AM meeting with Senior Members' Team (SMT) members, environment health lead and DPH. Daily PM meeting with on call PH consultant, surge capacity and DPH. Tues AM, Thurs PM: PH team meetings Wed: SMT meetings. Weekly meeting takes place for HPB, Silver and bi-weekly meeting takes place for COVID committee	As previous level Specialist support from LCRC highly likely to be required e.g. Field Epidemiology Service.	As previous level
Testing	Increasing testing capacity targeted where required. Potential for mobile unit/s to be required for outbreak depending on context.	As previous level	As previous level

Communication and engagement	Targeted community communications, campaigns, social media etc Increase in proactive and reactive comms	Local Outbreak Engagement Board convened, chaired by Mayor of Lewisham. Board oversees public facing comms and community engagement, in liaison with partners Communications teams. Enhanced targeted preventative and reassurance comms and increased demand for reactive comms. Greater engagement with affected communities, ensuring translation / adaptation of comms materials. Additional stakeholder communications – to raise awareness Communicate increasing community transmission to care homes, and potentially advise to limit visiting	As previous & frequent briefings to members and local MPs
Terminations & follow ups	Expire after 6 months, 28 day review of geographies	Review geographies every 14 days, review regs every 28 days, expire after 6 months	Geographies expire after 28 days

National Lockdown guideline for 5th of November to 2nd of December 2020 is located in annex 8. Please note that after the 2nd of December, local tier system will be implemented again. Each tier is described in detail in the table above.

7.4. Infection Prevention and Control

The local authority and NHS have been providing infection prevention control advice to support care homes, schools, homeless hostels and workplaces and building relationships based on trust. We will continue to work collaboratively with Ward Councillors, communities and other organisations to provide information and assurance regarding current and future outbreak prevention measures and to enhance their ability to prevent transmission, particularly through identifying those at greatest risk. A summary of outbreak preventative measures being implemented for complex settings of note in Lewisham can be seen in **Table 7** below.

Table 7. Outbreak Prevention in Lewisham complex settings

Setting	Outbreak Prevention Activity
Schools (early years, primary, secondary, tertiary education settings)	• Provision of guidance summaries to reduce the risk of transmission in provided to education settings including use of appropriate personal protective equipment (PPE), infection prevention and control guidance, signposting to testing and tracing/isolation of cases/identified contacts. • Public health advice at fortnightly meetings for Heads of Schools (primary, secondary and special).
Care Homes (older adult, mental health, and learning disability providers)	• Lewisham support to care homes action plan: https://lewisham.gov.uk/myservices/socialcare/adult/support-for-care-homes, which includes access to emergency supply of personal protective equipment (PPE), provision of infection prevention and control training and access to whole care home testing. • Public Health advice at regular fortnightly sessions for care home managers • Provision of tailored advice to specific homes requiring additional support
Supported Living, HMO (Household Multiple Occupancy) and Homeless Shelters	• Provision of guidance summaries to reduce the risk of transmission of COVID-19 including use of appropriate personal protective equipment (PPE), infection prevention and control guidance, signposting to testing and tracing/isolation of cases/identified contacts. • Provision of tailored advice and support to the supported living and homeless hostel providers. • Provision of guidance for houses in multiple occupation and how to conduct cleaning of communal spaces to reduce the chance of transmission.
University	• Risk assessment for the reopening of Goldsmiths, University of London and Trinity Laban • Infection, prevention and control sessions for students and staff
Other Lewisham settings (places of worship, workplaces, transport hubs and sporting venues)	• Risk assessments for the reopening of council owned public places • Infection, prevention and control sessions for complex community settings in Lewisham e.g. places of worship • Support for risk assessment for sporting venues and businesses in the borough e.g. Millwall Football Club

We will maintain our relationship of working with partners in the NHS, social care and local voluntary and private sectors to develop guidance and deliver prevention training, IPC liaison and increasing capacity in order to reduce transmission risks.

All queries relating to the prevention or management of a COVID-19 outbreak should be sent to: incident.internal@lewisham.gov.uk with the subject “Outbreak Prevention” or “Outbreak Management”. We will develop a triage and escalation protocol for the management of these queries by officers and public health staff. Public health will carry on the interpretation and oversight of the implementation of national guidance relating to prevention where needed. There are additional measures and support mechanisms in place through Lewisham to help complex settings in the region prevent COVID-19’s spread. National guidance on preventing the spread of infection in specific settings can be found in setting specific action cards located in the **Appendix 1** and covers social distancing, hand hygiene, PPE, isolation and enhanced cleaning measures.

8. Theme 6 - Data Integration & Analytics

This section should be read in conjunction with **Sections** Error! Reference source not found. **& 7.3**. There are a number of local, regional and national data sources available to the HPB’s members and its partners in establishing and mitigating COVID-19’s spread in Lewisham. This section details the; (1) objectives of data integration & analytics, (2) data sources & arrangements, (3) data integration & (4) information governance.

8.1. Objectives

The available data will be used to:

- Review daily data on testing and tracing;
- Identify complex outbreaks so that appropriate action can be taken in deciding whether to convene an outbreak control team (see **Section 7.3**);
- Track relevant actions (e.g. care home closure) if an outbreak control team is convened;
- Identify epidemiological patterns in Lewisham to refine our understanding of high-risk places, locations and communities;
- Ensure that those who require legitimate access to the intelligence for different purposes can do so, regardless of organisational affiliation, whilst ensuring information governance and confidentiality requirements are met.

8.2. Data Sources & Arrangements

A virtual Lewisham COVID-19 Data Integration and Analytics Team has been established to receive, analyse, distribute, store and manage the COVID-19 data flows into and out from the council. **Table 8** below summarises the roles and responsibilities of the team.

Table 8. Roles and responsibilities of Lewisham COVID-19 Data Integration and Analytics Team

Role	Responsibility
Consultant in Public Health	Receives data via the Single Point of Contact Local report design, review and quality control Identification and escalation of local intelligence indicating emerging trends or clusters to Gold via DPH Horizon scanning for new data sources Liaison across SEL and London to facilitate analysis and identification of cross-border clusters

Senior Health Intelligence Manager	Receives data via the Single Point of Contact Design and manage data storage and data integration protocols (including data on cases and contacts and vulnerable people who require support during self-isolation) Line Management of Public Health Analysts Co-ordination of the production of all reports for the COVID-19 Surveillance Reporting Schedule
Public Health Analyst x 2	Collate data and produce analysis for the Daily Surveillance Report and Weekly Epidemiology Report with a specific focus on geographical analysis / mapping Produce and update maps of the geographical locations of complex settings in Lewisham
Data Apprentice	Collate data and produce analysis for the Daily Surveillance Report Collate and manage core datasets on Complex Settings (location, contact details etc.) Support the management of information on cases and contacts and outbreaks in complex settings
Population Health Lead Analyst	Support the scoping of a local COVID-19 Risk Stratification Tool utilising data available from the Lewisham Population Health Management System and national datasets

8.3. Data Integration

One of the key themes of local government planning is integrating national and local data and scenario planning through the JBC Playbook (e.g. data management planning including data security & data requirements including NHS linkages). This requires cross-party and cross-sector working via the HPB, NHS Integrated Care Systems and Mayoral Combined Authorities. All enquiries regarding this should go to england.riskstratassurance@nhs.net.

The JBC *COVID-19 Outbreak Management Toolkit for England* states that according to the risk level within an area based on key metrics, there will be different guidance on how to provide Non-Pharmaceutical Interventions.

The DPH acts as the Single Point of Contact (SPOC) for receipt of COVID-19 surveillance information for the borough on a daily basis from a number of sources. A summary of the current data sources and contributors to this report can be found in Annex 1. Although some of this data is publicly available, much of it is deemed sensitive and highly confidential which is not for wider sharing or publication.

South East London (SEL) COVID-19 Analytics Network was formed to provide timely access to surveillance and epidemiological data of covid-19. Lewisham Public Health consultant Helen Buttivant is currently sitting as the strategic lead for the SEL network. SEL conducts analysis to inform the development of our borough-based system recovery plans by contributing to the development of the SEL Population Health Management & Health Inequalities Programme. This is a programme of work developed as a direct response to the impact of COVID-19 on health inequalities. It is led by the Integrated Care System (ICS) on behalf of the SEL Health and Care system and aims to find opportunities for SEL-wide action to support short-, medium- and long-term change to address the health

inequalities that were magnified and exacerbated by the pandemic. It focuses around three pillars of work: Population Health Management (PHM) and Data; Prevention and Inequalities; and Health in All Policies. One of the ways in which they are supporting the PHM & Data Pillar is to open up our meeting once a month to a wider group of analysts from across the Health & Care system with the specific function of addressing access to and quality of data for population health management across the SEL footprint.

SEL COVID-19 Data Dashboard includes London situational awareness report, NHS test & trace performance, and early warning report (that includes Lab-confirmed COVID-19 cases, 111 calls related to COVID, Number of inpatients diagnosed with COVID-19 in last 24 hours, Confirmed/Suspected COVID-19, admissions into SEL Acutes in the last 24 hours, Confirmed/Suspected COVID-19 patients occupying hospital beds (incl. HTU / ITU beds), HDU/ITU beds occupied by confirmed/suspected COVID-19 patients). SEL Early Warning report is published daily by the SEL CCG BI team using data from UK.GOV or PHE and acute hospital daily situational reports. This report is embedded into the SEL Weekly COVID-19 Dashboard and the raw data shared with public health teams in all SEL boroughs. It especially looks at streamlining the analysis and data sharing processes.

8.4. Information Governance

Ordinarily, due to the sensitive nature of the health information being shared across local organisations, London LAs would set up data recording and sharing agreements in line with General Data Protection Regulation (GDPR). These arrangements allow for collaborative data sharing between NHS colleagues, PHE partners and London LAs. Applications would also be made for 'Section 251 support' from the Confidentiality Advisory Group for the sharing of information without consent for research and non-research activities.

However, in emergency response situations, permissions under the Civil Contingencies Act 2004 (16) requires Category 1 & 2 responders to share information with each other as they work together to perform their duties under the Act. Further guidance was provided by the *Data Protection and Sharing – Guidance for Emergency Planners and Responders (2007)*, published by the Cabinet Office. Its purpose was to inform organisations involved in the preparation for, response to, and recovery from emergencies on when they can lawfully share personal data under data protection legislation. This has subsequently been replaced by the *Data Sharing in Emergency Preparedness, Response and Recovery* guidance which, as of June 2020, is out for consultation.

In addition, the Secretary of State for Health and Social Care has issued a general notice under the Health Service Control of Patient Information Regulations 2002 (23) to support the response to COVID-19. This allows NHS Trusts, LAs, and others to process confidential patient information without consent for COVID-19 public health, surveillance, and research purposes. The notice is currently in force until 31st March 2020 and provides a temporary legal basis to allow a breach of confidentiality for COVID-19 purposes. Agencies should therefore assume they are able to adopt a proactive approach to sharing the data they need to respond to COVID-19.

This approval applies to the use of GP and Secondary Care data but does not cover disclosure of social care data for risk stratification. Where social care data are to be used, then the relevant parties will need to assure themselves of a legal basis for the disclosure and linkage of data for this purpose. This will be achieved either by using third party and pseudonymised data, or with consent.

Finally, the *LCRC Information Sharing Agreement* is an agreed inter-agency information sharing protocol that is available for all organisations within London and includes sharing information during incident response.

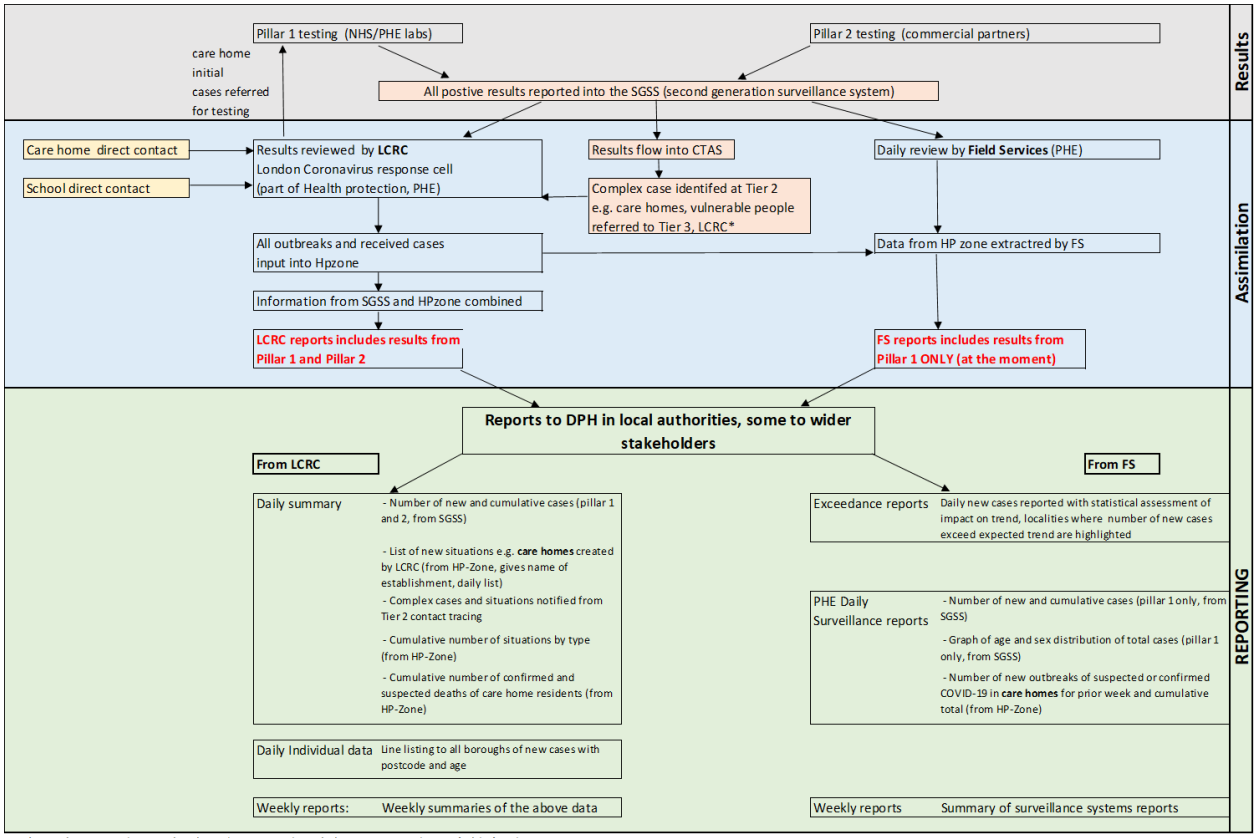


Figure 12. Data Sources for COVID-19 Outbreak Prevention and Control

9. Theme 7 - Supporting Vulnerable Populations

This section details the support provided to Lewisham residents at risk of COVID-19 and/or their impacts. In Lewisham, the Lewisham Healthwatch, Lewisham Black Asian and Minority Ethnic (BAME) Health Inequalities Working Group and local demographic data provides oversight of the arrangements in place to support vulnerable populations.

These populations may have increased vulnerability due to any combination of the following factors:

1. Socially vulnerable and impacted by restrictions including the requirement to self-isolate
2. Those at higher risk of transmission
3. Those at higher risk of death from COVID-19

Their needs may be far reaching and include:

1. enhanced communication of transmission risks and public health advice,
2. help accessing testing,
3. financial, food and/or housing support &
4. support with mental and physical healthcare.

The current list of identified vulnerable populations in Lewisham can be found in **Table 9**. A list of population specific action cards within the Appendix which are signposted via **Table 9**. These cards:

- outline the available support structures, services, and organisations, both locally and nationally, specific to population needs
- identify areas where arrangements may still need to be made.

Please refer to **Section 8** and **10** that describe the data analytics and communications strategies specific to these populations.

Table 9 – List of Vulnerable Populations and the Location of their COVID-19 Action Cards

Vulnerable Population	Location of Action Card
Clinically Extremely Vulnerable People (Shielders)	Appendix 4
Those who are Self Isolating	
Black, Asian and Minority Ethnic (BAME) Communities	
Sex Workers	
Substance Misuse	
Homeless	
Learning Disabilities	
Travelling & Migrating Communities	
Asylum Seekers	

10. Theme 8 - Communication & Engagement Strategy

Building trust and maintaining open channels of communication with our communities is critical to the success of our outbreak prevention and control plan. We are working to ensure that relevant local guidance to support the prevention of an outbreak, engagement in testing and tracing and self-isolation for our communities, particularly those that are most vulnerable to severe impacts of COVID-19 infection. There are already several well-established internal communication channels between working groups and committees involved in Lewisham's COVID-19 planning and response (see Section **Error! Reference source not found.**)

This section therefore outlines the Lewisham communications and engagement strategy for the; (1) public (2) vulnerable population & (3) voluntary organisations.

10.1. The Public

Communication and engagement with the public during a major incident will generally be coordinated by the Lewisham Council Gold in a manner that is consistent with the *London Good Practice Network.* The London wide communications campaign uses informed, reassured, safe, inspired approach **(Figure 13).**

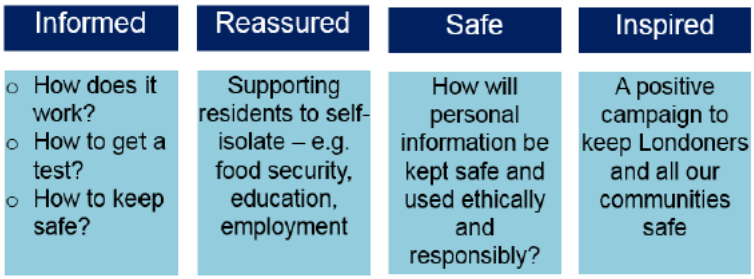


Figure 13. informed, reassured, safe, inspired approach for communication and engagement

This comprises;

1. Wider public warning and informing messaging including:
   - Scam or fake news and messaging relating to COVID-19
   - Identified outbreaks in their local area
   - Implementation of local outbreak control measures
2. Communications campaigns pertaining to the latest government advice & guidance including:
   - Understanding where to access information regarding COVID-19
   - Understanding the importance of testing and where to get tested

- Understanding the requirements and rationale for self-isolation of asymptomatic contacts
- Data privacy assurance that their personal information will be held in the strictest confidence & will not affect matters such as immigration status or reveal illegal activities.
- Awareness of local and national support that is available
- Correct usage of facemasks and handwashing

In order to reach all of our vulnerable and diverse communities, our Keep London Safe campaign we will also:

- Provide practical, shareable and accessible resources that can be used and adapted by all London boroughs
- Update the community languages toolkit so that community and faith leaders can help us share key messages with their communities via the most impactful channels – e.g. hyper-local WhatsApp groups
- Share key messages and collateral in different languages

As part of the development of the communications campaign we took an in depth look at London's diverse communities, bringing together community knowledge and engagement expertise from the boroughs to map out harder to reach communities, cultural considerations, and areas of need/vulnerability. As part of this London Good Practice Network explored the voluntary and community sector, and faith groups, as key communications and engagement channels. The approach to understanding and engaging our diverse communities included:

- Created a mapping template shared across the 32 boroughs to collate the information to ensure consistency of information gathering and mapped out those communities and/or groups that might not engage with the national communications campaign around NHS Test & Trace.
- Looked at cultural and community sensitivities/ barriers, that we need to take into account as part of the regional pan London campaign; this included:
    - Language and literacy barriers: 3 of the top 5 non-English languages spoken in London (Polish Bengali and Gujarati) are also in the 5 languages spoken by those who don't speak English or don't speak English well at home (Note - census data is 9 years out of date and doesn't capture recent migration data - e.g. Romanians/ Bulgarians and Recent data shows that Romanians are now the largest non-Uk nationality in London - likely impact at next census 2021)
    - Explored concerns around data integrity and distrust. For example, lack of trust in Government in how the data will be used, how long held for etc. (e.g. Young Black Men, Orthodox Jewish Community)
    - Digital divide issues - Lack of digital awareness/ exclusion/ and poverty - credit/data, internet access, or digital literacy required for access
    - Poor living conditions: overcrowding conditions/ multi-generational households - makes adherence to the messaging around isolating difficult
    - Less well-established new communities - with limited integration into civic society means public health messages may not get to them

10.2. Vulnerable populations

Residents who are asked to socially isolate as a result of testing positive for COVID-19 or being identified as a contact of a positive case will be provided with support should they identify that they are likely to face difficulties during the period of self-isolation.

When residents are advised to self-isolate, they will be asked if they consider themselves to be vulnerable and in need of support. Those that request support will be signposted to a website containing details of their local authority's support offer and a helpline number to contact for support. Lewisham has established an operating model for the provision of support for shielding residents and those with wider vulnerabilities due to the impact of COVID-19 and the lockdown. The Lewisham Community Hub is currently providing food, befriending, practical assistance and signposting to additional sources of support for those affected by COVID-19.

We will utilise this model to manage the provision of support to those who identify as vulnerable due to being asked to self-isolate as part of the National Test and Trace programme. The offer of support will be adjusted to reflect the need for rapid but short-term support during the 14-day period of self-isolation. Support needs are likely to be focussed around the delivery of food, dog-walking and other daily chores requiring people to leave the house. Resource plans will be developed to enable the Lewisham Community Hub to continue provide this support to those self-isolating beyond the current funding period (31st August 2020).

10.3. Voluntary and Community Sectors

- Share key messages with our VCS organisations and ask for their support in disseminating it
- Letters to all residents and businesses
- Asking residents who are already engaged in our work – e.g. community researchers, Young Mayor's Advisors – to share key messages via their networks.
- Provide infographic-led, accessible comms for different places in printed form or to print and display – e.g. local shops/ business, community centres, libraries, places of worship
- Share content and key messages with councillors to share with their own networks.

10.4 Lewisham COVID-19 Community Champions

- Lewisham Council have initiated a community champion model to disseminate messaging, information and resources regarding COVID-19 and related health topics to the wider Lewisham community. This initiative aims to use trusted people, voices and groups to disseminate timely and accurate COVID-19 information to Lewisham residents in addition to providing community insights. Community champions recruited will receive weekly email updates on COVID-19 and be invited to fortnightly webinars hosted by the Lewisham public health team to share exmaples of how information is being disseminated.

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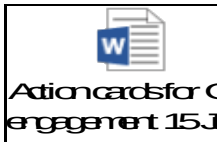
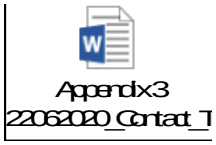
Appendix 1 – Action cards



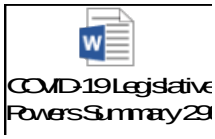
This embedded document will be made publicly available as appropriate.

Appendix 2 – Communication/Engagement Plan



These embedded documents will be made publicly available as appropriate.

Appendix 2 – COVID-19 Legislative Powers



This embedded document will be made publicly available as appropriate.

Appendix 3 – Agreement between LCRC and Lewisham Council

This embedded document will be made publicly available as appropriate.

Appendix 3 – Local Mobile Testing Unit (MTU) Deployment

This embedded document will be made publicly available as appropriate.

Appendix 4 – Vulnerable groups

Clinically Vulnerable population

Objective:
The objective is to support clinically extremely vulnerable people whilst shielding at home

Context:
Emerging research suggests that certain groups of people are at enhanced risk of developing severe COVID-19 if they contract the virus, based on their underlying comorbidities. The government has recognised that some people are at higher risk of severe illness from SARS-CoV-2 (clinically vulnerable people) and a smaller minority with specific serious medical conditions are at even higher risk of severe illness (clinically extremely vulnerable). Those who are classified as clinically extremely vulnerable changes depending on the severity of the outbreak nationally. Those who are on the shielded patients list should follow the guidance below.

23 March 2020 - clinically vulnerable people were advised to stay at home as much as possible, and to minimise social contact when they went out. Clinically extremely vulnerable people were asked to shield at home (shielders).

1 June 2020 - this advisory guidance was relaxed, but not lifted, in order to allow clinically extremely vulnerable people to leave their homes and meet with one other person. It is recognised, however, that some individuals may not feel comfortable leaving their homes during this current period. There are, therefore, still significant restrictions placed upon these individuals which will continue to impact upon their daily lives.

6 July 2020 - the guidance for the clinically extremely vulnerable will be relaxed to allow shielded individuals to meet up to 6 people from other households outdoors, socially distanced, and to form support bubbles if they live alone or are a lone adult with a dependent under 18. They no longer need to observe social distancing with other members of their household

1 August 2020 - the clinically extremely vulnerable can stop shielding. The guidance will be updated to allow this cohort to go to the shops and places of worship, while following rigorous social distancing rules.

In the event of a local lockdown, guidance and the support to shielders may suddenly change. Therefore the most up to date information and guidance can be found here.

What's already in place:
Government coronavirus support service: shielders register here or by calling the dedicated helpline on 08000288327, even if they do not currently need help. This provides (1) weekly box of basic food supplies (to stop as of 1 August 2020) (2) priority access for supermarket deliveries, and (3) help for meeting basic care needs. If an individual is concerned about support after 1 August 2020, they should contact their local authority.

Local general support
NHS Volunteer Responders can help with shopping, collecting medications, and offer a friendly chat

Food:
- Support from family, friends and neighbours (includes provision of culturally familiar foods)
- Mutual aid groups
- Community food projects
- Food parcels https://www.helpingthehomeless.org.uk/COVID-19-work
- Priority supermarket food slots

Medications:

- Pharmacies in England have been contracted to deliver medications to shielders as part of the community pharmacy pandemic delivery service
- Some VCS organisations are picking up prescriptions on behalf of vulnerable people

Mental health:
- Helplines: national Samaritans 24/7
- GP support
- If the resident is an existing patient, the treating secondary care mental health team

Social isolation and loneliness: likely to have increased prevalence amongst shielders
- Telephone befriending, such as by CarersFIRST, and AgeUK

Income and Employment: shielders who now have reduced or no income streams
- Other funding sources are available through Citizens Advice
- Those shielding will be eligible for Statutory Sick Pay (SSP) based on their shielding status until the 31 July. SSP eligibility criteria apply
- From 1 August 2020, if clinically extremely vulnerable people are unable to work from home but need to work, they can, as long as the business is COVID safe.
- If employers cannot provide a safe working environment, they can continue to use the Job Retention Scheme for shielded employees who have already been furloughed.

What else will need to be put in place:

Physical health:
- Health promotion activity/campaign to reduce risk of non-communicable disease (cardiovascular etc) from physical inactivity in shielders
- Communications to encourage shielders to seek medical attention if needed during the pandemic – some may be reluctant to attend hospital due to myths and fears around COVID-19.

Mental health:
- Shielding is likely to negatively impact upon individuals' mental health, exacerbating existing diagnoses, and precipitating new issues
- Need to address the gap in mental health services to both Community Support Hubs and housing services, particularly from secondary care

Social isolation and loneliness:
- Local offers which minimise or mitigate against digital exclusion and language barriers

Financial hardship:
- It is important that the council does all it can to support these individuals. This may be through payment holidays (for rent where the council is the landlord, council tax payments), or hardship grants if available.

Resource capabilities and capacity implications:

Links to additional information:

Updated national guidance for clinically extremely vulnerable people who have been asked to shield is outlined here.

Self-isolating population

Objective:
The objective is to support people in isolation including those who may be shielding or self-isolating

Context:
In the event someone becomes symptomatic or is informed by NHS T&T contact tracing services that they have been in contact with someone who has tested positive with COVID-19, they will need to immediately self-isolate for a period of 7 or 14 days, respectively. Depending on the context, their household contacts may also need to immediately self-isolate. Given that the request for self-isolation will be sudden, it is important that the impact on these individuals is considered.

Many residents will have sufficient supplies and networks to draw upon to last them the duration of isolation. However, some residents will not. They should have rapid access to sufficient resources, such as food and medications, to see them through self-isolation, to ensure maximum compliance.

What's already in place:
Local general support

- NHS Volunteer Responders can help with shopping, collecting medications, and offer a friendly chat

Food:

- Support from family, friends and neighbours – can provide more culturally familiar foods
- Mutual aid groups
- Community food projects

Medications:

- Some VCS organisations are picking up prescriptions on behalf of vulnerable people

Mental health:

- Helplines: national Samaritans 24/7
- GP support
- Treating secondary care mental health team if resident is an existing patient

Social isolation and loneliness: likely to have increased in prevalence amongst shielders

- Telephone befriending, CarersFIRST, and AgeUK

What else will need to be put in place:
Medication

- Pharmacies in England have been contracted to deliver medications to shielders as part of the community pharmacy pandemic delivery service, and may be able to extend this to those self-isolating (need to ensure robust local arrangements)

Childcare

- Plans for emergency childcare arrangements if no parent/guardian is fit to care for a child – will likely involve children's social services

Data on demand for help amongst self-isolators

- Regular analysis of NHS T&T data may help identify trends in numbers of residents being asked to self-isolate, and help pre-empt surges in need amongst them

Mental health

- Need to address the gap in mental health services to both Community Support Hubs and Housing services, particularly from secondary care

Resource capabilities and capacity implications:
As the NHS T&T system develops, it is likely that more Lewisham residents will be required to self-isolate. This could overwhelm the existing infrastructure for support with food shopping and collecting medications.

Links to additional information:
CEX Letter about shieling

COVID-19 Guidance to local authorities on support to Clinically Extremely Vulnerable individuals advised to shield
Supermarket toolkit final

Black, Asian, and Minority Ethnic (BAME) Communities

Objective:
The objective is to reduce new cases, and mitigate against the disproportionate impact, of COVID-19 amongst BAME communities.

Context:
Recent evidence reviews consistently show that BAME individuals are overrepresented in those who have died from COVID-19 (24). PHE have also published a report on the impact of COVID-19 on BAME communities, following stakeholder engagement, with clear recommendations for future action.

What's already in place:

- BAME networks: https://www.lewishamlocal.com/organisations-for-the-lewisham-bame-community/
- These are trusted BAME networks, which will be important in both helping shape future work around BAME populations, and also help to recruit residents for engagement
- A communications strategy and social marketing plan is being developed locally to provide local and national guidance in multiple languages and though other appropriate methods to ensure accessibility for all residents. This will include working with business who employee or are run by BAME populations to produce a variety of media such as videos to ensure all guidance related to businesses is accessible.
- Community participatory research is being undertaken to engage with and gain insight into the needs to the minority populations in Lewisham to help support and protect them during the COVID-19 pandemic which may include setting up bespoke testing offers for vulnerable communities.

What else will need to be put in place:

Data

- Comprehensive and quality ethnicity data collection and recording for local COVID-19 tests to allow better monitoring of disparities in those being diagnosed with COVID-19.

Rapid needs assessments

- These should be undertaken for local BAME populations, incorporating proactive participatory resident engagement to understand local and personal perspectives. Actions which arise from these should be co-produced with BAME residents. Engagement should be a continued process, instead of a one-off exercise.
- Existing, trusted BAME networks may be helpful to recruit participants for engagement.

Culturally competent individualised occupational risk assessments

- Increasing numbers of employers, including the Greater London Authority (Transport for London, The Metropolitan Police, London Fire Brigade) and the NHS, are conducting enhanced risk assessments for BAME staff to mitigate the disproportionate effect of COVID-19 on BAME individuals. Although this may be harder to enforce across all employers in Lewisham, both councils can lead by example to ensure that BAME council employees, particularly public-facing workers, are risk assessed to see if additional precautions can be implemented to reduce the risk of exposure to, and acquisition of, COVID-19.

Culturally competent communications:

- Communications plans should be developed in tandem with community and faith leaders to increase reach, mitigate the fear and stigma in communities arising from headlines around BAME and COVID-19, and to encourage communities to take full advantage of interventions (e.g. contact tracing, antibody testing etc)

Equitable access to education:

- BAME families may be reluctant to send their children back to school, for fear of increasing the risk of contracting SARS-CoV-2. Engagement with local BAME residents is needed to understand if this is an issue, and to what extent.

- Families who do not send their children back to school should be supported to ensure the children receive equitable access to education and are not disadvantaged. In partnership with local schools, this may include supplying tablets/laptops to families who cannot afford them, so that they can maintain schooling virtually.

Resource capabilities and capacity implications:
Staffing to rapidly mobilise the above actions

Links to additional information:
PHE report on the impact of COVID-19 on BAME communities
PHE report on the disparities in risks and outcomes of COVID-19
DIMTors of the World have published translated COVID-19 advice in 60 languages (written and audio), available here

Sex Workers

Objective:
The objective is to support sex workers during COVID-19, including those who may need to shield or self-isolate

Context:
Sex workers are amongst the most marginalised groups in society, and will likely have been, and continue to be, disproportionately impacted by COVID-19

The social distancing measures enforced during the pandemic will have significantly disrupted their ability to generate income. Sex work between consenting adults is legal in the UK (although associated activities, such as soliciting, are illegal). There is therefore some financial assistance available, in the form of the government's coronavirus job retention scheme for furloughed workers, but only if they were already registered as self-employed. It is unclear to what extent sex workers will benefit financially from this scheme.

Some sex workers may have been unable to stop 'in-person services' because of their financial difficulty, which will expose them to greater risk of contracting SARS-CoV-2. They may also act as vectors of infection. Others still may be impacted by the changes made by healthcare services, which may reduce accessibility to protective equipment (condoms, dental dams, femidoms etc) and timely consultation and investigations for sexually transmitted infections.

Sex workers are likely to experience or have experienced stigma and/or exploitation. It is important to recognise why contact tracing as part of the NHS T&T system may require particular sensitivity (in addition to the confidentiality afforded to all contacted) when it concerns a sex worker. This will be vital in securing their continued cooperation.

What's already in place:
General support

- National: Beyond the Streets
- Specific needs that emerge from financial hardships, such as food and accommodation, may be addressed through joined approaches with VCS organisations (emergency food parcels, regular food deliveries) and other LA workstreams (homelessness)

Protective equipment:

- Continue to make protective equipment freely available (condoms, dental dams, femidoms etc)

Access to healthcare:

- Existing sexual health clinics are being kept open, as far as possible, to allow sex workers to maintain good sexual health e.g. GUM clinics which still accepts new attendances, but on an appointment-only basis or through telephone triage to access a virtual or clinic appointment

What else will need to be put in place:
Financial hardship schemes:

- As above, which may obviate the need to continue in-person sex work during the pandemic

Access to healthcare:

- Encouraging STI testing particularly throughout the COVID-19 pandemic e.g. the Breaking the Chain: Time to test campaign

Resource capabilities and capacity implications:

Links to additional information:

Test now stop HIV campaign website

Substance Misusers

Objective:

The objective is to support substance misusers during COVID-19, including those who may need to shield or self-isolate

Context:

Substance misusers can face additional risks compared to the general population, associated with their substance misuse behaviours, environments and/or care. The rising drug misuse death rates in England over recent years has largely been attributed to the ageing opiate-misusing population, many of whom have long drug careers and high physical morbidity. Moreover, recent literature suggests that people who use drugs are disproportionately affected by chronic medical conditions, such as COPD and cardiovascular disease. This means that they are also likely to be more vulnerable to severe COVID-19.

The government's guidance for commissioners and service providers of substance misuse services outlines the key expectations of these specialist services during the COVID-19 pandemic. Of note:

- substance misuse services should stay open for existing and new service users
- changes will need to be made to medication prescribing and dispensing in accordance with rules on social distancing
- harm reduction measures, such as naloxone, thiamine, needle exchange, and e-cigarettes, should continue and be increased if possible

What's already in place:

- Alternative substance misuse service arrangements: adapted to follow social distancing guidance, whilst still maintaining access for new and existing clients, and ensuring uninterrupted prescribing of opioid substitution therapy (OST)
- Arrangements for prescribing and collection of OST if service users need to self-isolate suddenly

What else will need to be put in place:

Naloxone:

- Widen access to take-home naloxone, as well as training in its use, as this can prevent fatal opioid overdoses. There is an increased risk of potentially fatal overdoses if individuals restart drug use following a period of abstinence (e.g. from disrupted street drug supply)

Communications:

- Specific health promotion messages targeted to this cohort (e.g. not sharing any drug paraphernalia where respiratory droplets may be transmitted, such as cannabis joints, cigarettes, vapes, inhalation devices)

Harm reduction:

- Continue testing for blood borne viruses where possible to identify and treat them early; continue operating needle exchange services to prevent blood borne viruses and reduce risk of skin and soft tissue infections. Risk of infection with SARS-CoV-2 is increased for those sharing drug paraphernalia

Meaningful activity:

- These are helpful to upskill service users, and to distract any urges to relapse. Many activities in substance misuse treatment and recovery are face-to-face: groups, key working, education, training and employment activities. They will need to be delivered via alternative routes, such as online sessions, but some service users may not have the resources or ability to access the internet

Detoxification:

• Government guidance currently recognises that community drug and alcohol detoxification may need to be deferred during the pandemic, but options will need be considered to restart this where possible, as deferral will not be sustainable
Resource capabilities and capacity implications: Staffing – need business continuity plans to be agreed locally in the event of significant staff absence due to illness Demand for substance misuse treatment services may increase during, and after, the pandemic: • Disruption to illicit drug markets because of COVID-19 may lead to reduced street supply of illicit drugs. This may increase demand for drug services • The increased stress resulting from the general pandemic may increase the prevalence of alcohol use disorder, given that stress is a strong risk factor for its onset and maintenance.
Links to additional information: Government's guidance for commissioners and service providers of substance misuse services

Homeless/rough sleeper

Objective: The objective is to support homeless people during COVID-19, including those who may need to shield or self-isolate, and prevent outbreaks within this vulnerable population and support outbreak management
Context: Homeless people experience significant health inequalities compared to the housed population and are disproportionately affected by a tri-morbidity of poor physical health, poor mental health, and increased rates of substance misuse. This contributes to accelerated morbidity and mortality: the age of death is significantly lower for homeless people than the general population, at 47 years for men (versus 79.5 years in the general population), and 43 years for women (versus 83.1 years in the general population). In sum, this means homeless people are therefore at greater risk of severe COVID-19, and more vulnerable to the impacts of COVID-19. During the pandemic, councils have delivered a humanitarian response commensurate with the scale of both the crisis and level of need. On 26th March 2020, the Ministry of Housing, Communities & Local Government asked all LAs to source emergency accommodation for all rough sleepers, or those at risk of rough sleeping, and homeless people living in accommodation unconducive to self-isolation, as part of an 'everyone in' strategy - irrespective of their statutory entitlement to public funds. This has been achieved in the main by sourcing vacant self-contained units in hotels and bed & breakfasts, with individuals allocated private rooms with ensuite bathroom facilities. This requirement, however, is likely to end in the near future, with contracts between some LAs and hotels terminating towards the end of June/beginning of July. The government has also stated that the law regarding no recourse to public funds still remains in place, so the assistance that LAs can lawfully provide is limited.
What's already in place: **Emergency accommodation** • In Lewisham, rough sleepers have been offered emergency accommodation in a local hotel and shared accommodation. • If you are currently rough sleeping or know someone who is rough sleeping that requires urgent assistance, contact Streetlink on their website or call 0300 500 0914. Streetlink can help to connect a person to local services and help them find support. **Substance misuse**: • Specialist service in-reach: provides wraparound support for homeless substance misusers. They can help accommodation staff troubleshoot substance misuse issues. They can also ensure smooth continuity of opioid substitution therapy prescribing to minimise the need to leave accommodation, and reduce the risk of relapse • 'Wet' accommodation may be necessary to prevent potentially fatal alcohol withdrawal. It may be necessary to provide alcohol in small quantities to prevent withdrawal, and secure cooperation

What else will need to be put in place:

Medication:

- Develop relationships with local pharmacy to facilitate continued access to medications, including opioid substitution therapy. May require nominated staff members to collect medication, or pharmacies to deliver to accommodation sites

GP:

- Work to ensure this cohort is registered with a GP

Isolation Facilities:

- Work to ensure that for isolation purposes no more than one adult is housed in one room and that appropriate facilities are in place in case there is another wave of the pandemic to shield those where necessary

Food:

- Provision (3 meals a day, beverages etc) delivered to all homeless people living in emergency accommodation to prevent individuals from leaving their accommodation unnecessarily whilst self-isolating or shielding

Moving on/exit strategies:

- Emergency accommodation in the form of hotels and B&Bs are not sustainable, and the requirement on LAs to house everyone is likely to come to an end shortly.
- Exit strategies need to be developed to provide an offer of support to everyone in emergency accommodation to minimise the risk of individuals returning to sleeping rough, which may include moving residents onto more long-term housing (supported, private rented, social housing) or back to areas where they have a local connection.

No recourse to public funds:

- Moving on strategies for people with no recourse to public funds are particularly important but challenging. The government has stated that the law regarding no recourse to public funds remains in place (Luke Hall MP letter to LAs, 28th May 2020), so it is currently unclear what move on options local authorities can lawfully provide with respect to no recourse to public funds individuals. These will need to be considered with reference to the councils' duties under the Care Act 2014.

Substance misuse:

- Widen distribution of naloxone to mitigate against risk of overdose, as residents may be more likely to overdose if their use of opiates has been interrupted

Mental health in-reach:

- Delivered either by local teams (need to negotiate and agree terms) and/or remotely by existing treatment team if resident is a patient under their care. Need to address the gap in mental health services to both Community Support Hubs and Housing services, particularly from secondary care

Physical health in-reach:

- This gives the opportunity to provide routine medical care to a cohort who are more likely to delay seeking healthcare, and more likely to depend on unplanned emergency services. This is currently in place in Chatham.

Meaningful activity:

- Resident should have access to meaningful activity, given that education, training and employment opportunities are likely to have been paused during this period. This might include TVs, smartphones, internet access, books, and distraction packs

Community homeless provisions:

- Plans to allow community venues, such as soup kitchens, to re-open must consider how to overcome the challenge of social distancing (and lack of compliance with this guidance)

Resource capabilities and capacity implications:

- Staffing levels may become precarious in the event of a second peak – business continuity plans to be agreed
- Housing all homeless people is costly, and the future of national government funding remains unclear
- As the pandemic progresses, there may be new flows of rough sleepers/homeless people into Lewisham. Further accommodation may need to be sought for them, which will add pressure to scarce emergency accommodation placements and limited funds

Links to additional information:

NHS England and NHS Improvement COVID-19 clinical homeless sector plan
Groundswell's coronavirus advice for people experiencing homelessness
Government guidance for substance misuse commissioners and providers
Efforts to protect homeless people from COVID-19 in UK

Learning Disabilities

Objective:

The objective is to support people with learning disabilities during COVID-19, including those who may be shielding or self-isolating

Context:

Supporting people with learning disabilities takes skill and time. They may not understand concepts such as social distancing and self-isolation. They may require information in alternative formats. Service providers have highlighted the fear of those with a learning disability and their carers. These concerns will need to be considered when suggesting or providing testing for COVID-19. People with a learning disability can often have poorer physical and mental health than other people, which could increase their risk of developing severe COVID-19.

What's already in place:

Alternative communication formats to meet the needs of people with learning disabilities:

- NHS England guidance on learning disabilities and COVID-19: legal guidance; supporting patients unwell with COVID-19 in learning disability facilities; managing patients with a learning disability during COVID-19
- Mencap advice for people with a learning disability and families
- Social care institute for excellence COVID-19 guide for care staff supporting adults with learning disabilities
- COVID-19 videos for people with learning disabilities produced by Surrey and Borders Partnership NHS Trust

General support

- Community learning disability health team (Guy's and St Thomas')

Mental health:

- APT Lewisham is a free and confidential NHS service which offers a range of psychological therapies to adults 18 years and over, who live or are registered with a GP in the borough.
- South London and Maudsley NHS Foundation Trust (SLaM): provider of mental health and substance misuse services in Croydon, Lambeth, Lewisham and Southwark.

Physical health

- Learning disability annual health checks are part of the solution to prevent further morbidity and premature mortality. These have currently been paused in light of COVID-19 but work is ongoing to reset these

What else will need to be put in place:

Resource capabilities and capacity implications:

Links to additional information:

Travellers and other migrating communities

Objective:
The objective is to support people from Gypsy, Roma, Traveller and other migrating communities

Context:
Gypsy, Roma and Traveller communities experience severe health inequalities, with higher prevalence of some long-term conditions, which may make them more vulnerable to developing severe COVID-19. Shielding and self-isolation may be difficult for members of these communities due to the often confined and communal households, even when considering bricks and mortar accommodation, and restricted living conditions on accommodation sites. Some families will no longer have access to places they may have relied on for water and cleaning purposes, such as leisure centres, churches and petrol station toilets. Others may struggle to find permanent sites on which to pitch.

What's already in place:

Accessible communication:
- Specific guidance developed by Friends Families and Travellers for members of these communities
- Straightforward videos by The Travellers' Times offering general COVID-19 advice and FAQs

Equitable access to education:
- It is important that children in these communities are not disadvantaged due to digital exclusion or physical access to mainstream schooling.
- 'Tutors for GRT' project by Traveller Movement and King's College London's RomBelong programme to connect pupils to volunteer tutors, via WhatsApp video calls, Zoom, or e-mail

Access to healthcare:
- Gypsy, Roma and Traveller communities are already entitled to register with a GP if they reside within their practice boundary, even if they do not have proof of identification/address.

What else will need to be put in place:

Accommodation:
- Shielding and self-isolation may be difficult in confined and communal households. Local authorities may need to support these communities in accessing suitable accommodation from which to shield/isolate
- Families may be left without basic amenities (running water, sanitation, electricity) as permanent pitching sites, or places they normally rely upon, are closed or in short supply
- Need to consider LAs response to unauthorised encampments during this pandemic given above pressures on permanent sites – can consider 'negotiated stopping', or installing temporary rubbish disposal, washing and toilet facilities where possible

Communications:
- Future communications must be culturally competent and disseminated in accessible formats and languages for all members of these communities to understand
- Nomadic communities may lack internet access, which may limit their access to health guidelines, education and other online support resources. Temporary WiFi devices may be a quick solution to digitally connect these communities

Equitable access to education:
- Closure of schools and the switch to online learning may disadvantage pupils from these communities. Supplying digital devices (e.g. tablets, laptops) and WiFi access may make home learning easier.

Engagement:
- Need to understand their perspectives, and what support they require from lLAs, incorporating proactive participatory resident engagement where possible. Engagement should be a continued process, instead of a one-off exercise.

Access to healthcare: • Disseminate accessible information to Gypsy, Roma and Traveller communities to explain their right to register with a GP (see this leaflet). This will be a helpful starting point in addressing the stark health inequalities these communities experience
Resource capabilities and capacity implications: • Accommodation sites will already be under pressure • Funding to be able to provide digital and WiFi devices for children in these communities to continue home learning
Links to additional information: Friends Families and Travellers service directory of Gypsy and Traveller support organisations Friends Families and Travellers guidance for local authorities to support people living on traveller sites, unauthorised encampments and canal boats Chartered Institute of Housing guidance on assisting Gypsies and Travellers during the COVID-19 crisis Lord Greenhalgh's letter to local authorities on mitigating impacts on gypsy and traveller communities DIMTors of the World have published translated COVID-19 advice in 60 languages (written and audio), available here

Asylum Seekers

Objective: The objective is to support asylum seekers including unaccompanied asylum-seeking children
Context: In addition to current COVID-19 concerns, additional quarantine has been needed because there are active cases of tuberculosis (TB) in the camp at Calais. TB testing in unaccompanied asylum-seeking children has therefore also been required.
What's already in place: Government asylum support, including the asylum helpline for free help with asylum support or short-term support
What else will need to be put in place: **Communications** • Culturally competent communications, available in multiple languages, to help asylum seekers access appropriate health prevention and promotion materials **Accommodation** • This will need to be sought to allow individual asylum seekers to quarantine on arrival
Resource capabilities and capacity implications: Limited accommodation: quarantine requires each unaccompanied asylum-seeking children to have their own room for 14 days. There has been a need to find additional space to house all unaccompanied asylum-seeking children as numbers arriving in the ports continue to arrive.
Links to additional information: Government guidance for children's social care services on UASC

Health and Wellbeing Board

Lewisham Health & Care Partners System Recovery Plan update

Date:

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Sarah Wainer, Director of System Transformation

Outline and recommendations

Attached to this covering report is an executive summary of progress against delivery of the Lewisham Health and Care Partners (LHCP) Recovery Plan. The Recovery Plan set out Lewisham's plans for the recovery and stabilisation of health and care across the borough following COVID first wave. It identified a number of priorities and activity on which health and care partners would focus over the 18 months between July 2020 and December 2021.

The LHCP Recovery 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.

Delivery against the plan is the responsibility of all partners operating in the health and care arena in Lewisham.

Wider delivery reports covering all delivery commitments (as well as recovery-specific) are being reported to LHCP under 'highlight reporting' structures. The LHCP received reports on delivery from Mental Health Alliance and Care at Home Alliance at their meeting on 3rd and 24th November.

Each delivery partner has now reported on the specific commitments made in the LHCP Recovery Plan and a summary of these reports are set out in the attached presentation.

Members of the Health and Wellbeing Board are asked to:

- Note the progress being reported on commitments made in the Lewisham Health and Care Partners System Recovery Plan.
- Note the significant risk of increased pressures due to winter and the current 2nd wave of Covid-19 cases. The Plan set out the actions to be taken in the event of a second wave and these are being followed.
- Note that the planned activity against each priority is dependent on the resources that are available, however, at present all parts of the system report that they are meeting Recovery Plan commitments.

Timeline of engagement and decision-making

The Lewisham Health and Care Partnership Recovery Plan was submitted to South East London Clinical Commissioning Group/Integrated Care System on the 22 September 2020.

The plan was widely consulted on with a range of stakeholder groups prior to submission.

Engagement with public and patient user groups has taken place between August and November, high level themes were outlined and specifics comments were shared with providers and commissioners both following each engagement event, and at a workshop held on 3rd November. Where relevant, partners have responded on their actions taken in response to the engagement messages as well as delivery against the commitments made in the LHCP Recovery Plan.

Information from the Healthwatch survey and the Voices of Lewisham work has also been taken into account, and it is noted that the issues and themes raised in the Healthwatch survey and in ongoing reports made to Voices of Lewisham broadly reflect those which were expressed by groups during the LHCP Recovery Plan engagement.

The Recovery Plan was 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 attached presentation sets out progress against delivery commitments made in the LHCP Recovery Plan. The plan outlines the key data and information that has been taken into account in the development of the plan and sets out the priorities on which the system is currently focussed to ensure the recovery and stabilisation of health and care across the borough following COVID first and current waves.

2. Recommendations

2.1. Members of the Health and Wellbeing Board are asked to:

2.2. Note the progress being reported on commitments made in the Lewisham Health and Care Partners System Recovery Plan.

2.3. Note the significant risk of increased pressures due to winter and the current 2nd wave of Covid-19 cases. The Plan set out the action to be taken in the event of a second wave and these are being followed.

2.4. Note that the planned activity against each priority is dependent on the resources that are available, however, at present all parts of the system report that they are meeting Recovery Plan commitments.

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.

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 supports 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 well-being, 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 and deliver value and improvements to the public and the health and care system.

4.3. Wider delivery reports covering all delivery commitments (as well as recovery-specific) are being reported to LHCP under 'highlight reporting' structures. The LHCP received reports on delivery from Mental Health Alliance and Care at Home Alliance at their meeting on 3rd and 24th November.

4.4. Delivery against the Recovery Plan is the responsibility of all partners operating in the health and care arena in Lewisham.

4.5. 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.

4.6. This is the first report against commitments made in the LHCP Recovery Plan. All partners have submitted updates on delivery and a summary of these are reported in the attached presentation. While some areas note challenges in terms of resources, and the impact of COVID infection and prevention control requirements, the reports indicate that they are on track in delivery against the plans set out. Delivery reports also show how partners continue to build on the good practice and learning that was evident from the first wave of COVID.

4.7. 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. 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 continues 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 continues to be dependent on adequate resources being made available and being identified in partners' own financial plans.

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 regulations and guidance.

7. Equalities implications

Delivery plans take into account the impact that Covid-19 has had on different population groups in the borough, and where appropriate, focussed work is taking place to prioritise those groups most in need. Ongoing work to understand inequalities and the impact of COVID on particular groups continues, with the work being undertaken by Mental Health Services, and by Public Health with Birmingham University and the application of Population Health Data analysis.

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

11.1. Attachment 1 – Lewisham System Recovery Plan – delivery update

12. Report author and contact

13.1 If there are any queries about this report then please email Amanda Lloyd at amanda.lloyd3@nhs.net

COVID-19: Lewisham system recovery plan

Update on delivery

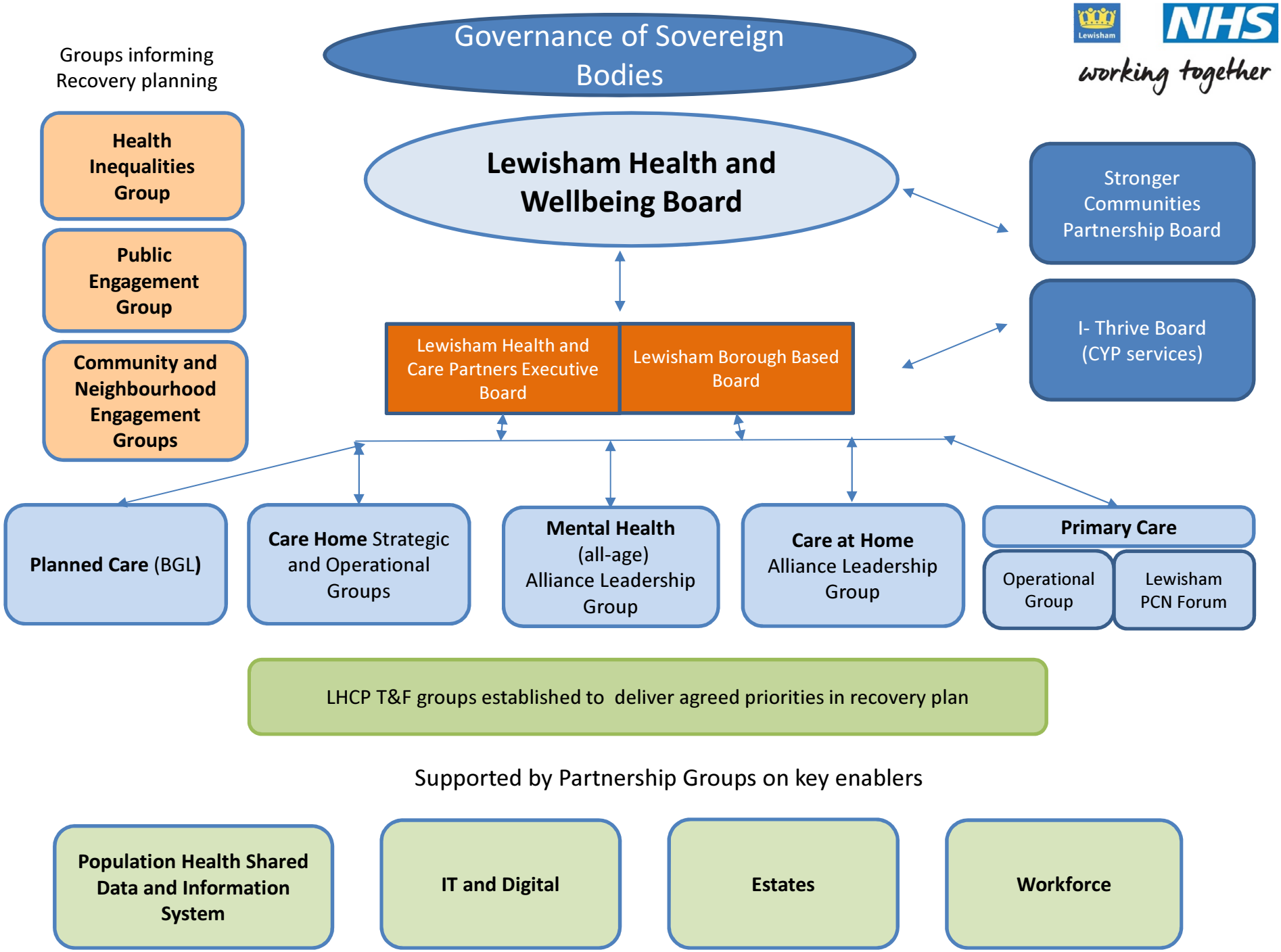
November 2020; v3

Lewisham

NHS

working together

Lewisham Health and Care Partnership


Governance of Sovereign Bodies
working together
Groups informing Recovery planning
Health Inequalities Group
Public Engagement Group
Community and Neighbourhood Engagement Groups
Lewisham Health and Wellbeing Board
Stronger Communities Partnership Board
I- Thrive Board (CYP services)
Lewisham Health and Care Partners Executive Board
Lewisham Borough Based Board
Planned Care (BGL)
Care Home Strategic and Operational Groups
Mental Health (all-age) Alliance Leadership Group
Care at Home Alliance Leadership Group
Primary Care
Operational Group
Lewisham PCN Forum
LHCP T&F groups established to deliver agreed priorities in recovery plan
Supported by Partnership Groups on key enablers
Population Health Shared Data and Information System
IT and Digital
Estates
Workforce

RECOVERY PLAN - delivery

The recovery plan sets out priority areas Primary Care, Frailty, Planned Care (including respiratory & diabetes), Prevention, Mental Health, CYP and Community Resilience. Inequalities are a high priority and form an integral part of each delivery area.

There were three identified elements to our recovery plan:

Protecting residents from a 2nd wave	Re-starting key services	Build back better
• Infection prevention & control • Targeted services to those most in need • Remote working • Safe access to services • Infrastructure for 'shielded' • "Hot hubs" • Mental health support …	• Restoring primary care and acute elective activity, investigations, screenings, immunisations, medication reviews • Provide alternative Day Opportunities for Learning Disability service users • Social care and Continuing Healthcare assessments restarted. • Expanding and improving mental health services and LD services to meet Long Term Plan priorities • Reducing the number of children, young people and adults within a specialist inpatient setting • LD annual health checks	Pre-existing priorities included: • Frailty • Mental Health • Planned care – Diabetes & Respiratory • Children and Young People COVID additional priorities: • Inequalities • Care Homes • Prevention • Planned Care • Building Community Resilience

REPORTING

- Each delivery partner has reported on the specific commitments made in the LHCP recovery plan
- Wider delivery reports covering all delivery commitments (as well as recovery-specific) are being reported to LHCP under 'highlight reporting' structures
- LHCP received reports on delivery from MH Alliance and Care at Home Alliance at their meeting on 3rd November and 24th November

RECOVERY – summary reports

- Summary messages from reports received
- Include response to key messages from engagement events which had been fed back to providers

RECOVERY - ACUTE

- Significantly increased elective activity now being delivered but not at pre-Covid levels
- On track for outpatient and endoscopy appointments
- Patient safety measures in place, including segregated pathways and changes in internal layout
- 55% of October outpatients appointments virtual
- Swabbing capacity increased, and focus on reducing DNA's
- Discharge arrangements audit, with improved processes and implementation of new D2A guidance
- Communications continue to encourage attendance with message that hospital is open for business

RECOVERY - COMMUNITY

- District nurses continue to support the vulnerable and house bound, and have seen a significant increase in referrals over the last few months
- Urgent Community Response service is expanding on existing CARRS service with recruitment of additional roles, will provide 8-8 7/day week service with 2-hr response
- DNs will be supporting with covid testing prior to community admission to a care home
- Community specialist teams such as Bladder, Bowel and Pelvic Health Team provide ongoing support and training to care homes across the borough

RECOVERY – Primary care

- Targeted patient intervention beginning using Cerner Population Health system to reduce health inequalities
- Remote monitoring using oximeters due to start, to support COVID-discharged/suspected patients
- Immunisations, health checks and cancer screening now fully operational again
- Urgent preparations for delivery of COVID vaccine via GPs
- Marvels Lane hot hub & transport continues
- Flu vaccinations being rolled out
- Healthwatch survey and engagement key messages taken on board and plans being developed
- Patient safety measures in place, including segregated pathways and changes in internal layout
- Over 300 laptops deployed to practices to support remote working

RECOVERY – Children and Young People

- Immunisation programme in schools restarted September
- Weight management offer in place, targeted at those most in need
- Screening programmes re-started and being scaled up
- Mental Health link workers in place to support schools with children's mental health, focus on children with special needs
- Since July, referrals to MASH have been c400 more than average
- Surge in demand for CAMHS – a range of access methods including virtual is helping meet demand
- Support for domestic abuse victims continues, a small increase in referrals to police noted - new borough strategy is in development
- Use of Kooth.com (online counselling) and CAMHS crisis line have increased, but demand is currently being met

RECOVERY – Mental Health

- Improvement of front door for mental health through identifying a 'core offer' is currently in development across all 6 SEL boroughs
- GPs now have direct access to the mental health Rapid Response team
- A pilot MH Liaison Assessment Unit has been established on Jim Birley ward to reduce pressures on A&E
- IAPT+ is being launched in November
- Recruitment of Peer Support Workers and Mental Health advisors to work within the Primary Care Mental Health Service has taken place
- BAME insight work – data collection to start December
- Specific engagement feedback has been received and points responded to, including use of telephone access for IAPT appointments, information on how to access services, and use of materials for LD patients

RECOVERY – Care Homes

The Care Home action plan consists of 5 key areas:

1. Infection Prevention Control – *dedicated nursing resource in* specifically to support Care Homes with queries around infection prevention and control
2. PPE – *Providers have own supply chain, local mutual aid agreements in place*
3. Testing – *available for all staff and residents*
4. NHS Clinical Support – *One Health Lewisham provides enhances primary care support to all older adult care homes*
5. Workforce support
   (a) Infection Control Fund use has been successful in limiting transmission of COVID19 within and between care settings and extended until March 2021
   (b) Flu Vaccination – All eligible older adult residents have received flu vaccination as part of winter preparedness programme (Oct 20).

- Bi-weekly meetings with Care Home managers and Public Health are in place to respond to queries/issues and provide ongoing training and support

- Phase 2 COVID19 support: a named care home within Lewisham will become the COVID19 *designated place* for the discharge of people with positive COVID19 diagnosis

RECOVERY – Council and Vol. sector

- Assessments for Continuing Health Care and social care in place and planned to deliver against target
- Big Health Week large-scale series of online events - held for Learning Disabled people w/c3rd November
- YVHSC developed a 'recovery plan' in consultation with carers to ensure new carers are identified and offered appropriate support
- Projects begun using tech-enabled care to support patients during COVID and beyond (remote stable and steady classes for falls patients, diabetes, respiratory and Learning Disabilities)
- As a result of learning from the COVID Hub, and looking towards recovery, Community Connections and SAIL were merged into Community Connections Lewisham. The phone line that was so integral to the COVID Hub's success became part of CCL so that residents have a reliable way to access support quickly
- Ongoing work on Social Prescribing offer to meet additional needs and winter pressures and COVID 2nd wave. Focus on proactive approach
- 'Designated setting' providers for COVID+ patients requiring discharge from hospital agreed for Older Adults, MH and LD
- LD day opportunities alternatives in place

Health and Wellbeing Board

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

Date: 3rd December 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 and action plan updates

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 started to meet on a fortnightly basis from April 2020 owing to the COVID-19 pandemic but has moved back to meeting on a monthly basis as of September 2020.

5.3. The updated action plan can be seen in the Background papers, which logs the progress on actions since September 2020.

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

6.1. The partnership work continues between Lewisham Council and Birmingham City Council to share knowledge and resources, to support and inform the Birmingham and Lewisham Health Inequalities Review.

6.2. 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. 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 period.

6.3. Overseeing this work are nine external advisory board members and elected members who bring a range of knowledge, skills and lived experience via their community networks and an external academic board that consists of a network of fifteen national academics.

6.4. As part of ongoing cycle of six weekly meetings, the external academic board met on the

11th November to feedback to the review team, the findings of their research on the first topic – Racism and Discrimination role in health inequalities. This information will then be discussed at the External Advisory Board meeting on the 24th November 2020.

6.5. Progress and results of this partnership are reported in to the BAME health inequalities working group on a monthly basis.

7. BAME Health Inequalities Toolkit

7.1. A BAME Health Inequalities Toolkit has been developed to provide a data overview of existing health inequalities for different ethnic groups in Lewisham. This toolkit will present data in a user-friendly format that can be used by community members and will also inform data insights for the joint work with Birmingham.

7.2. The toolkit is being finalised with support from Health and Wellbeing Board partners to provide additional health related ethnicity data. Following this, the ambition is to publish the toolkit in line with the next topic cycle for the BLACHIR work in January 2020. The finalised toolkit will also be presented at the next meeting of the Health and Wellbeing Board.

8. Financial implications

8.1. 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.

9. Legal implications

9.1. 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.

10. Equalities implications

10.1. 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 Act (2010).

11. Climate change and environmental implications

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

12. Crime and disorder implications

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

13. Health and wellbeing implications

13.1. 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.

14. Background papers

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

15. Report author and contact

15.1. Dr Catherine Mbema**,** 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)
Mental Health									
Children and Young People (CYP)									
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 Ensure that changes to emotional well-being and mental health support have explicit actions and targets related to BAME groups	LBL CYP commissioning team / CYP Mental Health and Emotional Wellbeing Board Early Help & Prevention Programme Board - (Children & Young People's Strategic Delivery Plan)	Caroline Hirst	Mar-21	User groups have remained active during the pandemic, with young people meeting through virtual means. A review of the service specification for this service is being planned and will be conducted over the coming months. Specific BAME related measures and actions will be implemented in all specifications related to commissioned and collaborative services		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 has been met 3 times out of the 5 months of 20/21 so far. Work is being conducted to develop a more representative measure for BAME that reflects identified need as well as percentage representation of population.
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. With regards to the access target, although access levels are reducing and have for the first month dropped below the monthly target rate, Lewisham remains on track to meet the 35% overall target, by the end of the year. A review and refresh of the CAMHS Transformation Plan will be conducted over the coming months with BAME CYP being a particular focus, including working towards a more progressive indicator for BAME access to services.		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%.
Adults									

3	Participants at the Lewishsm BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communties were required to address the mental health inequalities exoerienced 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 commnunities	Number of community members and service users recurited 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 inequalites in BAME communities are addressed and/or implemented	TBC
5	Participants at the Lewishsm BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communties were required to address the mental health inequalities exoerienced 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)	Mabadailko 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 Lewishsm BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communties were required to address the mental health inequalities exoerienced by BAME communities in Lewisham	To co-produce approaches to engagement and on-ongoing dialogue as component of the Alliance Engagement & involvement strategy	Adults Mental Health Provider Alliance	Kenny Gregory	Sep-19	Mabadailko 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 Lewishsm BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communties were required to address the mental health inequalities exoerienced 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	Mabadailko 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 wokting with the CYP Mental Health and Emotional Wellbeing board to improve this interface		TBC	TBC
9	Participants at the Lewishsm BAME mental health summit held on 8th October 2018 identified that sitgma 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 healtth in BAME cmmunities in Lewishamby 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	Programme restarted in September 2020, first co-production materials developed by Young Mayor's team. Resumption of further co-design work for health promotion materials with BAME community members planned for the autumn.		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 inequalites 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	Mabadailko 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
Cancer									

13	The initial data exercise performed by Lewisham public health team idenfied that there were exisitng 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 commmunity members attending community awareness workshops in Lewisham; Focus group with community members trained to understand how knowledge gained has been used.
Community Capacity Building									
14	Participants at the Lewishsm BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communties were required to address the mental health inequalities exoerienced 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 Inequalites	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 Lewishsm BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communties were required to address the mental health inequalities exoerienced 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/Kenny Gregory	Jan 2021	Obesity and Mental health insights work has been commissioned through PH and MH commissioining teams as outlined above		As above	As above
16	Participants at the Lewishsm BAME mental health summit held on 8th October 2018 identified that mechanisms for genuine coproduction and dialogue with BAME communties were required to address the mental health inequalities exoerienced 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
Data									
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 idenitified to address BAME health inequalities are being monitored using appropriate indicators.	Indicator dashboard developed and being in use
Birmingham/Lewisham Collaboration									

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 soluations focused recommendations (applicable locally and nationally) to address Black African and Black African health inequalities	Number of BAME participants recuited to academic and external advisory boards; final report production with recommendations
COVID-19									
Communications and Engagement									
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 approriate 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 popualtion 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 communties	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 Lewsham 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 respodents 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/Mabadiliko CIC	Kenny Gregory	Jul-20	Mabadiliko 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 resileince after attending suport group sessions
Data									

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 Suriyaprakasam	June-July 2020	Analysis of ethnicity data for recipients of the Lewisham community supprt 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 ethinicity; Proportion of COVID-19 deaths that are born in African/Caribbean/Asian countries
Workforce									
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 (inlcuding 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

Health and Wellbeing Board

Report title: Lewisham Sexual and Reproductive Health Local Action Plan to deliver LSL Sexual Health Strategy 2019-24

Date: 3 December 2020

Key decision: No

Class: Part 1 **Ward(s) affected:** All wards

Contributors: Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham, Dee Carlin, Director of Joint Commissioning. Comments for and on behalf of the Director of Law, Governance &HR Stephanie Fleck Principal Lawyer/ JZW

Outline and recommendations

Lambeth, Southwark and Lewisham (LSL) together face some of the greatest sexual health challenges in England, with similarly young, mobile and diverse populations. In response to these challenges, Lambeth, Southwark and Lewisham agreed a shared Sexual and Reproductive Health Strategy for 2019-2024 and LSL Action Plan to deliver this strategy.

Lewisham recognised the need to also have a Local Action Plan to bring together local stakeholders in the borough to work collaboratively to improve sexual health outcomes for our residents across.

The Health and Wellbeing Board are recommended to note progress in delivering the LSL SRH Strategy and to endorse the Local SRH Action Plan.

Timeline of engagement and decision-making

Extensive consultation was carried out in 2018 on the development of the Sexual and Reproductive Health Strategy 2019-24. The Consultation included engagement with the public, sexual health professionals and other stakeholders. The Strategy was considered at Healthier Communities Select Committee, Safer Lewisham Partnership and CYP Strategic Partnership Board. It was formally adopted at the Health and Wellbeing Board on March 2019.

Local Action plan consultation included working with representatives from SRH Clinic Service Providers, Primary Care, YP Service, Education, Abortion Services, e-service, Council and Voluntary sector organisations working in and around sexual and reproductive health in Lewisham to develop the attached Action Plan.

Further consultation and engagement will be carried out to better understand the impact of Covid-19 and to inform future commissioning of Sexual and Reproductive Health Services.

1. Summary

1.1. Lambeth, Southwark and Lewisham (LSL) together face some of the greatest sexual health challenges in England, with similarly young, mobile and diverse populations. In response to these challenges, Lambeth, Southwark and Lewisham agreed a shared Sexual and Reproductive Health Strategy for 2019-2024 and shared LSL SRH Action Plan.

1.2. LSL has a shared Action plan to deliver the LSL SRH Strategy 2019-24 which delivers strategic needs assessments and cross-cutting projects to improve sexual and reproductive health across LSL.

1.3. Lewisham recognised the need to also have a Local Action Plan to bring together local stakeholders in the borough to work collaboratively to improve sexual health outcomes for our residents across.

1.4. This report sets out progress to date in delivering against the strategy and the proposed next steps towards delivering the strategy through the Lewisham Local SRH Action Plan.

2. Recommendations

2.1. The Health and Wellbeing Board are recommended to :

note the progress made to date in delivering the LSL Sexual Health Strategy, and;

endorse Lewisham Local SRH Action Plan.

3. Policy Context

3.1. The sexual health services commissioned jointly across LSL support the priority identified in the 2018-2022 Corporate Strategy “Delivering and defending : Health, Social Care and Support – Ensuring everyone receives the health, mental health, social care and support services they need”.

3.2. Sexual Health is an important public health priority at both a national and local level. In 2013, Lewisham’s Health and Wellbeing Board identified sexual health as one of the 9 priorities for Lewisham. Lewisham continues to experience high demand and need for sexual health services reflected through high rates of teenage pregnancy, abortion and sexually transmitted infections. Contraception and sexual health services for diagnosis and treatment of STIs are currently commissioned from Lewisham and Greenwich NHS Trust (LGT).

3.3. The Health and Social Care Act 2012 (“the Act”) introduced changes by way of a series of amendments to the National Health Service Act 2006. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.

3.4. Secondary legislative provision, such as the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require local authorities to provide certain public health services. The public health services which local authorities must provide are:

- National Child Measurement Programme

- Health checks
- Open access sexual health services
- Public health advice service to Clinical Commissioning Groups

4. Background

4.1. LSL together face some of the greatest sexual health challenges in England, with similarly young, mobile and diverse populations. Our rates of HIV and STIs are the highest in England, and there are persistent inequalities in sexual and reproductive health, with young people, men who have sex with men (MSM) and black and minority ethnic (BME) communities suffering the greatest burden.

4.2. In response to these challenges, Lambeth, Southwark and Lewisham agreed a shared Sexual and Reproductive Health Strategy for 2019-2024. The Strategy has the following four pillars:

- Healthy and fulfilling sexual relationships
- Good reproductive health across the life course
- High quality and innovative STI Testing and Treatment
- Living well with HIV

4.3. Lambeth, Southwark and Lewisham (LSL) have been jointly commissioning sexual health services since April 2016. A specialist commissioning team, based at Lambeth Council, carries out a range of commissioning functions on behalf of the three boroughs, including overseeing a shared LSL Action Plan to deliver strategic needs assessments and cross-cutting projects to improve sexual and reproductive health across LSL. Progress to date includes the development of an enhanced Pharmacy Contraception Service, an online contraception tool and the introduction of the SXT Partner Notification tool across the three Hospital Trusts in LSL. Joint strategic needs assessments have been completed for Contraception, HIV prevention and the experience of living with HIV in LSL.

4.4. Lewisham recognised the need to also have a Local Action Plan to bring together local stakeholders in the borough to work collaboratively to improve sexual health outcomes for our residents across. Over the past three months we have engaged with representatives from: SRH Clinic Service Providers, Primary Care, YP Service, Education, Abortion Services, e-service, Council and Voluntary sector organisations working in and around sexual and reproductive health in Lewisham to develop the attached Action Plan.

4.5. This was an opportunity for us to get an understanding of local service developments and projects since the strategy was launched, to ask about service changes due to Covid-19, and to identify future projects and activity to improve SRH locally.

5. Lewisham Progress to date

5.1. There has been progress in delivering against the strategy locally over the past year. Some of the highlights are shown in the table below. More information is available in the full Action Plan Document Attached at Appendix 1.

Table 1 - Local Progress to date

Strategy Priority	Achievements to date
Healthy and fulfilling sexual relationships	• Training for PSHE leads • RSHE portal launched • Workshops held in secondary schools • Community champion micro-influencers recruited from BAME community • Outreach sessions • Come Correct introduced online registration
Good reproductive health across the life course	• Contraceptive needs assessment completed • New community pharmacy SRH service operational; evaluated using mystery shoppers • LGT SRH service and maternity working more closely to offer women contraception post-partum • Contraception options tool developed • Practice nurse training
High quality and innovative STI Testing and Treatment	Achievements • SHL online-testing integrated into clinic offer • LGT clinic open throughout Covid lockdown with redesigned pathways • SXT partner notification cost effectiveness study complete; LGT pilot about to start • Compass held workshops, stalls in colleges and community venues • Come Correct offer in pharmacies extended
Living well with HIV	Achievements: • HIV prevention and treatment and care JSNA completed • Elton John Aids Foundation (EJAF) Social Impact Bond outcomes - 43 new HIV diagnosis and 33 People living with HIV re-engaged in care • Africa Advocacy Foundation (AAF) and LGT offering HIV Point of Care Testing in homeless hostels • Sexual Health Promotion Partnership providing training to professionals

6. Impact of Covid-19

6.1. Pharmacy Reproductive Health Services, including Emergency Hormonal Contraception (EHC), Progesterone-only Pill (POP), and the C-Card scheme (free condom distribution for young people) remained available during lockdown, though total contraception activity in pharmacy was substantially lower in Q1 and Q2 of 2020 than in the same period for 2019 - activity in April 2020 was just over 10% of that of April 2019. This is driven mainly by large reductions in provision of Emergency Hormonal Contraception, but Long-Acting Reversible Contraception (LARC) referrals and Condom issuing also reduced, including used of C-Card (scheme giving free condoms for young people). GP

Sexual and Reproductive Health services also remained available and though activity reduced in the first months of lockdown, this was not as substantial as reductions seen in specialist and pharmacy services. Contraception activity in GP has also recovered more rapidly than it has in pharmacy, with GP contraception activity in Q2 2020 already approaching 2019 levels by September 2020.

6.2. Access to Long-Acting Reversible Contraception (LARC) in GP Practices was restricted during the first lockdown and a project to further develop provision of LARC in Lewisham has been postponed. LARC activity in clinic also reduced considerably during the same period with clinic appointments prioritised on the basis of clinical urgency. LARC activitity in clinic has recovered well since the summer months and two providers' recent activity is exceeding that of 2019 (LGT and Kings). Nonetheless, improving community provision of LARC remains a priority in Lewisham.

6.3. SRH clinic services were redesigned in line with guidance from the Faculty of Sexual and Reproductive Health (FSRH). Consultations were largely delivered by phone but face to face assessment or treatment was available when required. Clinic activity reduced substantially during lockdown and was much lower during the first part of the financial year than forecast - for example, STI testing activity in April 2020 was a little over 10% of the activity delivered in the same month of 2019. Activity started to resume in May but has not returned to pre-COVID levels with LARC, Emergency Contraception and STI treatment activity remaining lower in the summer months of 2020 than in 2019. The drop in STI testing in clinic was met with a corresponding - and planned - increase in use of the LSH.UK E-Service (STI testing kits ordered online). This activity was uncapped as part of business continuity measures, and clinics were encouraged to direct patients towards the service. E-service activity increased and 40% more STI tests were ordered through the platform in May to September 2020 than in January to April 2020.

6.4. Abortion providers reported reductions in overall activity during the period of lockdown. Around 13% fewer abortions were carried out in Jan to August 2020 compared to 2019. The numbers and proportion (of total activity) of Early Medical Abortions were higher in 2020 than 2019, and surgical abortions reduced in number and proportion. Regulatory change enabled Early Medical Abortions to be facilitated remotely, with telephone consultations and medications supplied by post, or collected from a clinic.

6.5. Women's use of sexual and reproductive health services is typically higher than males, yet the proportion of women accessing services in April to August 2020 has increased and numbers of women accessing services have now exceeded pre-COVID levels. The same is true of people aged 25-34. Whilst service data does not suggest that people of BAME ethnicities were disproportionately impacted by service changes during lockdown, there is some indication that service use has resumed more rapidly for people of White ethnicity. An exception is access to Emergency Hormonal Contraception in pharmacy, where use by women of Black ethnicity resumed more rapidly, suggestive of ongoing unmet contraceptive need. (Full rapid impact assessment report for LSL will be available December 2020).

7. Sexual Health Recomissioning

7.1. Over the next two years there are a number of sexual health service contracts which will come to an end. There are also new services which need to be

commissioned including routine PrEP. Commissioners will work with Public Health to ensure that services are developed, reviewed and where necessary renegotiated or reprocured. There is an opportunity to continue to move activity around the Sexual Health system to better deliver the shared LSL Sexual and Reproductive Health Strategy whilst reducing overall spend.

7.2. LSL Commissioners based at Lambeth are leading a programme of work to look at how services are recommissioned to meet the current and future needs of LSL residents, with a focus on those services which they contract manage on our behalf through our Tripartite Agreement for Sexual Health which include the Sexual Health Core Clinic Contract with Lewisham and Greenwich Trust (LGT) which comes to an end in March 2022.

7.3. Sexual Health Services in Primary Care (Pharmacy and GP) will also need to be extended from March 2021 and recommissioned for April 2022 to ensure continuity of Pharmacy EHC and POP and GP LARC Services. Lewisham accesses e-services for STI Testing and Treatment accesses via an agreement with The City of London will expire in July 2021 and will need to be reviewed to ensure continuity of service. The Young Person's Integrated Emotional health, substance misuse and Sexual health service is due to End in March 2021, but CYP commissioners are recommending that this is extended for 6 months plus 6 months due to the pandemic.

7.4. Further decisions about commissioned services will go through the appropriate governance processes and come back to DMT if required.

8. Local Sexual and Reproductive Health Action Plan

8.1. The below table highlights some of the activity which has been identified through consultation with local stakeholders to deliver against the four priority areas of the strategy. This is in addition to work which is going on across LSL, though some services which have contributed work across LSL.

8.2. We will also deliver Sexual Health in Primary Care Training, and recruit an HIV and an SRH Champion within Primary Care to improve awareness and to support further development of services across GP and Pharmacy. This will be managed within existing financial commitments and already assumes that a level of savings will be taken from SRH Service budgets from March 2021.

Strategy Priority	Activity
Healthy and fulfilling sexual relationships	• Public Health to support delivery of RHSE Curriculum, and to ensure that schools are aware of and actively signposting YP to the full range of SRH Services Available. • COMPASS to work with schools to target Yrs 10 and 11 for RHSE. • Lewisham Commissioners will work with new SRH Promotion service to develop SRH Promotion strategies based on engagement work carried out to improve access to services and reduce BAME Health Inequalities. • Promote C-card and other free condoms schemes • Review SRH Promotional materials for pharmacy and GP

	• Deliver Sexual Health in Primary Care training
Good reproductive health across the life course	• Provide training to new SRH Pharmacies and refresher training to existing SRH Pharmacies • Review and refine pathways into LARC from Pharmacy and YP service • Deliver GP LARC Pilot which will focus on improving access to contraception and reducing SRH inequalities for Black African and Black Caribbean Women. • Strengthen pathways between termination services and follow up contraceptive services. • Promote contraceptivechoices.org and SH24 contraceptive options app. • Build on existing maternity pilot to link women in to SRH services post-partum • Pilot POP with women postnatally via midwives
High quality and innovative STI Testing and Treatment	• Promote e-service for testing for underrepresented groups. • Contribute to LSL Syphilis and Gonorrhoea needs assessment. • Raise awareness in primary care through SHIP training and GP Champion • YP SRH Provider to increase condom distribution
Living well with HIV	• Implement recommendations from HIV JSNA • Promote use of London HIV Prevention Programme materials and messages. • Evaluate EJAF Social Impact Bond and consider commissioning options for ongoing HIV testing • Evaluate HIV Point of Care testing pilot • Explore options for safe outreach including the use of a mobile outreach bus to deliver testing, condoms and sexual health information at public sex environments (PSEs) and other outdoor LGBT social spaces

8.3. Across LSL we are also carrying out an impact assessment to better understand how covid-19, and associated service changes, have impacted on service users, and what we can do to improve access going forward. This will inform further development of the LSL and Lewisham Local SRH Action Plan.

9. Financial implications

9.1. The costs of delivering the LSL Sexual Health Strategy and the Lewisham Local SRH Action Plan will be met from existing budgets, which are funded from the ring-fenced Public Health Grant.

10. Legal implications

10.1. No further comments. It is noted appropriate consultation will be carried out as necessary/required before any fundamental changes to commissioned services is considered

10.2. The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In summary, the Council must, in the exercise of its functions, have

due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

10.3. The duty continues to be a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

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

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

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

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

11. Equalities implications

11.1. As with many health outcomes, sexual health is patterned by socioeconomic inequalities, with those from deprived areas at greater risk of negative outcomes, such as sexually transmitted infections and unplanned pregnancy.

HIV rates are much higher in men who have sex with men, and in Black African communities.

11.2. An Equalities Analysis Assessment (EAA) was undertaken for the LSL Sexual and Reproductive Health Strategy. The Strategy and Local Action Plan aim to reduce health inequalities and improve health outcomes.

11.3. A Rapid Impact Assessment of Covid-19 is currently underway across the whole of the Sexual and Reproductive Health System across LSL.

12. Climate change and environmental implications

12.1. There are no climate change and environmental implications pertaining to this report.

13. Crime and disorder implications

13.1. There are no crime and disorder implications pertaining to this report.

14. Health and wellbeing implications

14.1. This report recommends that The Health and Wellbeing Board endorse the Local Lewisham SRH Action Plan, which aims to improve sexual and reproductive health in Lewisham and to reduce health inequalities.

15. Background papers

15.1. LSL Sexual and Reproductive Health Strategy 2019-24.

16. Report author and contact

16.1. Dr Catherine Mbema, Catherine.mbema@lewisham.gov.uk

Appendix 1 – Local Sexual and Reproductive Health Action Plan

Healthy + fulfilling sexual relationships								
Objective Reference	**Objective**	**Action reference**	**Action**	**Who**	**Progress update sept 2020**	**Future Plans**	**When**	**Who**
RSE1	We will ensure all schools in our boroughs are aware of and appropriately referring into our SRH services, including GP and pharmacy SRH services	RSE1.1	RSE1.1. LSL - Work with schools to understand what they need for their local guidance for mandatory RSE, including for parents.	LSL public health and Education	1.a There was a meeting for the PSHE Leads (23/01/2020) to help increase understanding of the statutory requirements of RSE, including the importance of consulting with Parents and awareness of services and support available. 1bTraining for school governors about RSHE delivered 28/02/2020 1c. Template RSE policy developed	1a. Remote network meetings for PSHE Leads to be held termly 1.b Another Governor training session about RSHE (remote) 1d. Increase parents (and therefore adults) knowledge of sex and relationships through the support offer to schools for SRE policies and curriculum development. Make offer to all schools. Partner with SHP partnership and Compass if uptake is high.	1a. Termly 1b 15/10/2020 1d. Throughout 20/21	1a.Primary and secondary school PSHE Leads 1b. Primary & Secondary school governors 1d. PSHE advisor/SHP Partnership / Compass
RSE1		RSE1.2	RSE1.2. LSL - To ensure schools have information to enable them to signpost YP to SRH services from RSE (and other contexts) in schools	LSL public health	1. Public Health team are supporting Compass with their delivery Compass is in the process of re-designing the RSHE workshops delivered within schools, following the changes around mandatory PSHE requirements for schools. Meetings have taken place with Compass and the Healthy Schools Officer and Lead for RSHE, Lewisham Public Health. Compass has already delivered RSE workshops within a number of secondary schools.	1. Public Health team to continue to support delivery 2. Ensure schools are aware of and actively sign posting young people to the full range of SRH services available including LGT, GPs, community pharmacy and Compass 3. Compass's new list of RSHE school index workshops and link to the Compass website to be included within the two Lewisham schools portals.	Nov-20	
RSE2	We will work with education to support evidence-based RSE	RSE2.1	RSE2.1. LSL - Work with schools to understand what they need for their local guidance for mandatory RSE, including for parents.	LSL public health and Education	1. To further support schools and keep them updated about resources and training opportunities for RSHE, a dedicated RSHE portal was launched in June 2020. 2. Schools are updated about the DfE funded RSHE teacher training programme for primary and secondary schools being rolled out over this term with training webinars and supporting teaching materials are being made available so schools adapt according to their pupils needs. 3. A questionnaire about RSHE has been sent to primary and secondary school PSHE leads to establish further areas in need of support.	1.. Schools have been signposted to RSHE audit so they can further assess their pupils needs. 2. Continue to keep schools updated 3. Plan to address needs once responses have been collated.	Ongoing over 2020/2021	Schools & PHSE advisor

RSE2		RSE2.2	RSE2.2. LSL - To ensure schools have information to enable them to signpost YP to SRH services from RSE (and other contexts) in schools	LSL public health	Compass's new list of RSHE school index workshops and link to the Compass website to be included within the two Lewisham schools portals. Healthy schools lead to ensure that portal updated with service changes	1. Public Health team to continue to support delivery. Consider how to best support schools over 2020/2021 in light of Covid. Ensure Y11 pupils across the borough are aware of SHS and Come Correct scheme. 2. Ensure schools are aware of and actively sign posting young people to the full range of SRH services available including LGT, GPs, community pharmacy and Compass 3. COMPASS to work with schools targeting Y10 &Y11. Compass and the Healthy Schools Officer and Lead for RSHE, Lewisham Public Health to finalise the newly designed schools index workshops. Compass to collate a list of workshops delivered to schools around RSE	Dec-20	Schools & PHSE advisor Young Peoples SRH Provider
RSE3	We will train a range of multidisciplinary professionals in healthy sexual relationships and initiating conversations about healthy sexual relationships	RSE3.1	RSE3.1. LSL - Identify which groups of professionals need training and the gaps in current knowledge/skills and resources to meet this need.	1. LSL public health		Review findings from survey and put plans in place to meet training needs within currently available resources.		SRH Promotion Service
RSE3		RSE3.2	RSE3.2. LSL - Continue to work with professionals to ensure they continue to speak to disproportionately affected populations about sex and relationships.	2. LSL commissioners	Meetings have taken place with Compass and the Healthy Schools Officer and Lead for RSHE, Lewisham Public Health on the 30th September 2020. Compass has already delivered RSE workshops within a number of secondary schools. Compass received training from PIP on the 29th September 2020 2. SRH Promotion Service has recruited 7 community champions who will be trained to act as micro-influencers to cascade positive SRH messages to their community. 2 out of the 7 recruited are from Lewisham	1. Compass are proactively engaging with young people leaving care, youth offending service and PRUs and initiating conversations re healthy sexual relationships 2. SRH Promotion Service will recruit and train 25 community champions by the end of year 1, of which 25% will be from Lewisham 3. SRH Promotion service to raise awareness of services including online testing	Mar-20	Young Peoples SRH Provider / Primary care facilitator SRH Promotion Service
RSE3		RSE3.3	RSE3.3. LSL - Work with education (within public health) to collate the evidence to deliver mandatory RSE.	3. LSL public health	A questionnaire about RSHE has been sent to primary and secondary school PSHE leads to establish further areas in need of support	Review findings from survey and put plans in place to meet training needs within currently available resources.	Mar-21	Scools / Scools PSHE advisor
RSE3		RSE3.4	RSE3.4. LSL - Link in with other workers and strategies (e.g., housing officers and domestic abuse) on brief interventions.	4. LSL public health	The SRH Promotion Service are delivering SRH trainings to a wide range of professionals from the health sector, housing sector, local organisations that support BME people, criminal justice systems i.e. probation service, DV organisations etc. Since the commissioning of this service in April, the partnership has delivered 14 professionals trainings to 90 professionals from LSL, of this total, 26 professionals were from Lewisham	The SRH Promotion service will provide training to professionals in Lewisham monthly. By the end of Year 1, with the aim of reaching 75 professional from Lewisham by March 2021. SRH Promotion service will continue to undertake participation work throughout the lifetime of the contract to respond to need as it varies and changes on the ground	Mar-21	SRH Promotion Service

RSE3		RSE3.5	RSE3.5. Lshm - Work with schools to understand what information and resources they need from public health.	Lewisham public health	A questionnaire about RSHE has been sent to primary and secondary school PSHE leads to establish further areas in need of support	Review findings from survey and put plans in place to meet training needs within currently available resources.	YR 1: April 2020-March 2021	Schools - Primary and secondary PSHE Leads
RSE3		RSE3.6	RSE3.6. LSL - Map local training offer.	LSL public health				
RSE4	We will encourage all professionals to discuss healthy sexual relationships when the opportunity arises	RSE4.1	RSE4.1. LSL - Identify which groups of professionals need training and resources to meet this need.	1. LSL public health	1. A questionnaire about RSHE has been sent to primary and secondary school PSHE leads to establish further areas in need of support	Review findings from survey and put plans in place to meet training needs within currently available resources.	Apr-21	
RSE4		RSE4.2	RSE4.2. LSL - Continue to work with professionals to ensure they continue to speak to disproportionately affected populations about sex and relationships.	2. LSL commissioners	We provide, through SRH training delivered by SRH Promotion Service to professionals information and resources that Professionals need to confidently discuss and give support on SRH issues with their service users. Resources have been provided to 27 professionals from Lewisham	By the end of Year 1 , we would have provided training and additional support to 75 professionals from Lewisham SRH Promotion service to raise awareness of services including online testing	YR 1: April 2020-March 2021	SRH Promotion Service
RSE4		RSE4.3	RSE4.3. LSL - Work with education (within public health) to collate the evidence to deliver mandatory RSE.	3. LSL public health				
RSE4		RSE4.4	RSE4.4. LSL - Link in with other workers and strategies (e.g., housing officers and domestic abuse) on brief interventions.	4. LSL public health		SRH Promotion Service will deliver training to workers in a range of settings e.g. hostels	Mar-22	SRH Promotion Service
RSE4		RSE4.5	RSE4.5. Lshm - Fund brief interventions training course to local professionals	5. Compass	Compass trains staff from external agencies such as YOS, on sexual health, emotional health, and healthy relationships. Compass to continue to integrate sexual health, Substance misuse and mental health services.	Compass will be continue to deliver a number of workshops, community events and interactive virtual sessions with CYP and discuss health sexual relationships when the opportunity arises.	Dec-20	Young Peoples SRH Provider
RSE5	We will promote our condom services to residents and professionals	RSE5.1	RSE5.1. LSL - Put info on Come Correct in a resource pack for schools (relating to RSE).	1. LSL public health	Come Correct extension	As GPs also provide condoms, PH will work with GP practices to ensure they recognise the C-card and assist easy availability of condoms to young people	Mar-21	Primary care facilitator

RSE5		RSE5.2	RSE5.2. LSL - Put extra promotion on Come Correct + SH promotion services partnership in year 1 to remind internal colleagues to promote services e.g. children services frontline staff to cascade to organisations providing commissioning youth services; pharmacies will need to promote come correct and RISE; GPs also.	2. LSL public health	Come Correct have implemented online registration making it easier for YP to access free condoms. Payment mechanism with pharmacies changed to incentivise them to promote the scheme. SRH Promotion Service has conducted 13 promotional/outreach sessions of which 4 were targeted at Lewisham residents	Continue to promote the Come Correct Scheme to YP through RSE and YP service. Ensure that YP also know they can access contraception through their GP and EHC and Condoms through Pharmacy. At the end of Year 1, SRH Promotion Service will conduct 10 promotional sessions targeted at Lewisham residents SRH Promotion service to raise awareness of services including online testing	YR 1: April 2020-March 2021	
RSE5		RSE5.3	RSE5.3. Swk - Promote Come Correct in community settings.	3. Swk public health				
RSE6	We will ensure our SRH services are promoted specifically to groups who are at higher risk of poor SRH	RSE6.1	RSE6.1. LSL - To ensure (through regular meetings with services) that locally commissioned SH prevention and promotion services target at risk groups (BAME, young people and MSM).	1. LSL commissioners	1. Lewisham Commissioners work with LSL commissioners to oversee both new BAME SRH Promotion service and new Chemsex Service to ensure they are reaching target groups. 2. SRH Promotion Service hosts regular monthly breakfast meetings of the Lewisham BME Network which since March have been held virtually and have been opened up to LSL partners and SRH stakeholders. These meetings serve as a platform for exchanging information with grassroots groups embedded in marginal communities which are at risk of poor SRH.	1. Utilise SHIP training to ensure that GPs are aware of and targeting at risk groups 2. SRH Promotion Service will provide access to email information and WhatsApp communication platforms through which LSL partners and grassroots groups working with "at risk" groups can communicate regularly and promotional materials from local SRH prevention and promotion services can be disseminated	YR 1: April 2020-March 2021	SRH Promotion Service
RSE6		RSE6.2	RSE6.2. LSL - To continue to work with London HIV Prevention Programme to promote safer sex / health promotion among MSM	2. LSL commissioners and public health	Do It London website has been updated and now displays a Covid-19 section. This includes updated safer sex guidelines, an Online Service Offer, links to home testing via SHL and MSM condom delivery service.	1. Explore options for safe outreach including the use of a mobile outreach bus to deliver testing, condoms and sexual health information at public sex environments (PSEs) and other outdoor LGBT social spaces 2. Public health to support local voluntary and community sector to develop Covid-safe approaches	Dec-20	LHPP Public health
RSE6		RSE6.3	RSE6.3. LSL - To ensure schools have information to enable them to signpost YP to SRH services from RSE in schools	3. LSL commissioners and public health	Healthy schools lead to ensure that portal updated with service changes Come Correct promoted to YP through a variety of channels including workshops ran by Compass Compass has an interactive website which promotes the service to residents and professionals along with an active Instagram and twitter account.	Compass to include information on local SRH services through RSE sessions. Compass to identify regular meetings with services, that locally commissioned SH prevention and promotion services target at risk groups. When YP Service is recommissioned offer must include support to schools to keep information up to date.	Dec-20	Young Peoples SRH Provider
RSE6		RSE6.4	RSE6.4. Lam + Swk - To explore the provision of a DASH + HYP YP clinic at GSTT Streatham Hill site.	4. Lam + Swk commissioners				

RSE6		RSE6.5	RSE6.5. Swk - Work with HYP to improve targeted service promotion in schools and young people's settings (YOS, youth centres, college), focusing on most at risk populations.	5. Swk public health				
RSE6		RSE6.6	RSE6.6. Lshm - Provide promotional material with EHC in pharmacies and through Check Urself SMS text messaging with chlamydia screening results.	6. Primary Care Facilitator	SRH Promotional materials available through SHL Testing site.	GP practices also need to promote good SH to at risk populations Review SRH promotional materials provided in Pharmacy through the SRH Service. Develop new resource list for telephone consultations to enable pharmacies to share links easily with people accessing the service. Ensure all online testing services also promote wider SRH information		Primary care facilitator
RSE7	We will work to ensure appropriate referral to psychosexual services	RSE7.1	RSE7.1. LSL - To ensure that all referring professionals from all Trusts (e.g. GPs, mental health professionals), have clear guidance on referring patients to the most appropriate psychosexual service.	LSL commissioners	Compass already displays information and confidence in referring young people onto appropriate psychosexual services. Practitioners advise and use psychosexual interventions. Compass's SHAC service, which provides sexual health interventions, signposts clients to relevant sexual health services.			LGT / providers
RSE8	We will ensure further integration between sexual health, mental health, and substance misuse services for young people	RSE8.1	RSE8.1. LSL - Ensure commissioned services are delivering holistic services through reviewing monitoring data	LSL commissioners	Lewisham commissioners receive monitoring information and take part in contract monitoring meetings with YP SRH providers .	Review impact of Covid-19 changes to services quarterly and ensure that new service developments are provided using an holistic approach.		Comissioners
RSE8		RSE8.2	RSE8.2. LSL - Look at potential for developing mental health offer in specialist YP services, particularly in Lam + Swk.	LSL commissioners and public health				
RSE8		RSE8.3	RSE8.3. LSL - Assess competence and training of clinical staff in mental health and substance misuse at specialist YP services.	3. LSL commissioners and public health				
RSE8		RSE8.4	RSE8.4. Lam - Discuss opportunities for incorporating mental health support into integrated sexual health and substance misuse service for young people, including discussing	4. Lam + Swk commissioners				

			possibility of funding for this from CCG.					
RSE8		RSE8.5	RSE8.5. Lshm - Continue to develop YP's integrated sexual health, substance misuse and mental health service.	5. Lewisham public health		YP Integrated Service model to be reviewed and recommissioned. Future service developments to focus on providing the best outcomes for YP through integrated commissioning.		Lewisham public health
RSE9	We will provide outreach services to reach those most at risk / those marginalised from SRH services	SRE9.1	1. LSL - To ensure (through regular meetings with services) that locally commissioned SH prevention and promotion services target at risk groups (BAME, young people and MSM).	1. LSL commissioners	Lewisham Commissioners work with LSL commissioners to oversee both new BAME SRH Promotion Service and new Chemsex Service to ensure they are reaching target groups. SRH Promotion Service has hosted 5 meetings of SRH stakeholders from LSL boroughs since March to facilitate exchange of information and to generate greater awareness of developments in the field of SRH among marginalised communities.	SRH Promotion Service will continue to expand its base of LSL stakeholders via word of mouth and social media outreach on LinkedIn. Newly engaged stakeholders will be added to the SRH LinkedIn group as a means of deepening their engagement and facilitating collaboration.	YR 1: April 2020-March 2021	
RSE9		SRE9.2	2. LSL - To continue to work with London HIV Prevention Programme to promote safer sex / health promotion among MSM	2. LSL commissioners and public health	Do It London website has been updated and now displays a Covid-19 section. This includes updated safer sex guidelines, an Online Service Offer, links to home testing via SHL and MSM condom delivery service.	Explore options for safe outreach including the use of a mobile outreach bus to deliver testing, condoms and sexual health information at public sex environments (PSEs) and other outdoor LGBT social spaces	Dec-21	LHPP
RSE9		SRE9.3	3. LSL - To ensure schools have information to enable them to signpost YP to SRH services from RSE in schools	3. LSL commissioners and public health	All of Compass's RSE session include relevant information to enable schools and young people to access SRH services.	Upload links to the HWB portal	Jan-21	Young Peoples SRH Provider
RSE9		SRE9.4	4. Lam + Swk - To explore the provision of a DASH + HYP YP clinic at GSTT Streatham Hill site.	4. Lam + Swk commissioners				
RSE9		SRE9.5	5. Swk - Work with HYP to improve targeted service promotion in schools and young people's settings (YOS, youth centres, college), focusing on most at risk populations.	5. Swk public health				
RSE9		SRE9.6	6. Lshm - Provide promotional material with EHC in pharmacies and through Check Urself SMS text messaging with chlamydia screening results.	6. Primary Care Facilitator	PCF has worked with SRH Pharmacies to ensure people accessing SRH services are encouraged to test.	GP practices to promote good SH to at risk populations Pharmacy and general practice promote STI testing through SHL		Primary care facilitator

RSE10	We will target prevention activities around chemsex, with particular focus on MSM	RSE10.1	RSE10.1. LSL - To continue to work with London HIV Prevention Programme to promote safer sex / health promotion among MSM	1. LSL commissioners and public health 2. LSL commissioners	Do It London website has been updated and now displays a Covid-19 section. This includes updated safer sex guidelines, an Online Service Offer, links to home testing via SHL and MSM condom delivery service.	Explore options for safe outreach including the use of a mobile outreach bus to deliver testing, condoms and sexual health information at public sex environments (PSEs) and other outdoor LGBT social spaces		LHPP
RSE10		RSE10.2	RSE10.2. LSL - To ensure (through regular meetings with services) that local SH promotion services target at risk groups (BAME, young people and MSM).		Outreach work with BAME, young people and MSM has been hampered by COVID - venues have been closed or offer reduced opening, etc. Some work has continued online	Implement new SH promotion strategies based on the finding of the engagement work		SRH Promotion Service
RSE10		RSE10.3Lew			Antidote contract included training with SH staff, running programme from KCH and GSTT	New Chemsex service working with SMU and SRH services to develop capacity and link to other vol sector services for MSM at Metro?		Metro /
RSE11	We will target prevention to those with HIV/ those whose sexual partner has HIV to ensure knowledge of the health risks of seroadaptive behaviour / condomless sex	RSE11.1	RSE11.1. LSL - To continue to work with London HIV Prevention Programme to promote safer sex / health promotion among MSM	1. LSL commissioners and public health	Do It London website has been updated and now displays a Covid-19 section. This includes updated safer sex guidelines, an Online Service Offer, links to home testing via SHL and MSM condom delivery service.	Explore options for safe outreach including the use of a mobile outreach bus to deliver testing, condoms and sexual health information at public sex environments (PSEs) and other outdoor LGBT social spaces		
RSE11		RSE11.2	RSE11.2. LSL - To ensure (through regular meetings with services) that local SH promotion services target at risk groups (BAME, young people and MSM).	2. LSL commissioners	Outreach work with BAME, young people and MSM has been hampered by COVID - venues have been closed or offer reduced opening, etc. Some work has continued online.	Implement new SH promotion strategies based on the findings of the engagement work		SRH Promotion Service
RSE11		RSE11.3	RSE11.3. LSL - To implement EJAF HIV testing and care programme.	3. LSL commissioners	EJAF Social Impact Bond Pilot has been working to diagnose people with HIV and bring HIV+ people back into treatment through an outcomes based payment project in Lewisham and Greenwich Trust A&E, and in Primary Care through a contract with One Health Lewisham.	Continue with EJAF SIB activities	Dec-21	LGT, One Health Lewisham
RSE11		RSE11.4Lew				Evaluate the effectiveness of interventions used to deliver EJAF SIB outcomes and consider future sustainability	Dec-21	Public health / commissioning
RSE11		RSE11.5Lew				Ensure SHIP 'STI, HIV & BBV' training includes strategies to support PLHIV and their partners	Mar-22	Primary care facilitator

RSE12	We will ensure appropriate referral pathways to other services	RSE12.1	RSE12.1. LSL - To ensure SRH services have up to date info on services to refer to and how to contact/refer e.g. domestic violence, social care, how to report assault awareness	1. LSL commissioners	LGT have been reviewing referral pathways especially in response to COVID to ensure they are upto date, effective and streamlined. Compass workshops held with partner agencies such as Lewisham college, PRU, secondary schools and YOS, provide an opportunity to give upto date referral pathway information. The professionals training and outreach/promotional sessions delivered by SRH Promotion Service provides an opportunity to give information on all available services in the borough so that professionals are equipped with this information in order to make appropriate referrals	All services providing sexual health promotion and clinical services will have a clear referral pathways from one service to another and will communicate changes in referral pathways effectively to service users and other stakeholders. SRH Promotion Service will continue to provide information about available services to professionals and build their skills to make effective referrals through trainings	01/01/2021 YR 1: April 2020-March 2021	Public health / SRH Promotion Service / Compass
RSE12		RSE12.2	RSE12.2. LSL - To conduct an annual audit of referrals made from SRH to other providers e.g. domestic violence	2. Trusts, DASH/HYP and LSL commissioners		LGT, Compass to audit the number and type of referrals to other providers SH services to cooperate with the development of the VAWG strategy and any forth coming recommendations		
RSE13	We will ensure all commissioned services' staff are trained to identify and appropriately refer cases of female genital mutilation, domestic violence and child sexual exploitation	RES13.1	RSE13.1. LSL - Ensure all relevant staff have completed training to enable them to identify and appropriately refer cases of FGM, DV and CSE. Request service managers maintain a record of training for staff to demonstrate up to date training.	1. LSL commissioners	Lewisham Children's Safeguarding board provide training on FGM, DV and CSE Compass staff have attended FGM, DV, and CSE training, PiP training and LSCP training on CSE and harmful cultural practices. VAWG strategy is being reviewed and a new training offer is being developed	Service managers to continue asessing staff training needs, accessing the training offer and maintaining a record of staff training All SH services, including SRH Promotion Service, LGT and Compass to feed into the development of the VAWG strategy and implement any forthcoming recommendations	Mar-21	All providers
RSE13		RSE13.2	RSE13.2. LSL - To conduct an audit of sexual health staff to identify any training needs.	Trust staff		1. Conduct an audit of GP practice and pharmacy staff to assess need for FGM training in primary care. 2. Plan and deliver appropriate training to meet needs e.g. SHIP FGM for primary care module	1. Mar-21 2. Mar-22	Primary care facilitator

Action plan: Good reproductive health across the life course

Objective Reference	Objective	Action reference	Action	Who	Progress update sept 2020	Future Plans	When	Who
REP1	We will maintain chlamydia detection rates above 2,300 per 100,000 aged 15-24	REP1.1	REP1.1. LSL - We will cost model and explore partner notification (e.g. via SXT) and its potential impact on improving detection rates	1. Lam LSE student	LSE student completed economic analysis	Completed		
REP1		REP1.2	REP1.2. LSL - we will maintain specialist young people's services to encourage the uptake of testing and treatment in this group, and encourage alignment of services where possible	2. LSL commissioners (separately)	Compass currently screens young people for chlamydia through our SHAC service. 1. Downham young person's service re-opened beginning of August 2020 2. Vulnerable and young people able to access all services as walk-ins if no symptoms of COVID-19 from Oct 2020	1. Provide training to new SRH Pharmacies and refresher training to existing SRH pharmacies to ensure women are signposted and encouraged to have testing 2. Compasss will expand SHAC pathways to other clinics, partner agencies and educational providers. 3. LGT looking into walk-in services for young patients and those accessing voluntary sector / public health sectors for ease of treatment; contraception offer and treatment Downham now reopened - referral pathways form COMPASS need to be established and embedded. All referrals come into a central point and are then managed to the best clinic. Direct referral to Hawsted rd if no C19 symptoms; pathway to be streamlined. If direct call then could be fast-tracked	Mar-21	1. Primary care facilitator/ pharmacists 2. Young Peoples SRH Provider 3. LGT
REP1		Rep1.3Lew	We will provide training and support to primary care to increase testing			Deliver STI, HIV and BBV SHIP training to practice nurses and GPs	Mar-22	Primary care facilitator / SHIP trainers
REP2	We will ensure sexual and reproductive health services remain integrated, to maintain opportunistic screening	REP2.1	REP2.1. LSL - Ensure our clinics raise awareness of contraception with any woman who is channel shifted to online STI self-sampling, including via trust websites.	1. KCH, GSTT and LGT clinical leads - via LSL SH commissioning team (contract monitoring).	SEL CCG conversation - snap shot of what is happening now, 1. Online LARC telephone consultation via Zesty as an alternative to calling in for a triage appointment 2. Super-express option for patients on established contraception to pick up repeat contraception 3. Zesty website has informative videos on LARC insertion in addition to an interactive contraception choices website	1. Asymptomatic referred to SHL if no contraception needed. 2. Under 25s never having STI screen could be invited to clinic to ensure vulnerabilities and completeness of service offer 3. Still screening people not using SHL	Service offered now	
REP2		REP2.2	REP2.2. LSL - Discuss with Sexual Health London the opportunities to provide online contraception support.	2. LSL SH commissioning lead (representing LSL at London meetings).	Online contraception launched by SHL	Council and CCG to review evidence from early-adopters of online contraception service after 6 months to inform future decision on whether to join	Apr-21	Lewisham BC

REP2		REP2.3	REP2.3. LSL - Maintain opportunistic screening to people attending for contraception.	3. KCH, GSTT and LGT clinical leads - via LSL SH commissioning team (contract monitoring).	Compass provides contraceptive advice and guidance to all young people access sexual health service. Compass provides the Come Correct scheme to issue condoms to local schools, colleges, and other alternative educational providers. Compass provides ChatHealth, where we can provide online contraceptive advice.	Utilise SHIP training contraception module to offer training for pharmacist to ensure that holistic package of EHC plus STI testing plus ongoing contraceptive is offered Compass to liaise with Sexual health London to streamline online contraceptive support.	Jan-20	Primary care facilitator/ pharmacists Young Peoples SRH Provider
REP3	We will reduce variation in HPV vaccine uptake between our boroughs and ensure that 90% of girls across LSL have received at least one dose of the HPV vaccine	REP3.1	REP3.1. Swk - Complete a new immunisation strategy and create a plan with providers and partners - <u>COMPLETED</u>	Southwark Public Health team				
REP3		REP3.2	REP3.2. Lshm - Put in place plan to boost rates. Do so through visiting schools and make it an admin priority	**Lewisham Public Health team**	1.LGT Offer all MSM <45 years the vaccine Covid-19 has delayed the 19-20 school based vacination programme and current rates are as follows; HPV 1 - Girls 81.7% Boys 78.6% / HPV 2 - Girls 72.7% Boys 60.1%	1. Develop an integrated offer which encourages all stakeholders in contact with young women eligible for vaccination to check status and promote uptake 2. Encourage GPs to check with any women attending re HPV vaccination status 3. Add a flag to PharmOutcomes template to remind pharmacists to check HPV vaccination status in young women attending for EHC / condoms 4. LGT to offer HPV vacs for men 15 - 45 years of age 5. Catch-up for the 19-20 schedule will start via community clinics after school, weekends and school holidays once the 20-21 campaign has been delivered usually by the summer term. NHSE have extended the deadline to 31.8.21	4. Service now offered 5. Aug-21	1. PH Screening team 2. Primary care facilitator 3. Primary care facilitator 4. LGT 5. School health service
REP3		REP3.3	REP3.3. Lam - Maintain progress against this measure.	3. Lambeth Public Health team.				
REP4	We will reduce the rate of subsequent abortions by 20%, with particular focus on women identifying as black African or Caribbean	REP4.1	With a particular focus on black African and Caribbean women: REP4.1. LSL - Increase knowledge and confidence about contraception (through SH:24).	1. LSL SH commissioning team as contract lead.	SRH Promotion Service have recruited community champions to give positive SH messages to local communites	SRH Promotion service to raise awareness of services including online testing	Mar-22	SRH Promotion service
REP4		REP4.2	REP4.2. LSL - Liaise with CCGs about funding for	2. PH consultants in 3 boroughs				

			training GPs and nurses on contraception.	supported by LSL SH commissioning team.				
REP4		REP4.3	REP4.3. LSL - Train GPs and nurses to discuss contraception with women opportunistically (numbers of people trained dependent on funding).	3. TBC - trainers	3. Contraception mini-events held at practice nurse forums	3. Deliver SHIP contraception module to primary care. (Community pharmacists offering SRH service could also attend). Include within the training the need to have positive consultations with black African and Caribbean women.	Mar-21	Primary care facilitator
REP4		REP4.4	REP4.4. LSL - Mobilise new pharmacy offer which will offer quick start OC and referral for LARC.	4. LSL commissioners.	Pharmacy service offering OC with EHC consultation now operational. Limited to POP during COVID	Pharmacists to attend regular updates and regular training offered by Primary care facilitator. Review Pharmacy LARC data and work with pharmacies to increase LARC referrals. Work with SRH clinics to follow up and improve uptake	Annually	primary care facilitator
REP4		REP4.5	REP4.5. LSL - Research feasibility and identify options for a financially viable and sustainable online centralised booking system for LARC locally.	5. LSL SH commissioning team.	On hold			
REP4		REP4.6	REP4.6. LSL - Increase uptake of post-abortion LARC	6. TOP service providers (via LSL SH commissioning team (contract monitoring))	1. Offer of post-partum contraception to women who have just delivered or visit ANC 5 days post-delivery 2. SRH trainee has designed a postpartum contraception leaflet - currently with patient experience group to approve content - plan to be given to all women in the antenatal period 3. Offer contraception to all with an emphasis on LARC 4. See all referrals that attend from pharmacy if possible on the same day 5. Accepting referrals from pharmacy	Strengthen links with TOP service; post TOPs especially with vulnerable women and young women LGT SH servce to develop stronger links with EPAU as can be an unplanned pregnancy and contraception needed later	Sep-21	LGT
REP5	We will respond to what women have told us and create positive, whole woman-focused reproductive health services	REP5.1	REP5.1. LSL - Request that clinics develop a framework for determining whether clinics are female friendly, and conduct an annual audit	1. Clinics (via LSL SH commissioning team)	LGT to ensure the clinic remains friendly to all clients with welcoming reception staff	LGT to ensure the clinic remains friendly to all clients with welcoming reception staff and develop a mechanism for obtaining service user feedback e.g. through LGT patient engagment team, survey etc	Mar-21	LGT

REP6	We will ensure that every woman in LSL can have a LARC method fitted in both primary care and in SRH services within 4 weeks of booking	REP6.1	REP6.1. LSL - Explore resident-only LARC fitting clinics across LSL and our trusts.	1. LSL SH commissioning team	LGT have not had a massive waiting list; zesty consultations established to have pre-fitting convo Survey monkey sent re where people are hearing about service PC and SRH website Pause on primary care training due to COVID-19	Link with pharmacy referral pathway ensures local women are prioritised Need to ensure other local services are clear what the pathway is to access LARC service		LGT
REP6		REP6.2	REP6.2. Swk + Lshm - Work with GP federations to ensure we have a population LARC offer	Relevant borough teams	GP LARC Pilot in Lewisham has been postponed due to covid-19	Revisit GP LARC pilot programme with federation to gauge interest/capacity in engaging in expanding LARC service	Mar-21	Lewisham commissioning
REP6		REP6.3	REP6.3. LSL - Carry out contraception needs assessment to identify recommendations for increasing LARC provision	SpR - Lambeth	Completed	Review recommendations	Mar-21	Public health
REP6		REP6.4Lew	Recruit GP SRH champion to support the development of sexual health services in GP practices (as STI9.5Lew)			Define support needs and recruit GP SRH champion to work with primary care facilitator extending primary care services, piloting PN tool and offering SHIP training	Jan-21	Public health
REP7	We will make every contact count in contraceptive care, ensuring that women who are having a LARC removed are fully informed about the options to prevent pregnancy	REP7.1	REP7.1. LSL - Develop a post-LARC removal protocol for use in primary care	1. SH clinician(s) (via LSL commissioning team)	LARCs are removed by people who have contraception qualifications and therefore a conversation re ongoing contraception should be happening	Need to re-engage primary care with SHIP training to ensure all clinicians are able to engage with women re sexual health and contraception		Primary care facilitator
REP7		REP7.2	REP7.2. LSL - Identify an online information resource to provide health professionals and residents with accurate information around contraception, particularly to address misconceptions around the impact on fertility	2. SH:24 via LSL commissioning team	A range of online resources already exist including www.contraceptionchoices.org website - an interactive service for women deciding on the best contraception choice for them and an Contraceptive Options tool/ app developed by SH:24 Health professionals and residents are signposted to these.	1. Continue to Sign post women to www.contraceptionchoices.org and SH24 Contraceptive Options app 2. Promote increased use of the app across a variety of settings e.g. community pharmacy, GP practices, YP services 3. Assess if SH24 app is being used and is addressing misconceptions	ongoing	Services
REP8	We will review options and opportunities to create a centralised booking system for LARC contraceptive care, in order to utilise capacity more effectively	REP8.1	REP8.1. LSL(BB) - Research feasibility and identify options for a financially viable and sustainable online centralised booking system for LARC locally	LSL commissioning team to lead (on behalf of SEL commissioners group)		Ensure that local SH services can be integrated with a centralised booking system as it is developed	Mar-22	LGT / Primary care / Commissioning

REP9	We will ensure all women post-pregnancy are offered a full choice of contraception, including easy booking of LARC	REP9.1	REP9.1. LSL - Carry out baseline study of current situation re: contraception including LARC following pregnancy (birth and abortion) *(see needs assessment above)*	SpR - Lambeth	1.Leaflets on IUD/IUS/Implant/ POP and condoms have been given to antenatal clinics 2. Midwives send a list of women Day 5 post-partum for a telephone consultation on contraception 3. Via Twinning partnership with learning from Rwanda, VSO have funded and we have trained 5 midwives to do implant fitting. 4. SRH trainee has designed leaflet specifically for women in antenatal period - awaiting approval by patient experience group	1. Information to be given to clinics to give out to women antenatally; midwives see women 5 days post-partum so can link women into the clinic; 2. PGD training on POP/Depot and Implant for midwives - PGD's need to be reviewed at relevant governance meeting		LGT
REP10	We will reduce the repeat use of emergency contraception (EC) in pharmacies to be in line with SH clinics by ensuring that ongoing contraception is proactively offered wherever EC is available	REP10.1	REP10.1. LSL - mobilise new comprehensive SRH offer in pharmacies which includes oral contraception and booking for LARC at SH clinics.	LSL commissioners	Pharmacy offer has been commissioned in 11 (14)pharmacies. Pharmacists offering the service have been trained Referral for emergency IUDs via pharmacy is successful; Referral for routine LARC is not working so well LARC referral volume has gone down as a result or C19;	1. Comms to pharmacies to share the number for women to ring if interested in LARC 2.LGT looking at providing Zesty link to pharmacies as call volumes high and likely to put off those highly at risk and establish direct accessible pathways		LGT / SRH pharmacies
REP10		REP10.2	REP10.2. LSL - Audit practice in pharmacies including mystery shoppers.		Pharmacy service has been audited using Mystery shoppers; visits completed to Lewisham pharmacies. Findings feedback to pharmacists Oct 20.	1. Routine LARC pathway needs refine between pharmacy and LARC fitting service 2. Each pharmacist is getting individual feedback from the MS visits and an action plan will be agreed (training may be needed before action plan is operational) 3. Needs to record which pharmacists are providing the EHC services 4. Refresher training once a year for regular pharmacists / training sessions for new pharmacists provided on 121 basis from PCF 5. Pharmacists need COC training when they are able to provide f2f consultations again 6. six-monthly audit to measure the EHC conversion to contraception rate; quarterly for failing pharmacies 7. Improve weekend access 8. Repeat MS programme to test a direct request for OC or LARC to test pathway more thoroughly / test telephone consultation pathway	Q2 2021	1. pharmacists and LGT / GPs 2. Primary care facilitator / commissioner 3. Commissioner 4. Primary care facilitator / pharmacists 5. Primary care facilitator 6. Primary care facilitator 7. pharmacists 8. tbc
REP10		REP10.3Lew				Extend the efforts pharmacists are making to reduce EHC use to GP practices so that they also contribute to the reduction in EHC and increase in regular contraception	Q2 2021	Primary care facilitator

REP11	We will create a co-designed online information resource for residents and professionals to inform decisions around contraception, including understanding what impacts on fertility	REP11.1	REP11.1. LSL - identify an online information resource to provide health professionals and residents with accurate information around contraception, particularly to address misconceptions around the impact on fertility	As per REP7	Contraceptive Options tool has been developed by SH:24	1. Promote increased use of the Contraceptive Options tool across a variety of settings e.g. community pharmacy, GP practices, YP services 2. Assess if app is being used and is addressing misconceptions	ongoing	Pharmacists, GPs, practice nurses, Young Peoples SRH Provider outreach

Action plan: High quality + innovative STI testing + treatment

Objective Reference	Objective	Action reference	Action	Who	Progress update sept 2020	Future Plans	When	Who
STI1	We will ensure continued online provision of STI testing services	STI1.1	STI1.1. LSL - Work with London to ensure we maintain access to online services for our residents.	1. LSL commissioners	SHL, the London E-service has been uncapped and local sexual health service providers are actively channelling asymptomatic patients. Data analysis shows e-service actvity increasing	Continue to promote SHL	ongoing	LGT, SHL
STI2	BLANK							
STI3	We will re-establish a decreasing trend in the rate of gonorrhoea diagnosis across LSL	STI3.1	STI4.1/STI5.1/STI6.1 LSL - Conduct analysis to identify any groups of men under-represented in testing (e.g by age group ethnicity, or location), to better understand barriers to testing, and recommendations for improving testing rates	1. LSL public health teams/trainees		Await outcome of JSNA		
STI3		STI3.2	STI4.2/STI5.2/STI6.2. LSL - Undertake an LSL needs assessment for syphilis and gonorrhoea and make recommendations to address barriers to testing and treatment.	2. LSL public health teams/trainees	2. Needs assesment being done by Public Health Register	Review and implement JSNA recommendations	Mar-21	Public health
STI3		STI3.3Lew	We will provide training and support to primary care to increase testing			Deliver STI, HIV and BBV SHIP training to practice nurses and GPs	Mar-22	Primary care facilitator / SHIP trainers
STI4	We will increase STI testing rates in young men to that of young women	STI4.1	As STI 3.1		1. Encourage on-line offer. Work with voluntary sector to see how we can engage young men to services.	Compass to prioritse schools and community groups working with YP in higher deprivation areas, also target services where there is a higher representation of young men such as YOS, future men as well as proactively seeking to target young men within other services and agencies	Dec-20	Young Peoples SRH Provider
STI4		STI4.2	As STI3.2		2. Needs assesment being done by Public Health Register	Review and implement JSNA recommendations	Mar-21	Public health
STI4		STI4.3Lew	We will provide training and support to primary care to increase testing			Deliver STI, HIV and BBV SHIP training to practice nurses and GPs to increase STI testing of young men in primary care	Mar-22	Primary care facilitator / SHIP trainers

STI5	We will increase syphilis and gonorrhoea testing in MSM	STI5.1	As STI 3.1		1. Encourage on-line offer. Work with voluntary sector to see how we can engage young men to services.	SHL service to be widely promoted Compass will prioritse schools and community groups working with YP in higher deprivation areas. Compass to increasing gonorrhoea screening. Compass will also look to increase gonorrhoea testing through increasing the awareness, education and information around MSM and also offering testing for indviduals where necessary.	Dec-20	Young Peoples SRH Provider
STI5		STI5.2	As STI3.2		As 3.2 - Needs assesment being done by Public Health Register	Review and implement JSNA recommendations	Mar-21	Public health
STI5		STI5.3Lew	We will provide training and support to primary care to increase testing			Deliver STI, HIV and BBV SHIP training to practice nurses and GPs to increase syphillis and gonorrhoea testing in MSM	Mar-22	Primary care facilitator / SHIP trainers
STI6	We will increase STI testing in Black and minority ethnic groups	STI6.1	As STI3.1		1. Encourage on-line offer. Work with voluntary sector to see how we can engage young men to services.	1. Ensure primary care is included in any assessment and recommendations for improving testing rates Local SRH promotion service will targt BAME groups with local campaigns		
STI6		STI6.2	As STI3.2		1. Compass works alongside YOS, colleges and target under-represented groups through youth groups and targeted sessions at alternative schools. 2. Needs assesment being done by Public Health Register	1. Compass staff to attend training to have a better understanding of the barriers impacting minority ethnic groups accessing sexual health services. Compass will continue to review the young people from the BAME community within the service and look to offer STI testing where necessary to those inviduals.	Feb-21	1. Young Peoples SRH Provider
STI6		STI6.3Lew	We will provide training and support to primary care to increase testing			Deliver STI, HIV and BBV SHIP training to practice nurses and GPs. 2. Primary care needs to raise awareness of these STI and routine screening for asy patients	Mar-22	Primary care facilitator / SHIP trainers
STI8	We will continue to provide free condoms to young people in our boroughs	STI8.1	1. LSL - Continue to commission Come Correct service for YP.	1. LSL commissions and public health teams	1. Continue to offer C-cards to patients who walk-in / or attend for a booked appointment. Under 16 are being seen as walk-ins if they present		ongoing	LGT
STI8		STI8.2	2. LSL - Put info on Come Correct and GP condom schemes (Lewisham) in a resource pack for schools (relating to RSE).	2. LSL public health teams		Young peoples SRH provider to increase condom distribution through the promotion of Come Correct and GP condom schemes, including registering YP for Come Correct	Dec-20	Young Peoples SRH Provider

STI8		STI8.3	3. LSL - Put extra promotion on Come Correct + SH promotion services partnership in year 1 to remind internal colleagues to promote services, e.g. children services frontline staff to cascade to organisations providing commissioning youth services; pharmacies will need to promote come correct and RISE; GPs also.	3. LSL commissioners and public health teams	Compass promotes and engages young people with the Come Correct scheme this is through SHAC and through our drop-in services. Compass also delivers workshops/stalls within colleges, schools, youth clubs and other alternative educational providers. Compass also provides community days where we promote and distribute condoms.			
STI8		STI8.4	4. LSL - Extend provision of Come Correct through pharmacy contract.	4. LSL commissioners and public health teams	Come Correct offer has been extended in community pharmacy to encourage all SRH pharmacies to register YP and actively supply condoms	All pharmacies to be confident and actively registering all young people for Come Correct C-card Ensure all SRH pharmacies are regularly updated and supported to be confident in delivering Come Correct	annually	Primary care facilitator / Pharmacies / Come Correct team
STI9	We will continue to integrate partner notification services in STI testing	STI9.1	1. LSL - We will cost model and explore partner notification (e.g. via SXT) and its potential impact on improving detection rates.	1. LSL commissioners and public health teams	LSE student completed a cost effectiveness analysis of using SXT digital PN tool vs traditional model	Completed		
STI9		STI9.2	2. LSL We will conduct an audit of PN (including in primary care), which will include recommendations for improving PN where needed.	2. LSL commissioners		Support an audit of partner notification in primary care	Mar-21	Primary care facilitator
STI9		STI9.3Lew	3. Lewisham - we will pilot the use of SXT in a range of settings e.g. primary care, SH clinics, YP services	Primary care facilitator		SHIP STI and BBV module includes effective PN; practices can treat partners too; piloting SXT in GP practices (4 practices)	Nov-20	Primary care facilitator
STI9		STI9.4	4. We will roll out the use of digital PN tool SXT across all SH services	SH services	LGT have put business case forward for a pilot of 1000 STIs - to be funded by research, to demonstrate cost effectiveness. Estimate 4k. One SLR for LGT. Need to get I&G approval	Run and evaluate pilot; make the case for continutation if effective and embed in service provision	Jul-21	LGT
STI9		STI9.5Lew	Recruit GP SRH champion to support the development of sexual health services in GP practices			Define support needs and recruit GP SRH champion to work with primary care facilitator extending primary care services, piloting PN tool and offering SHIP training	Jan-21	Public health

Objective Reference	Objective	Action reference	Action	Who	Progress update sept 2020	Future Plans	By When	Who
HIV1	We will commission HIV prevention and promotion services for most at risk populations, promoting the use of condoms, testing, PrEP, and treatment as prevention (TasP)	HIV1.1	HIV1.1. LSL - In year 1, continue to commission prevention and promotion services targeting at-risk population groups	1. Lambeth Commissioners	Multiple organisations working to promote good sexual health and reduce HIV LSL BME service (SHP partnership) is providing trainings and support to professionals on HIV , PrEP, TasP and testing as part of its service delivery .	1. Evaluate impact of current model of service provision, COMPASS, SRH Promotion Service 2. Ensure that primary care services are aware of at risk population groups and offering HIV testing 3. Offer SHIP HIV and Blood Borne Viruses training to GP practice teams	3. Mar-21	2. Primary care facilitator 3. Primary care facilitator plus HIV GP clinical champion
HIV1		HIV1.2	HIV1.2. LSL - Conduct a needs assessment to identify issues around prevention of HIV	2. Swk public health registrar	JSNA completed.	Implement recommendations from HIV JSNA with a particular focus on reducing stigma. (see obj HIV7)	Mar-22	LGT, Lewisham BC, community organisations
HIV1		HIV1.3	HIV3.3. LSL - Promote PrEP to at risk communities who are not accessing PrEP, through providers/services in contact with at-risk groups.	3. LSL public health/commissioners	From October 20 anyone who is eligible (and not on PrEP impact trail) will be able to access PrEP from SH service. People already on the PrEP impact trial will continue as is.	1. Providers / services in contact with at-risk communities to continuing promoting availability of PrEP. 2. LGT to maximise capacity to deliver PrEP through staff training and nurse PGDs 3. SRH Promotion Service to include PrEP information and awareness as part of their outreach and staff training programmes 4. GP HIV champion to utilise GP bulletins to raise awareness with GPs and primary care staff of PrEP availability 4. Maximise the use of e-service for the routine STI testing required for PrEP provision with a target of 50% of testing is via e-service	1. Oct-20 2. Dec-20 3. Dec-20 4. Oct-21	1. LGT, AAF, SHP partnership, community organisations 2. LGT, SHL 3. SRH Promotion Service 4. GP HIV champion
HIV1		HIV1.4			Rapid SH impact assessment is in progress to understand the impact of COVID on at risk populations	Alongside addressing any recommendations from the impact assessment, consider how/whether self testing could be enhanced and the mechanisms that are in place to support messaging and availability of self testing for BAME communities	Dec-20	Public health
HIV1		HIV1.5Lew		Lewisham Public Health		Conduct a review to understand the impact of PrEP on inequalities	Mar-22	Public health
HIV2	We will manage and run the London HIV Prevention programme, amplifying prevention and treatment messages to the wider population	HIV2.1	HIV2.1 LSL - Ensure that local services (including primary care and local councils) promote and use messaging in line with the London-wide campaign to local service users by sharing LHPP links and materials with services and requesting their use.	1 LSL commissioners		Ensure that primary care services are aware of LHPP messages and use their materials for messages	ad hoc	Primary care facilitator / LHPP

HIV3	We will maximise access to testing by offering more testing through a variety of channels, specifically primary care and A&E in the first instance	HIV3.1	LSL - Research the costs of, and undertake cost modelling into HIV testing in A&E.	1. LSL public health		EJAF programme to look at the cost effectiveness with the research team from KCL. Exact scope yet to be agreed but would anticipate some combination of lifetime HIV costs, incidence rates, likely rates of transmission against the costs of delivering the service.	Dec-21	EJAF / KCH
HIV3		HIV3.2.	LSL - Work with training and clinical providers to develop training to implement opt-out testing.	2. LSL public health/commissioners		Offer SHIP 'STI, HIV and Blood Borne Viruses' training to GP practice teams	Mar-21	Primary care facilitator plus HIV GP clinical champion
HIV3		HIV3.3	LSL - Research and plan (resource-dependent) programme of implementing training where needed.	3. LSL public health/commissioners		SHIP training to be offered; utilise the HIV audit tool and critical incident analysis to identify where opportunities to test for HIV have been missed	Mar-21	Primary care facilitator
HIV3		HIV3.4	HIV3.4 LSL - Work with EJAF to implement a programme of increased testing across A&E and primary care e.g. in NHS Health Checks and Point of Care Testing as per NICE guidelines	Lam commissioners	1. POCT currently being piloted thru primary care in 10 practices 2. LGT A&E is offering HIV testing and have identified 43 new PLHIV previously undiagnosed 3. Pop-up on EMIS template is prompting HIV testing at new patient registration (NPR) in GP practices. Target is to increase testing by 10%	1. Evaluate the impact of POCT testing and make recommendation all practices 2. Continue testing in A&E 3. HIV GP champion to continue to promote HIV testing in primary care via new patient registrations	1. Mar-21 2. Dec-21 3. Dec-21	1. Primary care facilitator 2. LGT A&E 3. HIV GP clinical champion
HIV3		HIV3.5	HIV3.5 LSL - Work with EJAF to develop a plan to maintain increased HIV testing in primary care and A&E as a result of the EJAF programme	Lam commissioners		Investigate effectiveness of using GP champion model to promote continued testing in primary care. Continue GP champion role if deemed effective	Dec-21	EJAF/HIV GP clinical champion
HIV4	We will work with services targeted to those most at risk of HIV, increasing testing and addressing inequalities	HIV4.1	HIV4.1 LSL - Promote safer sex / health promotion among MSM by continuing to work with London HIV Prevention Programme.	1. LHPP commissioners	Do It London website has been updated and now displays a Covid-19 section. This includes updated safer sex guidelines, an Online Service Offer, links to home testing via SHL and MSM condom delivery service.	Explore options for safe outreach including the use of a mobile outreach bus to deliver testing, condoms and sexual health information at public sex environments (PSEs) and other outdoor LGBT social spaces	Mar-21	LHPP

HIV4		HIV4.2	HIV4.2 LSL - To ensure (through regular meetings with services) that local SH promotion services target at risk groups (BAME, young people and MSM) to increase awareness of importance of regular testing	2. Lam commissioners	Africa Advocacy Foundation and LGT have been awarded a grant through FTCI to provide 300 point of care HIV and syphilis testing in homeless/supported shelters. LGT have started virtual training homeless shelter staff to deliver tests.	There is a need to continue enhancing the capacity of our local SRH services to reach the people being left behind through active conversations, training and mobilisation. Taking SRH services from traditional clinical settings into community venues e.g. barber shops, nail-bars, salons, African cultural centres/ festivals, County Shows/Peoples Day, churches, mosques, sport events/centres, travel clinics and agencies, restaurants, housing/employment/benefits advice services, immigration services, patient community organisations, restaurants, clubs. Continue to offer testing. Consider using remote consultations and possible homeless shelter based clinic days.	Mar-22	AAF and LGT
HIV4		HIV4.3	HIV4.3 LSL - Work with EJAF to implement a programme of increased testing across A&E and primary care e.g. in NHS Health Checks and Point of Care Testing as per NICE guidelines.	3. Lam commissioners	LGT A&E is offering HIV testing via through EJAF project. Opt out testing has identified 43 new PLHIV previously undiagnosed Pop-up on EMIS template is prompting HIV testing at new patient registration (NPR) in GP practices. Target is to increase testing by 10%	Continue to raise awareness about the need for opportunistic HIV testing in general practice with an emphasis on people with high HIV risk. Offer SHIP 'STI, HIV and BBV' training annually to GP practice staff to increase skills in opportunistic testing and raising awareness of at risk groups to target	Dec-21 Mar-22	GP HIV clinical champion Primary care facilitator
					AAF SIB this year to focus on BAME communities and increase testing using community approach.	Evaluate effectiveness of this approach vs. other testing routes.	Dec-21	AAF / EJAF
HIV5	BLANK							
HIV6	We will ensure our specialist care and support services are fit for purpose and support self-management *	HIV6.1	HIV6.1 SEL - Continue to commission care and support services and ensure they meet needs of PLHIV to continue moving in the direction of increased self-management.	1. Lam commissioning				
HIV7	We will work with mainstream care and support providers to ensure their services are relevant for PLHIV	HIV7.1	HIV7.1 LSL - Work with training and mainstream health and care providers to identify training on the needs of PLHIV to staff working in mainstream care and support services, and research and plan a (resource-	1. LSL public health		Self management, training expert patients as mentors, active platforms for sharing learning, reducing stigma and discrimination, ensuring clinical settings and healthcare practitioners are trained appropriately; working to have integrated healthcare services for PLWH		AAF

			dependent) programme of implementing training.					
HIV7		HIV7.2	HIV7.2 Deliver training	2. LSL public health/commissioners		Offer training and awareness raising with LGT and council workforce to promote current HIV messages (U=U, PrEP availability) and ensure non-stigmatising behaviours	Mar-21	LGT, Lewisham BC
HIV7		HIV7.3Lew	We will work towards eliminating HIV stimgma in NHS organisations and council services			LGT and Lewisham BC will commit to being HIV friendly in line with the London FTCI HIV friendly charter. They will • Train staff about HIV stigma • Run a campaign in their organisation • Put in place a clear reporting process for people who experience discrimination • Put in place support for staff living with or affected by HIV	Mar-22	LGT, Lewisham BC
HIV8	We will support the development of integrated care for PLHIV	HIV8.1	HIV8.1 Carry out mapping of actions in place across STP for HIV integrated care (care of wider health issues for PLHIV)	1. LSL public health				

Health & Wellbeing Board

Lewisham Safeguarding Adults Board
Strategic Business Plan 2020-21 - Prevention Objectives (Audit Report June 2020)

Date: 3 December 2020

Key decision:

Class:

Ward(s) affected: ALL

Contributors: Michael Preston-Shoot, Independent Chair of the Lewisham Safeguarding Adults Board (LSAB)

Outline and recommendations

The LSAB conducted a Prevention Audit in June 2020 (inserted below), which recommended that the Board should work more closely with the Health and Wellbeing Board (HWB) in Lewisham to develop joint strategic priorities and objectives. This recommendation was then translated into a strategic objective and is now a feature of the LSAB Strategic Business Plan for 2020-21 (inserted below - page 11).

It is recommended that the HWB discuss what joint objectives can be developed and how these should be delivered.

Prevention Report June 2020.docx

Lewisham SAB Partnership Compact

Timeline of engagement and decision-making

This paper is being submitted to the Health and Wellbeing Board so that there can be a discussion regarding the development of joint strategic priorities and objectives.

1. Summary

1.1. The LSAB Prevention Audit (June 2020) examined the following areas:

- Improve public awareness
- Identifying and Responding Effectively to Abuse
- Consistent and Widespread Application of Policies and Procedures
- Focus on Equality and Narrowing Inequality
- Provide Information, Advice and Advocacy

- Provide Access to Training & Education
- **Support Broader Wellbeing Strategies.**

2. Recommendations

2.1 It is recommended that the HWB discuss what joint objectives can be developed and how these should be delivered in conjunction with LSAB.

3. Policy Context

3.1. This subject is now part of the Strategic Business Plan of the LSAB, and the London Borough of Lewisham is a statutory partner within this Board.

4. Background

The LSAB Prevention Audit conducted in June 2020 states the following:

4.1. Adult Social Care specifically, and LBL corporately, are delivering several projects which support the wider wellbeing agenda in Lewisham. Similarly there are many health based initiatives that the CCG fund and commission, although it is accepted that more could be achieved within the primary health domain. Local Police also deliver preventative work linked to wellbeing, particularly in relation to Domestic Abuse and Violence (DVA) as well as other projects such as the Herbert Protocol (dementia support linked to adults that may go 'missing').

4.2. However, there are currently no formal strategic links between the LSAB and the Lewisham Health and Wellbeing Board (HWB), and by extension no priorities have been identified to connect the work of the two Boards.

5. Financial implications

5.1. There are no specific financial implications arising from this summary, but there might be financial implications depending on what objectives are created.

6. Legal implications

6.1 The Care Act 2014 – Care and Support Statutory Guidance indicates that Safeguarding Adults Boards should adopt formal partnerships with Health and Wellbeing Board (14.148).

7. Equalities implications

7.1. As indicated in the LSAB Strategic Business Plan 2020-21 there are equalities implications for the overall strategy, and therefore in preventing abuse by supporting broader wellbeing strategies:

7.1.1. Work towards reducing racial disparity and disproportionality - delivering effective whole community engagement.

8. Climate change and environmental implications

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

9. Crime and disorder implications

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

10. Health and wellbeing implications

10.1. This has already been outlined.

11. Report author and contact

11.1. Martin Crow, Business Manager, LSAB martin.crow@lewisham.gov.uk

Lewisham
Safeguarding Adults Board
A working partnership to prevent abuse

Partnership Compact and Strategic Business Plan 2020-2021

1. Introduction

This document describes how organisations and their representatives on the Lewisham Safeguarding Adults Board (LSAB) will work together in partnership to safeguard the residents of Lewisham in 2020-21. It is based on the statutory functions of Safeguarding Adults Boards as set out in the Care and Support Statutory Guidance, issued and updated from time to time by the Department of Health and Social Care.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

1.1 The aims of adult safeguarding:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- then address what has caused the abuse or neglect.

1.2 Six key principles underpin all adult safeguarding work:

- Empowerment – people being supported and encouraged to make their own decisions and informed consent.
- Prevention – it is better to take action before harm occurs.
- Proportionality – the least intrusive response appropriate to the risk presented.
- Protection – support and representation for those in greatest need.
- Partnership – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability – accountability and transparency in delivering safeguarding.

1.3 Safeguarding duty: (this applies to an adult who)

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

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2. What is abuse and / or neglect?

The criteria set out in section 1.3 above need to be met before the issue is considered as a concern under the statutory safeguarding duty. Exploitation is a common theme in the following list of the types of abuse and neglect.

- **Physical abuse:** including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence:** including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse:** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse:** including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery**: encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse:** including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion (including Hate Crimes).
- **Organisational abuse**: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission**: including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect:** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

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3. The statutory functions of Safeguarding Adults Boards

As set out in Care and Support Statutory Guidance, issued by the Department of Health and Social Care, each Safeguarding Adults Board should:

- identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults;
- establish ways of analysing and interrogating data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally that builds up a picture over time;
- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements;
- determine its arrangements for peer review and self-audit;
- establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives;
- develop preventative strategies that aim to reduce instances of abuse and neglect in its area;
- identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry;
- formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults (which includes whistleblowing: see 5.4.3 to 5.4.7 of the London Multi-Agency Adult Safeguarding Policy and Procedures);

  http://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-final-.pdf
- develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect;
- balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis';
- identify mechanisms for monitoring and reviewing the implementation and impact of policy and training;
- carry out Safeguarding Adult Reviews;
- produce a Strategic Plan and an Annual Report;
- evidence how SAB members have challenged one another and held other boards to account; and,
- promote multi-agency training and consider any specialist training that may be required; including considering any scope to jointly commission some training with other partnerships, such as the Lewisham Safeguarding Children's Partnership Board.

The Strategic Business Plan for 2020-21 (page 11) sets out how the LSAB partner agencies will collectively prioritise and deliver these functions over the next 12 months.

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4. Lewisham Safeguarding Adults Board (LSAB) Terms of Reference

The LSAB works to prevent harm or neglect and to help those harmed by leading on and facilitating the following safeguarding adult activities for the borough:

- **Strategic planning**: activities such as consultation, setting goals and objectives, action planning and prioritisation, securing resources, tracking and review of implementation and goal achievement for safeguarding strategy. In addition the LSAB will influence and link to strategic planning and commissioning across the partnership to advise and scrutinise in relation to safeguarding adults.
- **Setting standards and guidance**: activities such as setting standards to be achieved, developing policies and procedural guidance to guide practice towards those standards. Monitoring and auditing the implementation of these policies and procedures.
- **Quality assurance**: lead and ensure activities such as monitoring, audit and review of practice, review of serious cases, incorporation of research and national guidance are undertaken as required. Conducting audits to ensure the effectiveness of what is done by agencies individually and collectively to safeguard and promote the welfare of adults at risk. Commissioning Safeguarding Adult Reviews and / or other reviews of incidents or organisations when an adult dies or is seriously harmed and abuse or neglect is suspected or proven.
- **Promoting participation**: by people who use services and carers in safeguarding practice. Promoting awareness and action in the wider community.
- **Awareness raising & publicity**: activities such as public awareness campaigns, targeted publicity and educational strategies, raising awareness within services.
- **Capacity building and training***:* activities such as training and workforce development.
- **Relationship management**: activities such as the negotiation and clarification of interagency roles and contributions, member agency compliance, troubleshooting and resolution of difficulties, liaison with wider partnerships and related areas of practice. In addition, undertake work as appropriate with the Lewisham Safeguarding Children's Partnership Board, Safer Lewisham Partnership and Lewisham Health and Wellbeing Board to ensure that policy and procedures, training and all other activities are co-ordinated and coherent.

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4.1 Care and Support Statutory Guidance

Members of a SAB are expected to consider what assistance they can provide in supporting the Board in its work. This might be through payment to the local authority or to a joint fund established by the local authority to provide, for example, secretariat functions for the Board. Members might also support the work of the SAB by providing administrative help, premises for meetings or holding training sessions. It is in all core partners' interests to have an effective SAB that is resourced adequately to carry out its functions.

Members who attend in a professional and managerial capacity should be:

- able to present issues clearly in writing and in person;
- experienced in the work of their organisation;
- knowledgeable about the local area and population;
- have a thorough understanding of abuse and neglect and its impact;
- understand the pressures facing front line practitioners;
- able to explain their organisation's priorities;
- able to promote the aims of the SAB; and,
- able to commit their organisation to agreed actions*.

* *While board members representing their organisations are expected to have the authority to commit their organisation to agreed actions, those board members representing Sub-Groups or non-service provider organisations may not have the relevant authority. In their case their role is to liaise between the Board and the Sub-Group and take back to their own organisations any proposals or recommendations for action.*

Each member of SAB must co-operate and contribute to the carrying out of a Safeguarding Adults Review (SAR) with a view to:

a) identifying lessons to be learnt from the adult's case, and
b) applying those lessons to future cases.

4.2 The responsibilities of members of the LSAB

The Lewisham Safeguarding Adults Board has an Independent Chair and Deputy Chair from one of the Board's partner agencies.

The LSAB expects board members to:

- develop and maintain effective working arrangements based on trust and mutual understanding;
- be an active partner in safeguarding and promoting the welfare of adults at risk of harm or neglect;
- contribute to the LSAB financially or by providing staff for particular tasks;
- collate and provide management information as required by the LSAB and contribute to quality assurance arrangements;
- share information to safeguard adults in line with agreed information sharing arrangements;
- commit to the work of the Board by undertaking allocated tasks or sourcing the appropriate support from within their agency to undertake the work and contributing to discussions;

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- identify and support staff to participate in the interagency activities of the LSAB through their active membership of the Sub-Groups and / or Task & Finish Groups, and to progress of the work of the Board between meetings;
- ensure that the policies, procedures and guidance from the LSAB are disseminated and acted upon in an effective way within their own organisations;
- ensure that communications are cascaded through organisations, services and to front-line staff as appropriate;
- represent the LSAB and its activities within their own organisation and within any groups they represent on the Board;
- report difficulties with own organisation and between organisations to the LSAB and work with partners to find effective solutions.

4.3 Organisations represented on the LSAB

- Healthwatch Lewisham
- Lewisham & Greenwich NHS Trust
- Lewisham Adult Social Care
- Lewisham Children & Young People's services
- Lewisham Safeguarding Children Partnership (LSCP)
- Lewisham Homes
- Lewisham Joint Commissioning Group
- Lewisham Public Health
- Lewisham Public Protection and Safety
- Lewisham Strategic Housing Services
- London Ambulance Services
- London Community Rehabilitation Company
- London Fire Brigade
- Metropolitan Police Lewisham
- National Probation Service, Lewisham and Southwark
- NHS Lewisham Clinical Commissioning Group
- South London & Maudsley NHS Foundation trust

There will also be representatives from partner agencies on Sub-Groups.

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4.4 Governance and accountability

- The LSAB is responsible for ensuring organisations are meeting their safeguarding obligations effectively, and will hold them to account if they are not.
- As individuals, Board members are accountable to their own agencies but the Board as a whole will be accountable to the Department of Health and Social Care, and provides reports locally to the Health and Wellbeing Board and the Healthier Communities Select Committee. Its work may be scrutinised periodically by the Overview and Scrutiny Committee and is liable to be inspected at any time by the Care Quality Commission (CQC).
- The Board, through the independent chair, is accountable to the Chief Executive of the Local Authority, the Chief Executive of the CCG and the Borough Commander of Police.
- These Executive Group of agencies may periodically meet to discuss the strategic direction of the Board, and additionally invite the London Fire Brigade Borough Commander, Chief Executive of Lewisham & Greenwich NHS Trust, and Chief Executive of the South London & Maudsley NHS Foundation Trust to join this group.

4.5 Equality and fairness

- The LSAB operates on the basis of principles which actively value the benefits of diversity and which ensure fair treatment in service delivery. This will include both equal access to and outcomes from local service delivery.
- The LSAB will seek, so far as it is practicable, to ensure equality of representation and participation in the local democratic process of which it is a part.
- The LSAB will, through its composition and ways of working, seek to inform, support, involve and give a voice to all sections of the local communities it serves, with particular emphasis on the inclusion of black, Asian and minority ethnic groups, faith communities and those living with a disability. It will seek to ensure an appropriate gender balance in its membership, so far as this is practicable.

4.6 Dispute resolution between LSAB Members – escalation policy

- As far as possible any disagreements or breaches should be resolved by negotiation and discussion between those involved.
- In circumstances where the matters cannot be resolved directly between agencies, the issue should be referred to the Executive Group in writing via the Chair of the LSAB. The group will consider whether it is necessary to establish a panel consisting of no less than three members from constituent organisations, who have no direct involvement in the matter. Appropriate representation from LSAB member(s) of the agencies involved in the dispute will then be invited to attend a resolution meeting. A formal agreement to resolve the dispute will be recorded and sent to the organisations involved for reference.

4.7 Conflicts of interest

Whenever a representative has a conflict of interest in a matter to be decided upon, the representative concerned shall declare such interest at or before discussions begin on the matter. The Chair shall record the interest in the minutes of the meeting and that representative shall take no part in the decision making process.

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5. The operational structure of the Lewisham Safeguarding Adults Board

5.1 The frequency of LSAB meetings

The Board meets four times a year. Board meeting dates will be set as far in advance as possible to ensure availability of all board members.

5.2 LSAB Sub-Groups

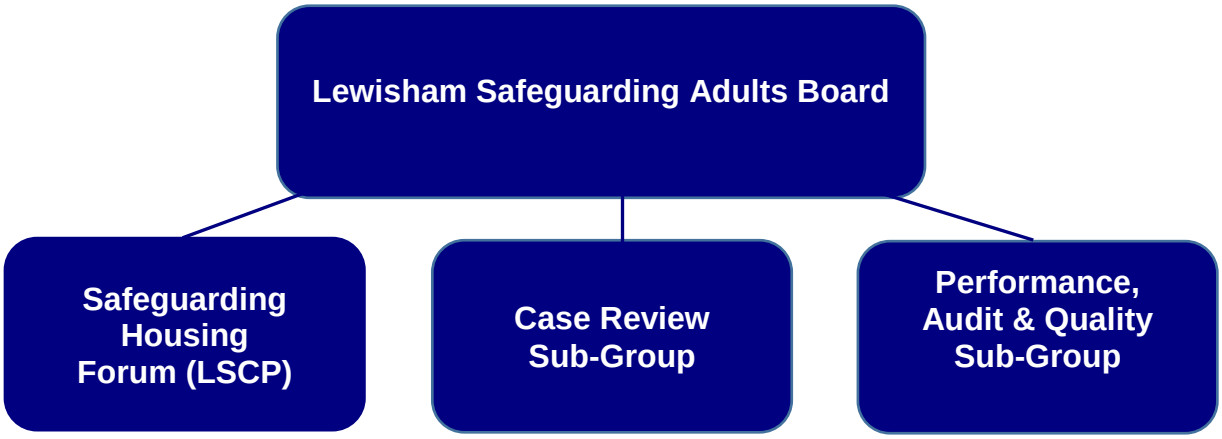
LSAB work activities are designed to achieve results in the most effective and efficient ways. This may include formal Sub-Groups meeting on a planned regular basis or through smaller specific Task and Finish Groups, workshops or other consultative events. This may include electronic consultation methods.

Each Sub-Group have their own Terms of Reference (Appendices 5-7), are responsible for delivering specific LSAB Strategic Objectives, and may commission Task and Finish Groups to deliver specific pieces of work linked to these objectives. Members of these groups must understand the remit of the LSAB; that they are assisting the LSAB to meet its objectives; and have the capacity to undertake work for the Board.

Membership of these groups will reflect a range of agencies across Lewisham. They may also include individuals with specialist knowledge or the ability to add value to achieving and implementing planned objectives.

Members are expected to attend meetings; contribute to discussions and activities of the Sub-Group. They may be required to undertake agreed specific tasks, delivering these in a timely way, alerting the Sub-Group Chair or other identified lead officer in advance of any deadlines being missed.

The Safeguarding Housing Forum has recently been reconstituted and is now jointly delivered and supported alongside the Lewisham Safeguarding Children's Partnership (LSCP).



5.3 Attendance

Individuals identified as Board, Sub-Group and / or Task and Finish Group members are expected to regularly attend meetings. Where there is unavoidable absence, all organisations should ensure that there is a suitable substitute representative from their agency.

Attendance records of the Board and any Sub-Groups will be reported to the Board annually.

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5.4 Administrative arrangements for the LSAB

The draft agenda will be sent to Board Members for approval/late item requests 15 working days before the meeting. Board members will have five working days to respond. Requests to alter the agenda after this deadline will not be accepted.

The agenda and associated papers for each Board meeting are issued no later than five working days before the meeting by the LSAB Administrator.

Papers for the next meeting must be submitted to the LSAB Administrator at least 10 working days before the meeting. Only papers submitted before this deadline will be dealt with by the LSAB Administrator and included in the documents circulated with the agenda. Any documents missing the deadline must be circulated by the author/organisation and printed copies brought to the Board Meeting.

Minutes of LSAB Board meetings are taken by the LSAB Administrator and circulated within 15 working days of the meeting.

6. Review

These terms of reference will be reviewed as required in response to significant change in guidance, legislation or member organisations.

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Appendix 1: Strategic Business Plan 2020-21

Vision

To ensure adults are safeguarded by empowering and supporting them to make informed choices and decisions.

Priorities

1. Prevent adult exploitation, abuse and neglect
2. Develop intelligence led, evidence based practice
3. Strengthen partnership working.

Prevention Aim

We will continue to make further progress in developing preventative strategies

Objectives:

1. Further improve public and professional awareness:
   - review the Board's Communication and Engagement Strategy.

2. Expand the Board's Learning, Training and Development Strategy:
   - develop Foundation Level learning.
   - use the findings from SARs published in Lewisham to inform delivery.

3. Deliver the findings from the Prevention Audit, including a full review of Advocacy Services.

Accountability Aim

We will use the Board's performance monitoring information to help develop evidence based practice

Objectives:

1. Implement a refreshed Adult Safeguarding Pathway including links to the delivery of an adult Multi-Agency Safeguarding Hub (MaSH), improving consistency of approach and helping remove barriers to reporting abuse.

2. Expand data analysis to closely examine ethnicity related information.

3. Use the information from the National SAR Analysis (August 2020) to inform audit and review processes, leading to sector led improvements.

Partnership Aim

We will continue to demonstrate our commitment to supporting 'the whole family approach' to safeguarding those most at risk of abuse and neglect in Lewisham

Objectives:

1. Develop 'Trauma Informed' leadership and practice.

2. Work towards reducing racial disparity and disproportionality:
   - delivering effective whole community engagement.

3. Further embed the 'Think Family' approach to safeguarding, working effectively with the Local Safeguarding Children Partnership, Health and Wellbeing Board and Safer Lewisham Partnership.

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Appendix 2: SAB Assurance Role

The SAB must ensure it has arrangements that will enable it to carry out the duties and functions specified under the Care Act. It must have a clear, agreed understanding of the roles, responsibilities, authority and accountability of its member agencies and:

- suitable **governance arrangements** including an escalation process for when agreement cannot be reached between members;
- an effective **infrastructure;**
- links to other boards and partnerships;
- adequate resources;
- opportunities for people with care and support needs and carers to contribute to and inform its work;
- person-centred, outcome-focused safeguarding arrangements and policies;
- ensure that there is awareness training for all health and social care staff and police who work directly with people with care and support needs;
- ensure that there is specialist training for all practitioners who have direct responsibilities for safeguarding work;
- evaluate effectiveness and impact of training;
- a system for agencies reporting to the board on the measures they have in place, how they are working and enable them to respond to challenge from the board;
- a prevention strategy specifying each agency's responsibilities;
- links with the wider community to inform it of, and receive feedback on the work of the SAB;
- arrangements to monitor, evaluate and raise public awareness of adult abuse and neglect and how to respond;
- arrangements to provide advice and support to other organisations to improve their safeguarding mechanisms and activity;
- agreement and guidance on which types of Serious Incidents in the NHS are regularly reported to the SAB;
- produce Annual Reports, detailing what the SAB and its members have achieved, including how they have contributed to the board's objectives and what has been learned from and acted upon from the findings of Safeguarding Adults Reviews and other reviews and audits;
- ensure that partner organisations have arrangements for the quality assurance of the effectiveness of their safeguarding work;
- a communication strategy to manage, among other things, the SAB's contact with other parties including the broader community and the media.

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Appendix 3: Lewisham Safeguarding Housing Forum – Terms of Reference

Purpose of the Forum
Members of the Forum will support the delivery of the Lewisham Safeguarding Adults Board (LSAB) and Lewisham Safeguarding Children Partnership (LSCP) Strategic Aims and Principles, helping to underpin these across the social housing sector:

LSAB Strategic Aims 2020-2021:
- Prevent adult exploitation, abuse and neglect.
- Develop intelligence led, evidence based practice.
- Strengthen partnership working.

LSCP Strategic Aims & Principles 2018-2021:
- Develop effective, multi-agency strategies to reduce the rates and impact of domestic abuse and child exploitation for children and young people in Lewisham.
- Have a clear and shared understanding of the data so that we have a shared language to articulate the challenges and the impact we want to make.
- Have a shared understanding of and approach to the management of risk to ensure that all partners can make timely and effective decisions.
- Ensure that services for children and young people must be designed and delivered in a way that reflects the richness of diversity in the borough, working with and listening to communities so that innovation can be harnessed, risk can be moderated, escalation of need can be prevented and life chances maximised.
- Have performance measures that are based on a shared understanding of what success should look like from the perspective of children, young people and their families.

Members of the Forum
Any Social Housing Provider with property in the Borough has the right to request representation on the Forum. Strategic decisions will be made by the Chair to also invite agencies from the un-regulated housing sector, in conjunction with commissioning partners, to become members of the Group.

Attendance
The organisational safeguarding lead and / or the local operational lead should attend or nominate a particular officer to attend regularly, with a named deputy who will substitute when they are not available.

Virtual meetings
Most meetings will be held virtually to make attendance at the Forum as efficient as possible, although face to face meetings may also be held, particularly to help facilitate the development of the group.

Chair of the Forum
The Chair and Deputy Chair of the Sub-Group will be selected by the LSAB and LSCP Business Managers.

The Chair and Deputy Chair will serve for a minimum of one year and maximum of three.

Governance
To be quorate each meeting of the Sub-Group must have present:

- The Chair and / or Deputy Chair, acting as Chair; and,
- LSAB or LSCP Manager (or deputies); and
- Representatives from at least five housing providers (including the Chair).

The Group will submit a report each year to the LSAB and LSCP for inclusion in their respective Annual Reports.

These Terms of Reference will be reviewed in line with the LSAB and LSCP Strategic Business Planning processes.

If any disputes arise that cannot be resolved by the Chair / Deputy Chair, these can be dealt with by the LSAB/LSCP Business Managers.

Frequency of meetings
The Forum will meet quarterly. Meetings will be organised in liaison with the LSAB Team Administrator who will book meeting venues, issue invitations, circulate papers, facilitate and take notes of meetings.

Agenda for Forum meetings
Any member of the group can propose items for the agenda.

The agenda for each meeting will be agreed between the Chair/Deputy Chair and the LSAB/LSCP Managers, following consultation with group members.

A list of proposed topics for discussion will be kept by the LSAB Administrator.

The agenda will include items drawn from the Strategic Aims outlined, and may include:

- Guest speakers to present briefings.
- Feedback from the main board meetings.
- Updates from the LSAB/SCP Business Team including planned events and training.
- A specific Safeguarding topic for discussion.
- Learning from Safeguarding Adult Reviews to be taken back to member organisations.
- Planning for the Sub-Group.

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Appendix 4: Case Review (CR) Sub-Group – Terms of Reference

Purpose of the Sub-Group

Members of the group will support the delivery of the Lewisham Safeguarding Adults Board's Strategic Business Plan, and help underpin the Board's priorities across the Borough:

- Prevent adult exploitation, abuse and neglect.
- Develop intelligence led, evidence based practice.
- Strengthen partnership working.

Key functions

- To fulfil the statutory duty of the Board in respect of Section 44 of the Care Act 2014 and Safeguarding Adults Reviews (SAR's).
- To ensure that SARs are completed in line with national guidance and best practice, and to continuously develop and implement local SAR processes and procedures.
- To ensure that any lessons learnt from local, regional and, where appropriate, national SARs, other forms of review and operational issues (including the Serious Concerns Protocol) are disseminated to Board partner agencies.
- To agree and monitor the implementation of action plans resulting from SARs and other non-statutory reviews.
- To make recommendations to the Independent Chair on the conduct of SAR's, type of methodology and where responsibility rests for leadership, oversight and co-ordination of any chosen review process.

Key responsibilities in 2020-21

- To consider the wide range of circumstances that might give rise to a SAR Notification and decide the appropriate review methodology, dependent on the seriousness and complexity of the case.
- To consider other cases that may require a single or multi-agency management review.
- To receive serious incident reports, domestic homicide review reports and management reviews when it is considered that there may be lessons to be learned on the safeguarding of adults at risk of abuse or neglect.
- To achieve the timescales as determined within the Board's Safeguarding Adults Review procedures.
- Appoint an Independent Chairperson and members of a Review Panel, if necessary, draft the Terms of Reference, and appoint reviewers.
- Liaise with the LSAB Business Manager to agree how the Business Team will support the organisation, co-ordination and administration of any review.
- To monitor progress of the review and ensure compliance with timescales.
- To ensure that the reports from all reviews, together with a recommendation on action planning, are presented to the Board for approval.
- To implement an agreed process for disseminating learning from reviews and operational issues, including outcomes from the Serious Concerns Protocol.
- To ensure that the Board is advised about any changes in legislation that impact on the Safeguarding Adult Review process.

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Members of the Sub-Group
Membership of the Sub-Group will be largely drawn from the Board's statutory partner agencies, although other partner organisations may also be members if required.

Expected attendance
The designated Board member will be expected to attend or nominate a named deputy who will attend on their behalf.

Virtual meetings
Most meetings will be held virtually to make attendance at the Forum as efficient as possible, although face to face meetings may also be held, particularly to help facilitate the development of the group.

Chair of the Sub-Group
The Chair and Deputy Chair of the Sub-Group will be selected by the Lewisham Safeguarding Adults Board.

At Sub-Group meetings where any SAR being considered is linked to that partner's agency, then the Deputy Chair must take over the duties of the Chair.

The Chair and Deputy Chair will serve for a minimum of one year and maximum of three.

Representation on the main Lewisham Safeguarding Adults Board
The chair (and Deputy Chair) of the Sub-Group will already be members of the Lewisham Safeguarding Adults Board.

Governance
To be quorate each meeting of the Sub-Group must have present:

- The Chair and / or Deputy Chair, acting as Chair; and,
- LSAB Manager and /or LSAB Co-ordination and Development Officer; and
- Two other Board partner agencies.

The Sub-Group will submit a report each year to the Board for inclusion in the Board's Annual Report.

These Terms of Reference will be reviewed in line with the Board's Strategic Business Planning processes.

If any disputes arise, that cannot be resolved by the Chair / Deputy Chair and LSAB Business Manager, this will be taken to the main board for resolution.

LSAB Business Team Representation at meetings
The LSAB Manager and / or Co-ordination & Development Officer will attend all meetings.

Frequency of meetings
The Sub-Group will meet bi-monthly. Meetings will be organised in liaison with the LSAB Team Administrator who will book meeting venues, issue invitations, circulate papers, facilitate and take notes of meetings.

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Appendix 5: Performance, Audit and Quality (PAQ) Sub-Group – Terms of Reference

Purpose of the Sub-Group

Members of the group will support the delivery of the Lewisham Safeguarding Adults Board's Strategic Business Plan, and help underpin the Board's priorities across the Borough:

- Prevent adult exploitation, abuse and neglect.
- Develop intelligence led, evidence based practice.
- Strengthen partnership working.

Key functions

- To ensure that there is appropriate oversight of the delivery of the Board's strategic leadership role to promote inter-agency co-operation, prevent the risk of abuse and neglect, and to improve outcomes for people who have been abused or neglected.
- To agree a performance framework for collecting and reporting on key indicators for safeguarding activity across partner organisations, to inform the Board that agencies are fulfilling their responsibilities for safeguarding adults in line with agreed policies and procedures.
- To develop systems to audit and review safeguarding practice, to provide assurance to the Board that this is in line with agreed policies, procedures and guidance.
- To ensure systems are in place to receive feedback from service users and carers regarding their experience of statutory safeguarding processes, and that this is used to improve practice where appropriate.
- Support the ongoing development of the Board's Communication & Engagement Strategy by generating relevant safeguarding intelligence linked to race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage (including homelessness) and disability.

Key responsibilities in 2020-21

- Deliver the findings from the Prevention Audit (March 2020), including a full review of Advocacy Services.
- Expand data analysis to closely examine ethnicity related information.
- Use the information from the National SAR Analysis (October 2020) to inform audit and review processes, leading to sector led improvements.

Members of the Sub-Group

Membership of the Sub-Group will be from the Board's partner agencies, although expertise may be drawn from other relevant organisations to support the work of the Sub-Group.

Expected attendance

The designated Board member will be expected to attend or nominate a named deputy who will attend on their behalf.

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Virtual meetings
Most meetings will be held virtually to make attendance at the Forum as efficient as possible, although face to face meetings may also be held, particularly to help facilitate the development of the group.

Chair of the Sub-group
The Chair and Deputy Chair of the Sub-Group will be selected by the Lewisham Safeguarding Adults Board.

The Chair and Deputy Chair will serve for a minimum of one year and maximum of three.

Representation on the main Lewisham Safeguarding Adults Board
The Chair of the Sub-Group will already be a member of the Lewisham Safeguarding Adults Board.

Governance
To be quorate each meeting of the Sub-Group must have present:

- The Chair and / or Deputy Chair, acting as Chair; and,
- LSAB Manager and /or LSAB Co-ordination and Development Officer; and
- Two other Board partner agencies.

The Sub-Group will submit a report each year to the Board for inclusion in the Board's Annual Report.

These Terms of Reference will be reviewed in line with the Board's Strategic Business Planning processes.

If any disputes arise, that cannot be resolved by the Chair / Deputy Chair and LSAB Business Manager, this will be taken to the main board for resolution.

LSAB Business Team Representation at meetings
The LSAB Manager and / or Co-ordination & Development Officer will attend all meetings.

Frequency of meetings
The Sub-Group will meet quarterly. Meetings will be organised in liaison with the LSAB Team Administrator who will book meeting venues, issue invitations, circulate papers, facilitate and take notes of meetings.

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Appendix 6: Key Contacts

Position	Name	Contact Details
LSAB Independent Chair	Professor Michael Preston-Shoot	Team Phone: 0208 314 3117 Michael.Preston-Shoot@lewisham.gov.uk
LSAB Business Manager	Martin Crow	Lewisham Safeguarding Adults Board 3RD Floor, Laurence House Catford London SE6 4RU Phone: 020 8314 6139 Mobile: 0777 159 4879 martin.crow@lewisham.gov.uk
LSAB Co-ordination and Development Officer	Vicki Williams	Lewisham Safeguarding Adults Board 3RD Floor, Laurence House Catford London SE6 4RU Phone: 0208 314 6442 Team Phone: 0208 314 3117 Vicki.Williams@lewisham.gov.uk
LSAB Administrator	Tiana Mathurine	Lewisham Safeguarding Adults Board 3RD Floor, Laurence House Catford London SE6 4RU Phone: 020 8314 9238 Team Phone: 0208 314 3117 Tiana.Mathurine@lewisham.gov.uk

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Lewisham Safeguarding Adults Board
A working partnership to prevent abuse

Prevention - Maturity Audit

1. Introduction

This audit was conducted with the Board's three statutory partners between March and May 2020, to deliver the planned objective set out within the LSAB Strategic Business Plan 2019-20. The Performance, Audit and Quality (PAQ) Sub-Group agreed the content and format for the self-audit, which was delivered using a guided discussion on the audit template between the LSAB Business Manager and the partner's representative (as well as background research and consultation within the agencies).

The PAQ agreed to assess the findings and usefulness from these initial audits before deciding to further roll this out to other Board partners.

2. Summary

As outlined below in Table 1, the vast majority of the Prevention Strands were rated as Amber by partners, with an agreed consensus that much more could be done both individually by each agency, as well as collectively as a Board partnership. Although the RAG Ratings illustrate that most areas are largely Amber, some of these strands should be prioritised and examined more closely, and in particular 'Improve Public Awareness', which underpins all of the other areas, and 'Focus on Equality & Narrowing Inequality'. This is crucially important in a Borough that is already highlighting racial disparity and disproportionality as a significant issue, brought into sharper focus due to the health inequalities exposed by COVID-19, and more broadly by the Black Lives Matter campaign.

3. Findings

3.1 Table 1: Overview of the RAG Ratings

	Prevention Strands						
Agencies	**Improve Public Awareness**	**Identifying and Responding Effectively to Abuse**	**Consistent & Widespread Application of Policies and Procedures**	**Focus on Equality & Narrowing Inequality**	**Provide Information, Advice & Advocacy**	**Provide Access to Training & Education**	**Support Broader Wellbeing Strategies**
CCG (Lewisham)							
Police (SE BCU)							
LBL							

3.2 Improve Public Awareness
Two of the three agencies did not have specific strategies for this subject within their function in relation to adult safeguarding, and therefore did not specifically influence any broader corporate activities to improve public awareness. One agency achieves some good outcomes via a public facing website, by passing down information through professional networks, and by other communication activities, but not through direct engagement with the public.

The Board produced a Communication and Engagement Strategy in July 2019 to help co-ordinate this type of activity collectively in conjunction with partners (through the work of the LSAB Business Unit), using 12 methodologies to deliver this. Although a good start has been made, the volume and pace this work can be delivered at is affected by other pressures, such as the significant SAR workload.

All three agencies agreed that much more could and should be done in this area of preventative work, and individual actions have been generated as a result of this self-audit.

3.3 Identifying and Responding Effectively to Abuse
There is some good training being delivered by the agencies across the Borough which helps to underpin this strand, with appraisal and supervision also being used, although this has been described as 'patchy'. The Met Police have corporate toolkits and policies linked to adult abuse, specifically trained staff who investigate crimes, and a dedicated community safety unit. LBL have also invested in a Hoarding Development Officer Post (initially funded for 12 months), and recently initiated a project to re-configure the safeguarding pathway which will help improve this area of activity.

However, case work 'drift' has been identified across agencies in relation to the safeguarding pathway, and there is generally a low volume of adult abuse being identified in Lewisham, which illustrates that more work is needed across the system in this area (see Performance Report –Table 2).

3.4 Consistent and Widespread Application of Policies and Procedures
There is good performance from Police when there is a crime/suspected crime, although only a small amount of Merlin Reports submitted locally are being translated into s.42 Enquiries (see Performance Report –Table 3). It has been agreed more work can be done to improve the coding of these reports locally, and there has recently been some refreshed training linked to this subject. The s.42 Audit conducted in 2019 indicated some good work within LBL, but two strategies that were published locally (Self-Neglect and Hoarding and Modern Slavery) in the last 12-24 months do not appear to be generating any increased activity in these areas (see Performance Report –Table 5).

There are data problems within adult mental health which means it can be difficult to analyse performance and quality, and it is also difficult to generate a full picture across the health system due to the complexity and volume of commissioned services.

3.5 Focus on Equality and Narrowing Inequality
Although agencies are delivering equality and diversity training to staff and issues may be 'picked up' through processes such as Provider Concerns Meetings, there was no evidence of specific strategies or monitoring in this area of work individually within these agencies, although Met Police stated this can be delivered if requested.

Although this audit was completed before recent events linked to the Black Lives Matter campaigning, this has understandably created a new and sharper focus on this subject, which is reinforced by the racial disparity in relation to COVID-19 deaths within the general public and the health and social care workforce.

The Board established the Performance, Audit and Quality Sub-Group in September 2019 who have started to analyse the available and relevant information linked to Safeguarding Concerns and Enquiries, and there is commitment from agencies to support this work. However, partners may need to individually assess their effectiveness across every area of safeguarding activity, and the Board may also need to strengthen its strategic objectives to expand and intensify this monitoring, supporting the collective effort to reduce inequalities across the Borough.

3.6 Provide Information, Advice and Advocacy
This is another strand that all of the participating agencies rated as Amber locally, indicating that much more work is needed to strengthen the approach to this subject across Lewisham. There is some good work being delivered by the Nurse Advisor in the CCG, and good services delivered by Police (and commissioned services) linked to Domestic Violence and Abuse (DVA), as well as good advocacy within Learning Disability Services. But otherwise there are concerns that advocacy services are generically not robust enough, and there is not sufficient monitoring to provide the appropriate oversight for these commissioned services.

The Board's tranche of information materials for the general public also needs to be improved, including the provision of translated copies for the main safeguarding leaflet.

3.7 Provide Access to Training & Education
This area of the audit was most strongly rated by two of the agencies, who outlined the detailed training offer they are providing within their individual and commissioned workforces. The Council also has an appropriate Learning, Training and Development Strategy within ASC, but the wider corporate induction programme for all staff could be stronger, and the loss of the ME-Learning (e-learning) platform may also reduce access to foundation level learning for Council employees. This is also a big loss for the whole Borough as many agencies were able to access this, leaving a large gap in provision locally.

This has previously been discussed by the Board and initially deferred as online learning was seen an as unpopular methodology by some partners, however, in the current climate we live in online learning may now have become a necessity.

There is already an action for the Board to conduct a more in-depth Training Needs Analysis in support of the initial (and more simplistic) version conducted in the Autumn of 2019, however this is a very intensive and time consuming process, and some decisions may need to be made to ensure appropriate training activities are commissioned and delivered in the shorter-term.

3.8 Support Broader Wellbeing Strategies
Adult Social Care specifically, and LBL corporately, are delivering several projects which support the wider wellbeing agenda in Lewisham. Similarly there are many health based initiatives that the CCG fund and commission, although it is accepted that more could be achieved within the primary health domain. Local Police also deliver preventative work linked to wellbeing, particularly in relation to DVA as well as other projects such as the Herbert Protocol (dementia support linked to adults that may go 'missing').

However, there are currently no formal strategic links between the LSAB and the Lewisham Health and Wellbeing Board (HWB), and by extension no priorities have been identified to connect the work of the two Boards.

4. Conclusions
There is a fairly limited focus given to prevention linked to adult safeguarding within the three statutory agencies, probably due operational demands to manage incidents and risk. This initial set of self-audits should be expanded for use by all Board partners in 2020-21, leading to the development of local Adult Safeguarding Prevention Guidance to act as 'what works' reference for practitioners.

5. Recommendations

5.1 More emphasis and resources need to be prioritised to improve the profile of adult safeguarding related issues, both by agencies individually in the Borough, and collectively through the work of the Board.
5.2 The work to develop the Adult Safeguarding Pathway should be the catalyst for the PAQ Sub-Group to oversee any new local procedures that are created, and to also assess if more local guidance or strategies are required to help with the identification of and response to adult abuse and neglect.
5.3 The PAQ Sub-Group should also set up the necessary systems to further drill into data for each strand of abuse linked to ethnicity, and develop actions to help address inequalities and racial disparity across the Borough.
5.4 A full and formal review of advocacy services should be commissioned, leading to improved monitoring and reporting, which in turn will link to 5.3.
5.5 A group should be established to assess the need for public facing information and literature, which should then be co-produced with relevant and appropriate organisations (links to 5.1).
5.6 The Board's Training Plan for 2020-21 should include agreed method(s) to meet the demand at foundation level, filling the gap left by ME-Learning. Strong consideration should also be given to commissioning multi-agency training for Enquiry Officers and SAMs (or equivalent), which partners could fund collectively from their individual budgets, allowing the Board to deliver this.
5.7 The Board should work more closely with the HWB to develop joint strategic priorities and objectives.

Martin Crow
LSAB Business Manager
25 June 2020

Loneliness and Social Isolation in the Armed Forces Community

Briefing for local authorities

Summary

Loneliness and social isolation are public health hazards. Recent research for The Royal British Legion revealed that members of the Armed Forces community are exposed to events and challenges that make them more vulnerable to loneliness and isolation. The frequent house moves, long periods of separation from family and friends, and the challenge of transitioning out of the Forces are just a few of the factors that raise the risks.

The Legion is calling on local authorities to recognise the specific hazards of loneliness and social isolation among the Armed Forces community by including consideration of this group in their Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS).

Background

In 2014, the Legion published *A UK household survey of the ex-service community*[1], which at that time was the largest survey conducted of the UK ex-Service community. The survey found that one in six members of the ex-Service community reported experiencing some relationship or isolation difficulty, equivalent to around 770,000 people.

The Legion embarked on a cross-organisation project exploring loneliness and social isolation in the Armed Forces community in greater depth and published our findings in 2018. Our subsequent report, *Loneliness and Social Isolation in the Armed Forces Community*[2], was, to our knowledge, the first piece of research carried out on this topic specifically concerning the Armed Forces community. This research, which included interviews, focus groups and an online survey, revealed that elements of a military lifestyle can increase vulnerability to loneliness and social isolation.

In response to the increasing awareness of loneliness as a public health problem, the UK Government launched its loneliness strategy[3] in October 2018. This strategy acknowledges veterans as being at increased risk of experiencing loneliness. The UK Veterans Strategy published in 2018[4] also identifies loneliness as one of six key themes to be addressed over the next ten years.

Local authorities play a key role in helping to reduce loneliness and social isolation in communities. They are ideally placed to understand the levels of loneliness in their areas, identify who is at risk, and act. The Government's loneliness strategy acknowledges the work already being done and calls on local authorities to consider how loneliness can be embedded in their strategic planning and decision making.[5] The Local Government Association (LGA) have encouraged councils to take action to tackle loneliness by raising

[1] The Royal British Legion, *A UK household survey of the ex-service community*, 2014
[2] The Royal British Legion, *Loneliness and Social Isolation in the Armed Forces Community*, 2018
[3] HM Government, *A Connected Society: A Strategy for tackling loneliness*, 2018
[4] HM Government, *The Strategy for our Veterans,* 2018
[5] Ibid. p.16

awareness, finding those who are experiencing loneliness, and providing interventions and services that can alleviate the problem; while taking a strategic approach by including loneliness in Joint Strategic Needs Assessments (JSNAs) and setting tackling loneliness as an objective in Joint Health and Wellbeing Strategies (JHWS).

The wider impact of Covid-19 and the lockdown specifically are still being analysed but early indications from the Mental Health Foundation indicate a significant increase in feelings of loneliness in the UK. In March 2020, 10% of UK adults said they felt lonely, increasing to 24% by the beginning of April 2020. It is therefore incredibly timely to consider additional measures to alleviate loneliness and social isolation and acknowledge this as a public health priority. The Legion's nationwide network of branches and members sprung into action during the pandemic, supporting their community to stay connected with a range of activities from online fitness and baking classes to telephone buddying and virtual gardening clubs.

Key Findings

Key findings from the Legion's Loneliness and Social Isolation report include:

- One in four survey respondents from the ex-service community indicated that they feel lonely and socially isolated 'always' or 'often'.
- Moving to a new area was the most common cause of social isolation.
- Bereavement was the most common cause of loneliness.
- Exiting the Armed Forces was the most common cause of both loneliness and social isolation. 51% of survey respondents said exiting the Armed Forces caused them to feel lonely or social isolated in the past. When responses were filtered for veteran respondents only, this figure rose to 65%.
- The self-reliant culture of the Armed Forces can limit people's willingness to seek help or speak out when they feel lonely or isolated.
- The need for Service personnel to be deployed away from their families and friends for long periods can lead to relationship difficulties.
- Military accommodation can be viewed in two ways. Some people find life on 'patch' gives them a ready-built community to live in, while others find it small and inward looking.

Research identified six particular triggers for loneliness and social isolation in the Armed Forces community. These are:

1. Increased volume of transitions in the Armed Forces due to a highly mobile lifestyle.
2. Armed Forces culture: A culture of self-reliance, and a perceived lack of understanding from the civilian community.
3. Relationship issues: Long periods of separation from family, difficulties upon a partner or parent's return, and relationship breakdown due to pressures of Service life.
4. Accommodation issues: Some issues integrating into new communities, a lack of support or information for those renting/living privately.
5. Exiting the Forces: Concerns over life on 'civvy street', a lack of social networks post-exit, struggle with sudden discharge due to health or other issues.
6. Health and injury: Impact of ageing and health issues on mobility and social networks, impact of injury on career and family, difficulties adjusting to new roles and responsibilities.

Consequences

Loneliness and social isolation are recognised as a national priority and a national health hazard. Loneliness is linked to high blood pressure, depression, anxiety, Alzheimer's disease, and an increase in the risk of premature death by 30%.[6] People experiencing loneliness are more likely to visit GPs and hospitals, and more likely to enter local authority care.[7] Three-quarters of GPs say that up to five of their patients each day attend because they are lonely.[8] Tackling loneliness and social isolation not only alleviates suffering of local residents but is an important part of preventative public health work.

Recommendation

The Legion is calling on local authorities to improve the measures they take to help members of the Armed Forces who are feeling lonely or socially isolated by including loneliness and social isolation in their JSNAs and JHWS.

Please see Appendix 1 for further information on available support.

[6] LGA, *Combating Loneliness: A guide for local authorities*, 2016, p.7
[7] HM Government, , *A Connected Society: A Strategy for tackling loneliness*, p. 19
[8] LGA, *Loneliness: How do you know your council is actively tackling loneliness*, 2018, p.4

APPENDIX 1

Available Support

The Royal British Legion provides a wide range of support for the Armed Forces community, including services which help build connections. The following is a snapshot of some of our activity in this area, although some services are currently more limited as a result of Covid-19:

1. Community Support

We have an established network of Branches in England, Wales & Ireland involved in Community Support. This volunteer facet is a substantial force within the community, providing a sense of comradeship and creating openings for wider engagement. Recognising the sheer scale of those experiencing social isolation or loneliness in the Armed Forces community, this scheme offers services to support those identified as lonely or isolated, and provides a sense of belonging. Key provision focusses on the delivery of:

2. Telephone Buddies

Over 230 Branches are able to provide support on the phone through our Telephone Buddy Service. This gives people who are feeling isolated the opportunity to reach out, talk to someone about what they're going through, and find out about ways they can get involved in events and feel part of their local community. Between April and June 2020, we supported over 7,000 people through this service, making over 19,000 calls.

3. Home and Hospital Visits

Many of our Branches also reach out to people who have difficulty getting out and about to meet others, or who have no one to visit them during a stay in hospital. Branches are able to offer home and hospital visits to those who may be feeling isolated in some way. It gives them a chance to talk with someone who may understand what they're going through. Nearly 1,000 people were supported in this way between April and June 2020.

4. Care Homes

Our six Care Homes offer a number of ways to help frail older people (and their carers) feel more connected with the communities around them. These include dementia cafés or clubs, which give people living with dementia in the community a chance to socialise, participate in activities and build their confidence. We also offer social groups to support carers and organise events so that residents are able to make links with the local community.

5. Pop In Centres

At 15 locations across the UK, we offer a walk-in service for people who want to chat or find out about services and support in their local community. We work closely with other organisations such as Combat Stress, Walking with the Wounded and Age UK to help people make links with others in their area and get involved with events and other activities. Each centre offers a welcoming space for serving and ex-serving personnel, and their families, to get practical help and advice.

6. Financial Guidance and Hardship Support

Sometimes, social isolation can be exacerbated by financial problems, including getting into debt. We offer benefits, debt and financial guidance on a range of issues to help reduce stress and anxiety and aid a smooth transition to civilian life. We also run an online money management tool and offer grants, including crisis grants, to pay for essentials such as mobility items or hearing equipment, to give people the confidence to get out into their community and communicate better with the people around them.

7. Support for carers

We can provide specialist mental health nurses to support carers of people living with dementia. Admiral Nurses provide practical, emotional and psychological help to give the family unit healthy ways to cope as the illness progress. As a result, carers will feel less isolated and more connected to those who can give them help, as well as more able to provide a positive, caring environment for their loved one.

6. Help Living at Home

Our Help Living at Home service specialises in supporting people with disabilities or long term conditions to enable them to live independent, healthy and happy lives. This includes providing advice on local transport, events, social groups, fitness activities and support services, so people feel encouraged to go out.

8. Research and Campaigning

The Royal British Legion in 2018 released research into loneliness and isolation within the Armed Forces community. This research explored the unique or aggravated triggers for loneliness that serving and ex-serving personnel and their families face. The report also contained a number of recommendations for policy makers, which the Legion is pursuing.

Further details on the services provided, how you can refer for assistance or look to become involved with volunteering for TRBL can be found by visiting our website at www.rbl.org.uk or by calling our contact centre on **0808 802 8080**.

For residents outside the UK please call **+44 (0)20 3376 8080**. For residents in the Republic of Ireland please call **1800 992 294**.

The Impact of COVID-19 on Lewisham Residents

A report by Healthwatch Lewisham

September 2020

healthwatch Lewisham

“Life has become smaller; it feels like other people are a danger suddenly.

Kids have missed their friends and missed out on schooling.

Loss of income during furlough and a rapid move to working from home - which was stressful.”

Local resident

Contents

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1. Acknowledgments

Healthwatch Lewisham would like to thank the 1,030 residents who took the time to complete our COVID-19 survey. Your experiences will help local services to understand the issues of patients and inform their COVID recovery plans.

We would also like to acknowledge Charlotte Bradford, Sophie Kirby, Darren Morgan, Mathew Shaw and Marzena Zoladz for all their effort supporting the project.

Healthwatch Lewisham would like to thank our partners, South East London Clinical Commissioning Group for the co-production of the survey and to Baring Road Medical Centre and Sydenham Green Group Practice for sharing the questionnaire amongst their patients.

2. Background

Healthwatch Lewisham is one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

Our remit as an independent health and social care champion is to be the voice of local people and ensure that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers. We give children, young people and adults in Lewisham a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

We continue to deliver our core function of gathering public and patient feedback across health and care services impacting Lewisham patients. In June 2020, we developed an online questionnaire to understand the experiences of Lewisham residents during the COVID-19 pandemic and lockdown which was imposed by the UK Government in March.

The purpose of the project was to identify the different issues affecting Lewisham residents to inform health and care organisations and ensuring that the ongoing response to the pandemic and subsequent reviews take into account the needs and experiences of local people.

3. Methodology

An online survey was developed with our colleagues from the Lewisham Primary Care Commissioning Team and focused on the issues of access to services, access to information and the impact on people's mental health.

We collected views through the digital engagement from 10th June to the 17th July which was open to all residents who live in the London Borough of Lewisham. To hear the voices of those who are digitally excluded, we gave the opportunity for people to share their experiences over the phone, allowing us to fill out the survey on their behalf.

The survey consisted of 34 questions which were a mixture of quantitative and qualitative, respondents were able to give more detail about their experiences through free text comments.

We promoted the questionnaire through our website, social media and via a network of local contacts across the health and care and voluntary sector. GP practices also shared the survey with their patient lists by text.

All feedback was anonymous.

4. Limitations

Although residents were given the opportunity to speak to us over the phone to complete the survey, 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.

5. Executive Summary

This report is based on the feedback of 1,030 people, who completed the survey during June and July 2020.

This is a summary of key themes and issues (see sections 6 – 12 for findings in full).

Key Findings: Themes

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 within the local community; residents are wanting information on how they should respond if they witness a breach of the guidance, as well as reassurance that safety protocols will be followed

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 professionally 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.

Analysis of Feedback

This report is based on the feedback of 1,030 people, who completed the Healthwatch Lewisham COVID-19 survey during June and July 2020.

Our analysis (sections 6 – 12) presents findings around physical health and access to services; mental health and wellbeing; personal and family relationships; Black and Minority Ethnic (BAME) communities, environment and finances; communication and digital technology.

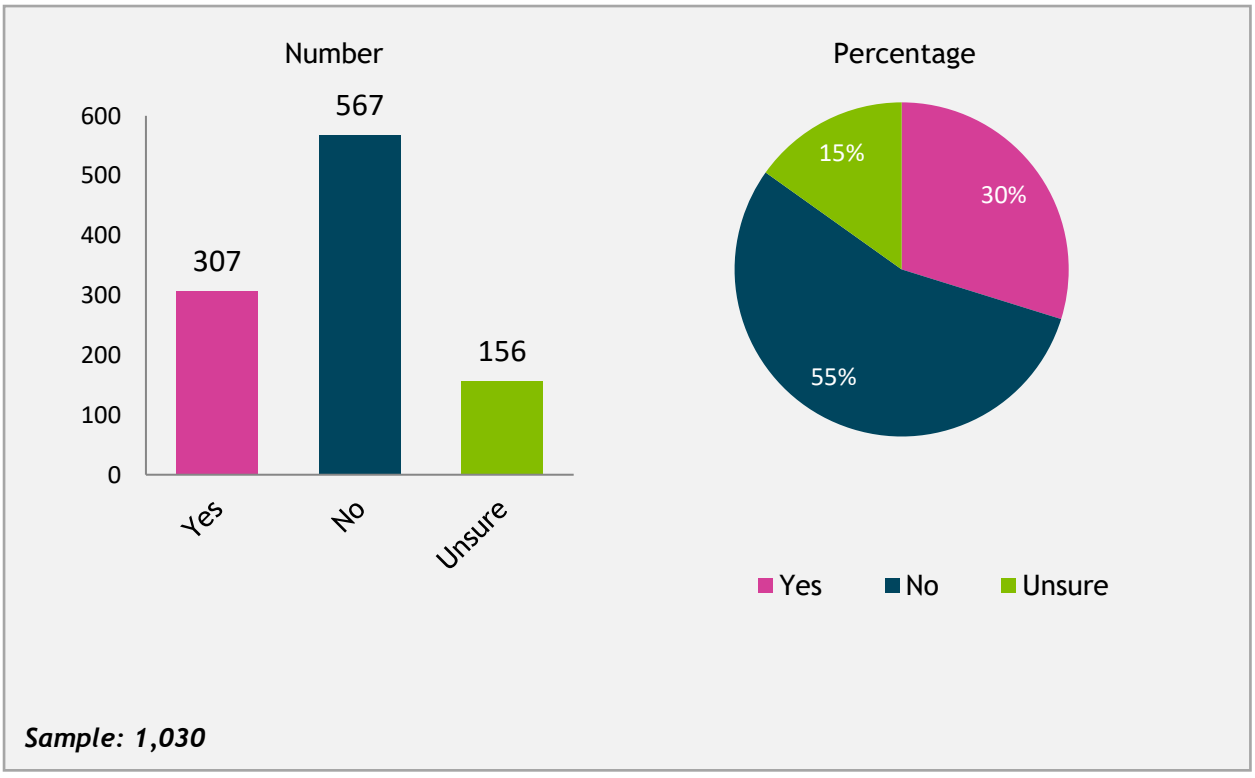
We analyse feedback as a whole, and look closely at age, gender, ethnic background and existing conditions, to establish any findings that may be especially relevant to certain groups.

6. Physical Health and Service Access

In this section, we identify those who consider themselves to be at high risk from Covid-19, explore infection concerns, and analyse feedback on health and care services.

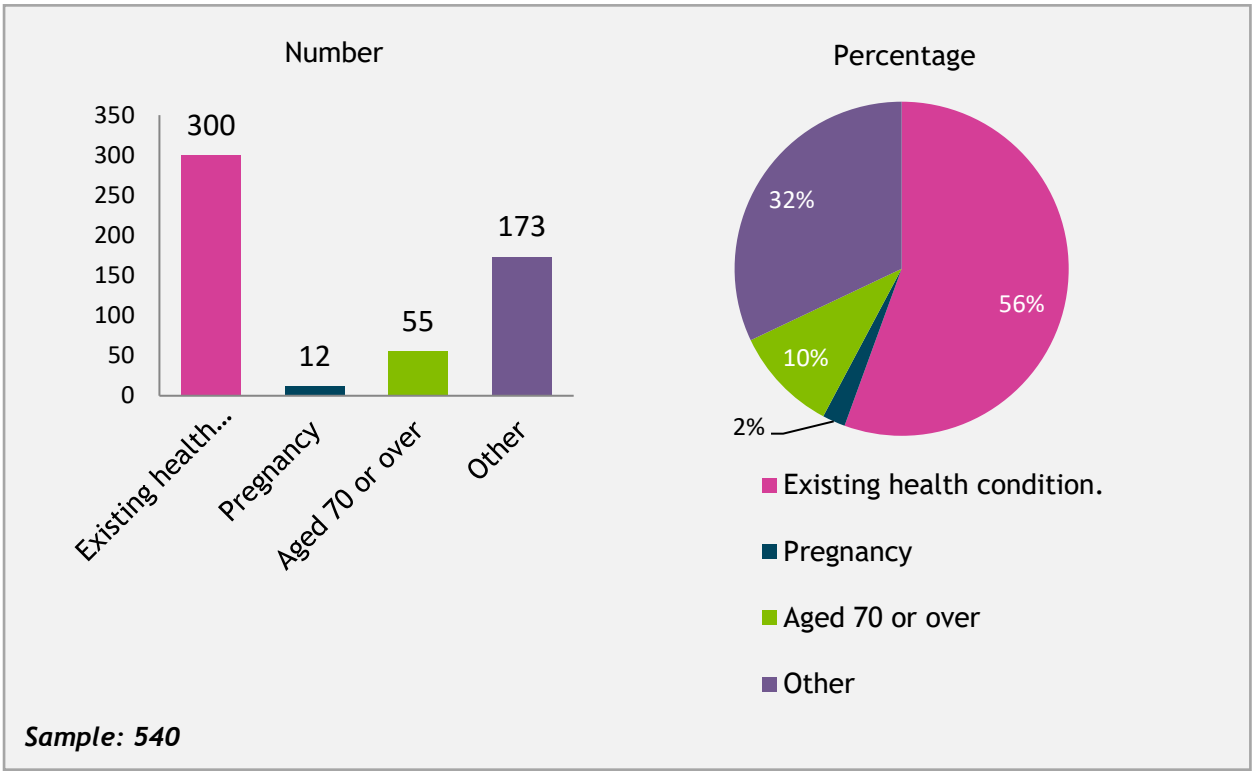
To understand people's concerns about coronavirus, we asked them whether they considered themselves to be at 'high risk'.

6.1 Do you consider yourself to be at high risk from Covid-19/Coronavirus?



Sample: 1,030

6.1.1 Please tell us why you consider yourself to be at high risk?



Sample: 540

Figure 6.1 shows that 30% of respondents felt they were at high risk if they contracted the virus. Of those identifying as high risk, 56% cite an existing health condition as the reason why they felt vulnerable. Stated long-term conditions include diabetes, hypertension, COPD and asthma. Residents with physical disabilities, mental illness or a cancer diagnosis were also concerned about the consequences if they were to catch the virus. 10% of respondents indicate that they considered themselves to be at high risk due to being aged 70 or over.

32% of respondents give 'other' reasons for why they classify themselves as high risk. For example, a significant number of people from BAME backgrounds consider their ethnicity to be a high-risk factor, largely due to the information being reported by the national media and statistics. Key workers based in exposed environments, such as schools, hospitals or supermarkets also felt vulnerable.

Many respondents also cite poor physical conditions, such as obesity and weakened immunity (often because of surgery).

6.1.2 Impact Scale

When looking closer at specific groups, we find that several exceed the baseline of 30%.Those with stated long-term conditions are the most at risk, with over half (54%) in the high-risk category.

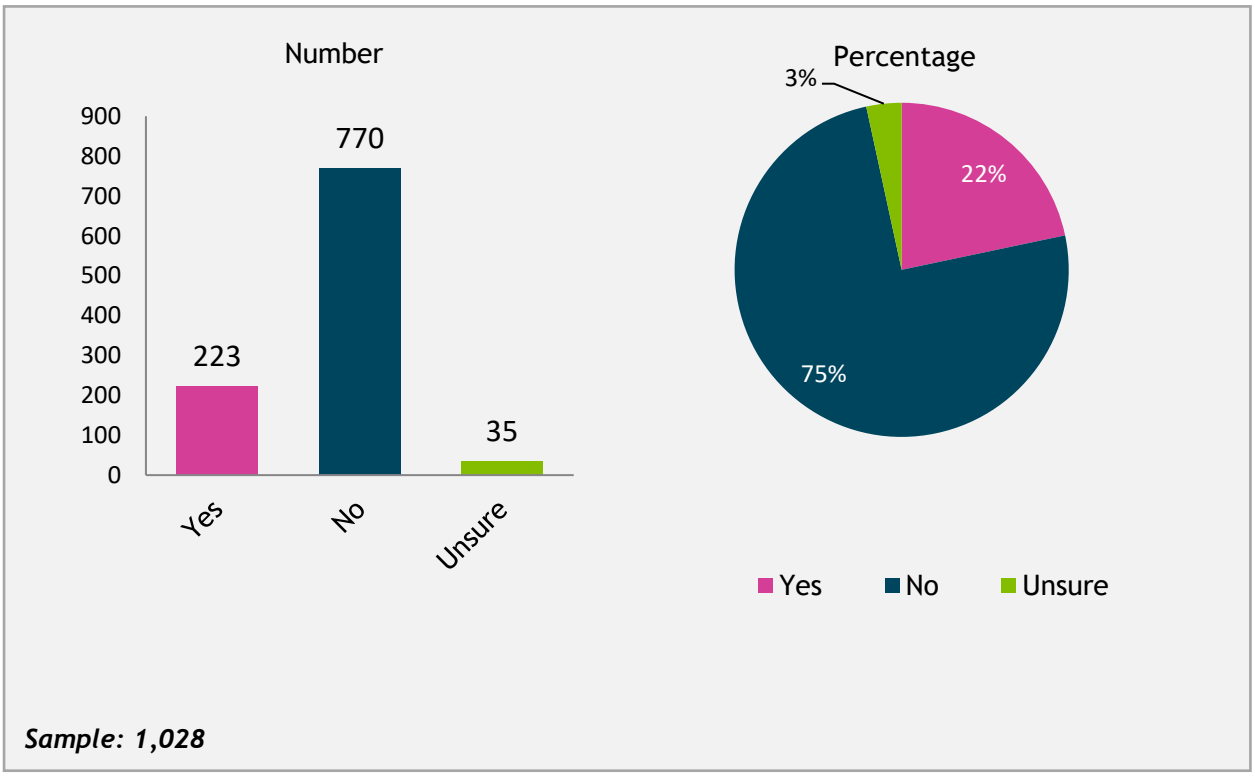
At 'high risk' from Covid-19/Coronavirus:

All respondents (baseline)	30%
Aged 50-64	34%
BAME respondents	35%
Men	36%
Disabilities	37%
Carers of people at high risk	43%
Aged 65+	50%
Long term conditions	54%

6.2 Caring for, or supporting those at High Risk

We asked people if they care for, or support anyone considered to be at high risk. Just over a fifth of respondents (22%) indicate that they do.

6.2.1 Do you care for or support someone, or more than one person, who is considered to be at high risk?

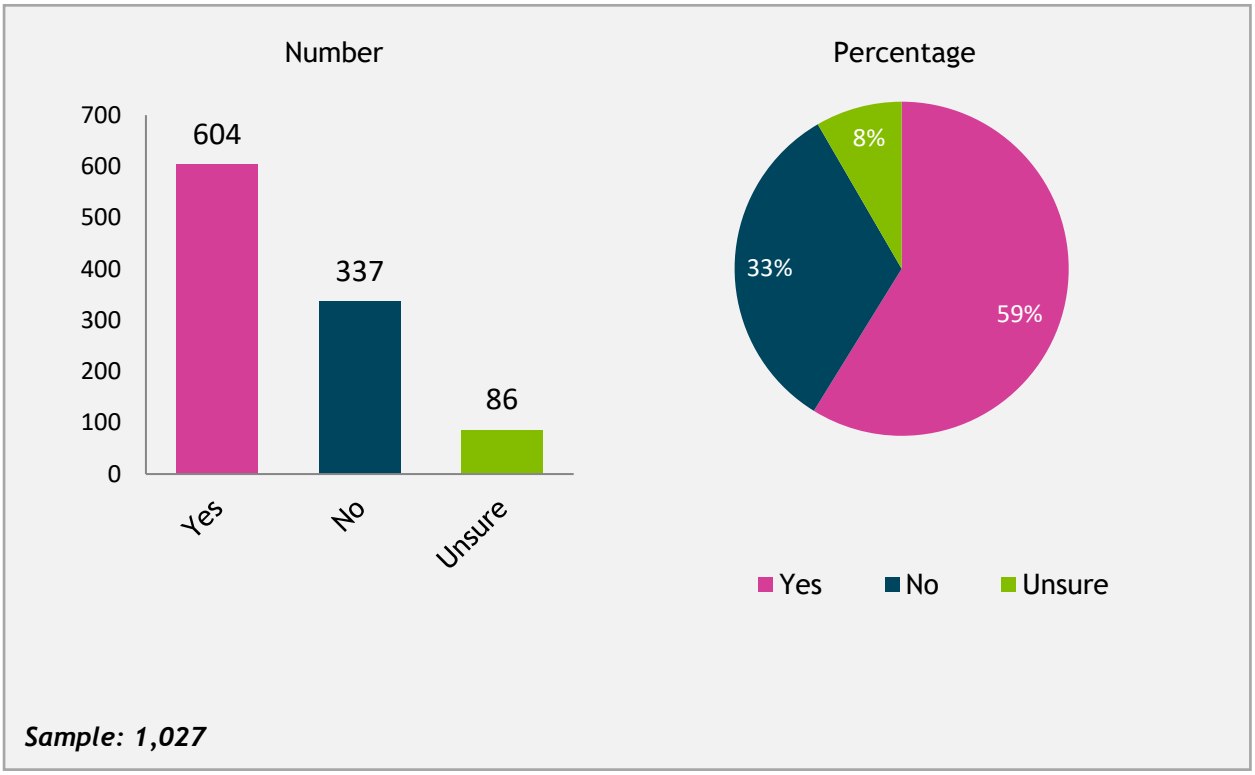


Sample: 1,028

6.3 Infection Spread - Concerns

It is notable that only third of people (33%) are 'not worried' about spreading the virus to others.

6.3.1 Are you worried about unknowingly spreading the Coronavirus to other people?



Sample: 1,027

Despite the number of cases reducing locally, a significant number of people in Lewisham remain fearful of contracting the virus, with much anxiety about leaving the house or using public transport. Those with serious concerns about public transport may be limited in their movement which could impact on accessing services.

Selected Comments

"Having to worry each time I go outside to the shop. I wash absolutely everything when I get home."

"I worry about visiting the bank to get my pension, no desire to go outside."

"My eldest child is fearful of leaving the house."

"I was told off by one customer for touching sandwiches at the supermarket."

"I feel unsafe going on public transport, so this limits me to my immediate area."

6.3.2 Social Distancing

There are widespread concerns about the lack of social distancing within the local community, which some believe is down to the easing of restrictions instilling a sense of normality. Residents want information on how they should respond if they witness a breach of the guidance, as well as reassurance from health services that safety protocols will be followed.

Selected Comments

"Some people don't wear masks, stand close to others, go on like normal. They don't wash hands or use hand sanitizer!"

"Now lockdown has lifted everyone has gone back to normal, and forgotten about crucial things like social distancing,"

"Really worried about exercise - went out at 5am a few times but uncovered runners bumping into me scared me. I ceased going out."

"At work I worry I'm not in control if other people do not stick to social distancing and hygiene measures. Some customers argue the point of keeping safe because they don't believe the pandemic is serious."

6.4 Risks Associated with Health Services

It is a known fact that people, for a range of reasons, have avoided accessing health services during the pandemic. In one survey question, we posed a series of statements, based on well-known scenarios to understand which were most relatable.

6.4.1 Do any of the following statement(s) affect the way you seek health care during the Coronavirus outbreak? Please select all that apply

Top 5 statements	
I do not want to use public transport as I am worried about catching coronavirus	53.50%
I do not want to be a burden on the NHS	39.42%
I do not want to visit my GP Practice or hospital as I am worried about catching coronavirus	38.83%
None of the above	22.30%
I did not know that my GP Practice is open for routine appointments	20.29%

The chart shows that there remains a considerable reluctance by residents to not access services because of the fear of catching COVID19 or by being a burden on the NHS. Our data shows that responses in July did not differ from comments shared in the previous month. It should be noted that several respondents avoided

services despite potentially needing emergency treatment or important consultations because they did not want to risk becoming infected. Services will need to outline the steps they have taken to ensure a safe environment to provide reassurance to concerned patients.

Interestingly, 20% of respondents were unaware that their GP practice was open for routine appointments, with many thinking primary care services were closed or not accessible. Practices need to regularly communicate with their population about what services are currently available for patients and any future changes. The communication will need to be shared through a variety of channels such as website, text, letter to ensure equity of access.

We also hear from social care staff, including a care home manager, who outlines anxieties about working with colleagues who use public transport.

20% of respondents did not feel that any of the statements applied to them and that they were comfortable in accessing services without concerns of contracting coronavirus.

Selected Comments

"I have found a lump in my left breast, but I don't want to go near the GP surgery because of the fear someone/others may have Covid-19."

"Broke my finger at the height of lockdown and resorted to first aid as I was petrified of going to GP/hospital, despite being young, fit and healthy."

"I will be visiting hospital next week for a bronchoscopy and am confident they are taking additional precautions. However, I do not want to visit my GP practice because a friend who is also at high risk contracted Coronavirus after having visited this surgery."

"I don't mind going to the doctors but not hospital."

"I manage a residential home. I am working with staff using transport to travel to work who are from the BAME communities and have health problems. The work environment increases my risk."

"I find the idea of wearing a mask very unpleasant."

6.5 Service Access – Reassurance and Support

We asked people what would reassure or support them, to access local health services (where needed) both during and after the lockdown. When reviewing suggestions, we recognised themes around appointment accessibility, infection control, testing and communication.

Appointment Accessibility

Residents are more likely to access services if it became easier to book appointments within a convenient timescale. This is a finding which has been heard by Healthwatch Lewisham repeatedly over the last few years. There also needs to be a broad range of appointment types available including face to face, telephone and online consultations – with the ability to book either online or by the telephone. Digital consultations were appreciated and valued as an effective safety measure.

Infection Control and Testing

Respondents stated that the availability of a vaccine and anti-body testing for everyone would make them feel comfortable and more likely to not just access healthcare, but also to engage in the community. Similarly, residents would value being given up-to-date local coronavirus figures which would allow them to have a better understanding of the prevalence of the disease in Lewisham.

Testing is important for many, appointments need to be readily available, as well as the implementation of an effective "track and trace" system which monitors local outbreaks.

People also need reassurance that services, staff and patients are infection free and central to this is written confirmation of policies and procedures. Many give suggestions on precautions - such as regular and visible cleaning, provision of hand sanitizers, compulsory use of face masks, good social distancing, limits on patient numbers and clear separation of those infected and virus free. In addition to the reassurance that services have infection protocols in place, it must be evident that patients are adhering to the regulations.

Communication
Respondents felt that official coronavirus information and guidance must be clear, simple and consistent. There is an overwhelming amount of information available both nationally and locally, which is why people value straightforward messaging. Many say that services, such as GPs should get in touch with patients to update them – with email or text the preferred methods.

Residents would be more willing to access healthcare if services clearly outlined their current service offer during the pandemic. Many would also like more information about the services which are currently available.

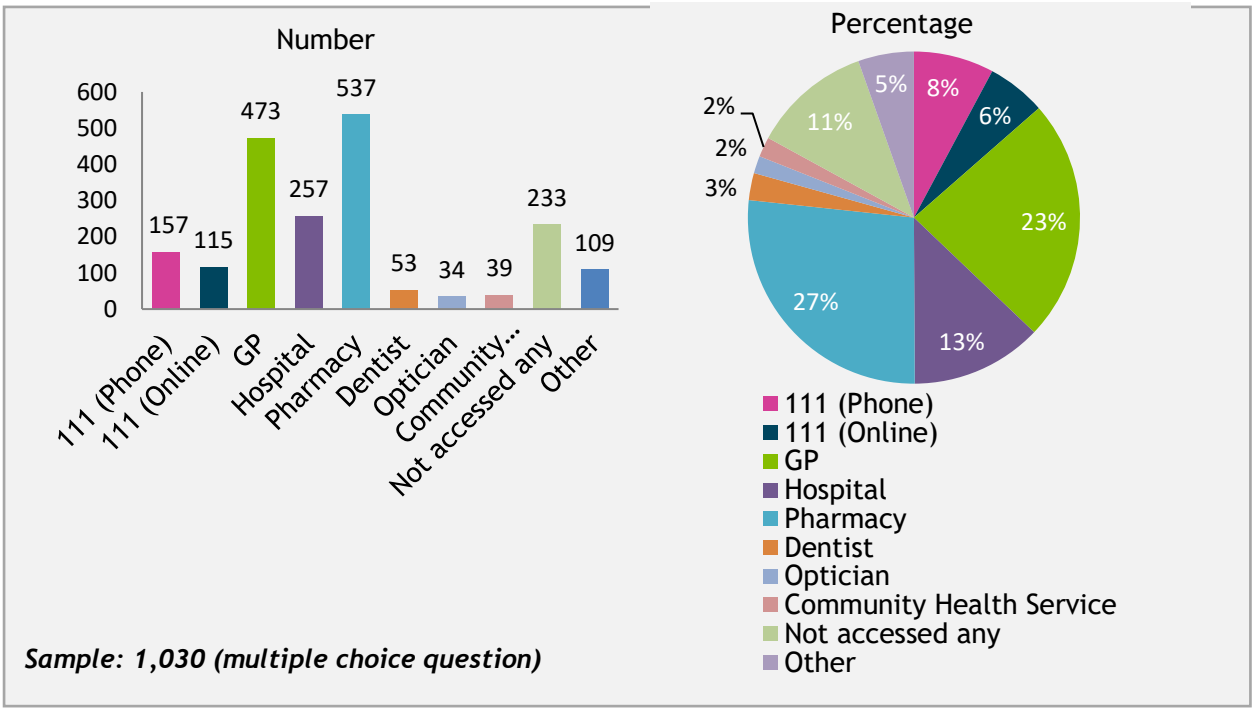
6.6 Experience of Services

As well as understanding people's feelings about coronavirus, we wanted to know their experiences of using health and care services during the lockdown. The majority of respondents had accessed at least one service since March.

The chart below shows that pharmacy (27%) and GP services (23%) were the most accessed services by respondents. In relation to NHS 111, the phone service was used more often than the online alternative.

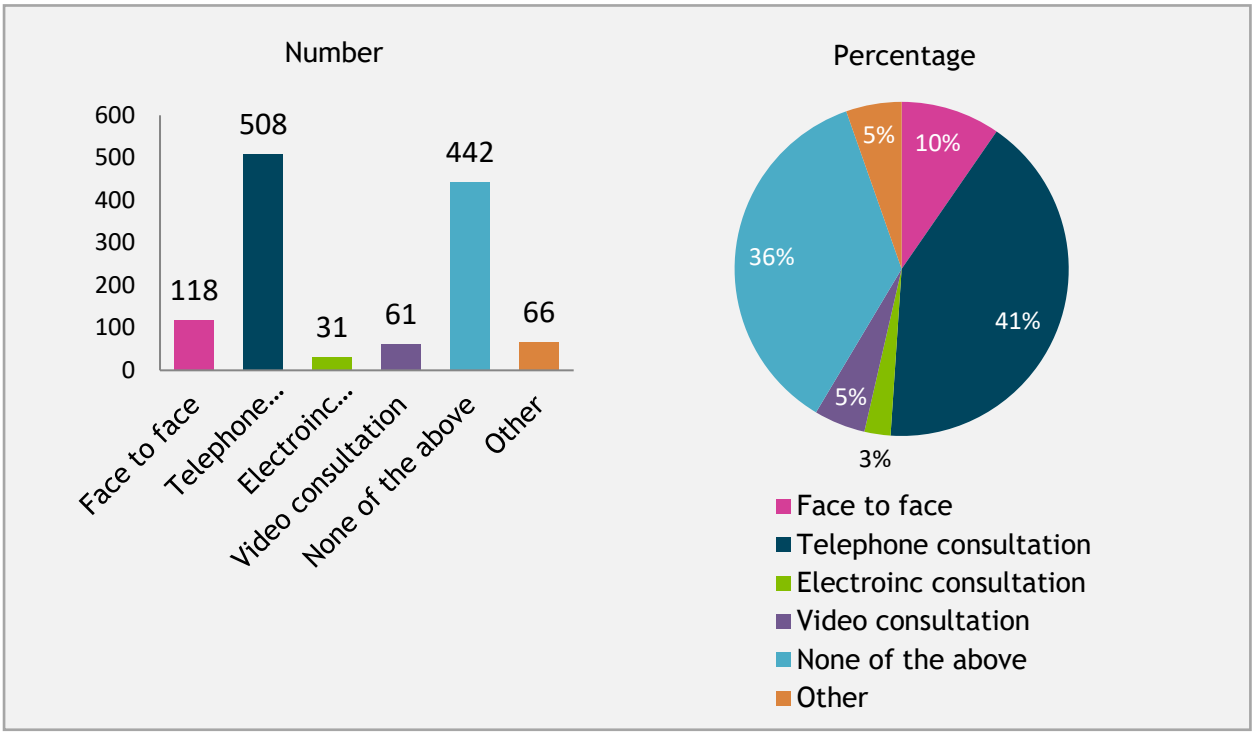
Telephone consultations were the primary method for residents to engage with health professionals. As a result of the lockdown, few consultations are reported to be in-person, with them only accounting for 10% of selections.

6.6.1 Have you or the person you care for accessed any of the following health services during the lockdown?



Sample: 1,030 (multiple choice question)

6.6.2 Have you had a consultation with your GP, practice nurse or other health care professional during the Coronavirus outbreak? If so, by what method?



Respondents were given the opportunity to fill out a comment box to provide more details about their individual experiences. We have broken down the feedback by service.

6.6.3 NHS 111

During the lockdown, NHS 111 was set up as the first point of contact for anyone wanting advice and information around coronavirus. Residents have had a varied experience of the national service. We hear that people were mostly reassured by the information and support provided by NHS 111, and that staff have been caring and understanding, on the whole.

However, in some cases we hear that the clarity and detail of information received has been lacking - with some people attributing this to pressures and time constraints on the service. Congested telephone lines, and a lack of response following submission of online forms is also reported.

Selected Comments

Positives

"The 111 phone line has been very helpful for knowing whether I need a doctor or A&E."

"I checked my symptoms with NHS 111 and subsequently had a telephone appointment with my GP. This reassured me."

"111 informative and reassuring - absolutely explained everything in a cognitive, understanding and caring manner."

"111 were very helpful and gave me excellent advice."

Negatives

"111 telephone service was obviously very busy, and I was placed on hold for an hour."

"All good, although 111 was understandably overwhelmed and lacked detail in their response."

"111 have not been helpful and I feel like I was not listened to and just brushed off."

"I contacted NHS online early on in the lockdown as I had a persistent cough. I filled in the symptoms form and that was it. No further follow up."

6.6.4 GPs

Feedback about GP services compromised of marginally more positive than negative experiences. A significant number of people felt it is now easier to secure appointments than before the pandemic - with many accounts of 'fast and efficient' services received.

Many patients comment on good levels of support, such as GPs phoning to check on welfare, follow-up on treatment plans or make referrals. The ability to send images for diagnosis has worked well for patients. Over the last few years, residents have been grateful for the quality of treatment and care they received from doctors and practice nurses. The COVID-19 survey responses show that this sentiment has not changed during the lockdown.

For some residents, telephone consultations were ideal because they no longer had to travel to and from the service. On the other hand, several residents were concerned about the lack of privacy, if they had to take a call when they were not at home.

Those who attended face to face consultations found the health professionals to be helpful. The comments indicate that respondents strongly feel there is a continued need for face to face appointments.

In relation to access, some practices have disabled online booking systems to enable a telephone triage model, which has created longer waiting times. A few people who have recently moved into the borough have been unsuccessful in registering for primary care due to issues with online registration.

While there is appreciation of telephone consultations, some people question their effectiveness for supporting issues that require physical examination, especially long-term conditions such as asthma and diabetes. Patients throughout the survey reiterated how much they valued face to face appointments.

Although a small sample size, it should be noted that two patients with sensory/visual impairments struggled to access GP services. A blind resident told us that he did not feel any of the digital apps were accessible. A respondent with hearing loss explained that his GP appointment was cancelled because of a communication issues around the availability of a BSL interpreter.

Selected Comments

Positives

"I am happy to have telephone consultations."

"The appointment by phone was super-fast and efficient - unlike normal times."

"The GP called me back almost immediately and arranged a prescription for the same day."

"It's been really amazing. We've been able to send pictures to doctors and received treatment plans very quickly. Thank you so much."

"My GP's have contacted me to ask if I'm okay. They are brilliant."

"Although not easy to get through on the phone, the service I received from my GP was excellent. After an initial phone appointment, he called me several times as follow up & booked relevant hospital appointments. Everything has gone as smoothly as could be expected."

"I had a good experience across all services, actually better than usual except I didn't actually see my doctor, but she did refer me to the hospital for a scan which I received within 2 weeks."

"The GP was very helpful. He listened to my symptoms and was obviously looking at my notes. He sorted my health issues, but then added I was due for a blood test and sorted out the paperwork so all I had to do was to book an appointment."

Negatives

"I felt that I couldn't really explore my medical problem sufficiently over the phone with my GP."

"My regular appointments have been by telephone meaning symptoms are not monitored and my access to treatment if necessary is restricted. I felt they were pointless."

“As a deaf person telephone only access is a barrier to me.”

“I have had a nightmare experience trying to get my repeat prescriptions as I was told by my GP practice to do this online but not one app or website is fully accessible to blind users.”

"Over the phone consultations were hard to get around my work. Had to take a private phone call on the bus on my way to work."

"Need to call numerous times as always engaged but no option to visit, email or book phone consult. Previously you could book face to face consults online."

"The GP practice is not open for routine appointments. Our family have struggled to get access to healthcare during this period and we are articulate and capable of negotiating organisational barriers."

"I moved recently from a different borough and cannot register online at my new local GP."

6.6.5 Dentists

For some people, telephone appointments have been effective for advice and prescribing. Others, some in acute pain and discomfort, have not been able to secure much needed treatment. Patients were unclear about how dentists were operating during the lockdown as there appeared to be a specific criterion for what was classified as an emergency appointment. For example, a couple of residents needed to replace fillings which had either broken or fallen out but were unable to receive treatment.

Selected Comments

Positives

“Dentist appointment was via phone and solved the problem in the interim, until I can visit.”

“My middle son had a suspected abscess, so I phoned our dentist who gave us advice and prescribed antibiotics which we picked up from the pharmacist. Very quick, very happy.”

Negatives

"I have suffered toothache throughout the outbreak and although my NHS dentist has offered advice and I've now had an x-ray, they are still unable to give me the treatment I need as will involve drilling. The debilitating impact of tooth pain has been greatly underestimated or ignored by health chiefs."

6.6.6 Hospital Services

The majority of patients who accessed hospital services described them as being extremely quiet and benefitted from shorter waiting times as a result.

We received mixed experiences about hospital staff's observance of hygiene and infection control. Some feel that the service is safe and well organised, while others have noticed staff without masks, a lack of protective screens and barriers, and patients not using hand sanitizer. Although respondents appreciated the steps hospitals had taken to limit the spreading of the disease, there were concerns about the severity of visiting restrictions imposed which means limited contact for carers and family members.

Expectant mothers may be especially wary of contracting the virus – on the way to, or at hospital. In one experience we hear that an antenatal patient preferred to walk 11 stories, rather than use a lift.

We received limited feedback about maternity services but there were several experiences concerned about minimal communication from midwives and health visitors. Similarly, a few women were worried about the lack of routine baby growth and developmental checks.

Many respondents had appointments cancelled to enable hospitals to have capacity to respond to the pandemic. Most people were informed about cancellations weeks in advance of their scheduled appointments; however, some patients were only notified after arriving at the hospital. One person experiencing multiple cancellations, and in-need of advice on symptoms was advised to 'look on the internet' by a consultant.

Patients recognise and understand appointments cancellations but are wary of the waiting times once planned services are restarted. For those with acute conditions or disabilities, delays in treatment can be particularly uncomfortable.

Selected Comments

Positives

"My GP referred me to hospital where I was seen quickly because it was so quiet. The doctor, radiographer and therapists were extremely kind, helpful and pleasant. Less than 2 hours from start to finish."

"I was in Lewisham Hospital A&E. It was very quiet compared to my prior visit and I was seen very quickly."

"I had an outpatient appointment at Lewisham Cardiology after a GP referral. It all went smoothly."

"Excellent. Lewisham Hospital seemed very safe."

"Maternity services felt safe."

"My partner was shielding and cut his finger a few weeks in. We called 111 and were advised to go to A&E as it wouldn't stop bleeding. At A&E it was very well-organised to separate Covid and non-Covid cases and he was treated very quickly."

Negatives

"GP consultation was prompt and informative. Visit to main hospital pharmacy in April was not good. Staff walking around without masks, cafe open and no screens, people walking in and out and not using provided sanitizer."

"All hospital appointments were cancelled and put forward."

"I am worried that existing health conditions will worsen by the restrictions on regular outpatient appointments."

"I was told that my appointment had been rescheduled after I got there."

"Upon arrival the doctor was not there. No communication given to let us know the appointment had been cancelled."

"Waited from December for the appointment. The March appointment was cancelled twice, then rearranged for June later. The consultant had no information to share with me about the condition (e.g. leaflet). Told me to read the internet."

"My MS (Multiple Sclerosis) appointment was cancelled, and I was meant to be starting a new drug. The lesions in my head have been causing me anxiety."

Daughter accessed maternity services - good quality support in hospital but minimal community support for first time mother. Has experienced complications & received some support by phone & one face to face consultation."

"Gave birth in March (first time mum) and not able to access anyone face to face or even via video link so felt pretty abandoned especially when it came to not being able to breast feed

6.6.7 Paramedics

Despite only receiving a small number of experiences relating to ambulance services. We heard two worrying accounts of paramedics refusing to transport people to hospital, in one case because 'hospital staff would be angry'. In both incidents, acute kidney failure was diagnosed, and the patients were lucky to avoid serious consequences.

Selected Comments

Negatives

"Had to call 999 as I collapsed at home. I had to beg the ambulance staff to take me to hospital. They said I was fine and that the hospital staff would be angry if they brought me in and that I would not be admitted to hospital. At the hospital I was diagnosed with stage 5 kidney failure and admitted to hospital for a week. The ambulance staff actively tried to stop me going to hospital. If they had succeeded, I would be dead right now."

"Husband is diabetic - paramedics came on a Sunday and refused to take him even though he was confused. Called 999 again on the Tuesday, husband taken to hospital with Covid, sepsis, diabetic ketoacidosis and acute kidney failure. Angry he was not dealt with correctly on the Sunday."

6.6.9 Pharmacies

Pharmacies were the most used service by respondents. The majority of people comment on 'organised and professionally managed' pharmacy services which allowed them to obtain prescriptions and medication without incident. Respondents also praised the strong communication which meant that repeats prescriptions were processed and collected within a desirable timeframe.

According to feedback, there were mixed experiences when it came to infection control. Some praised services for ensuring that patients adhered to the social distancing guidelines. However, this can also cause long queues which can be uncomfortable for those less able to stand - however most people say that their pharmacy will deliver if required.

Selected Comments

Positives

"Collecting repeat prescriptions was very well managed."

"I collected prescriptions as a volunteer and for a friend from 2 different pharmacies. At all times found the staff working hard and they were professional and welcoming."

"Very well organised, socially distanced queue - one person at a time inside."

"The pharmacy was a safe environment with staff behind a screen and only 3 people allowed in the shop."

"Had to queue as limited people allowed in at any one time. Staff all in masks. Areas roped off to distance people."

"Pharmacy delivered as my housemate is shielded which was great!"

"I asked them to bring out my medication, so I did not have to enter the shop. Later they were able to deliver. "

Negatives

"Staff in the pharmacy not wearing masks or gloves. Long queues."

"Going to pharmacy not so good as have to queue for a long time but I have difficulty standing for periods of time so was badly affected during and after."

"Easy but inhalers were out of stock for a while."

6.6.10 Social Care

We asked people if their experience of social care (such as visits from care workers, or to residential/nursing care homes) has been affected by the pandemic.

Many of those not able to visit friends or relatives understand the need for social distancing, however the lack of visits may contribute to poor mental health. In cases where relatives have died, we hear that families have experienced much distress. Furthermore, in some circumstances, the government restrictions have made it harder for residents who are key in organising care for their family because they are unable to visit them due to shielding guidelines.

Some praise was also received, with examples of social workers checking on clients regularly.

Feedback suggests that care workers have been equipped with Personal Protective Equipment (PPE), however in one care home, staff felt the use of face masks can create barriers with residents.

Selected Comments: (Social Care)

Positives

"My carer is always very clean and wears appropriate PPE as do all those that visit me to look after me."

"We have had many phone calls from social workers offering us help."

Negatives

"I have been unable to visit my mother in a care home but understand completely why."

"Not being able to visit my mum who subsequently died after 7 weeks was very distressing."

"Mum in care home - not able to see her which impacts on my mental health and hers"

"It has been difficult to supervise my mother's care because I am sheltering."

"My care workers did not turn up sometimes."

"My mother had to cancel Helping Hands carers who came to help shower her. Also, the visiting chiropodist service had to be suspended. She is 91."

"Normally people just leave you on your own with no known contacts."

"I work in social care. PPE is the main change, the barriers between people giving/receiving care are difficult. Also, anxiety among workers and families."

7. Mental Health and Wellbeing

The COVID-19 pandemic and national lockdown has had a substantial emotional impact on residents, with people experiencing issues such as bereavement, financial worries, social isolation and anxiety. When asked about their mental health, people raised a variety of different themes including loneliness, health, family and friends, finances, schooling, leisure and mental health support.

By a notable margin, inability to connect and socialise with family and friends is the prime concern, accounting for 66% of responses (see section 8 for more).

Just over half of respondents (55%) worry about the health of their family and friends, while just under half (47%) are missing leisure or social activities. 35% are concerned about their own health, while 33% worry about their job and financial security. Lesser, but still significant concerns include loneliness and household relationships.

7.1 General Experience

There is a significant contrast in experiences across Lewisham, with some residents starting to feel more relaxed as the "initial shock" of the pandemic recedes. They explained that the adoption of regular routines and activities were beneficial and allowed for personal development. Many people cite the importance of physical exercise to maintain their personal health

For others, lives have been turned ‘upside down’ – those with a sudden lack of routine, employment or with worries about the future are feeling particularly anxious or depressed. In some cases, whole households have been negatively impacted.

Selected Comments

Positives

“It was stressful at the beginning with panic buying and not getting the things I needed for weeks but once things calmed down there has been no stress and I've felt very relaxed.”

“At first, I would occasionally get a bit stressed over nothing, but I think that was mostly adjusting to the new routine. I feel fine now.”

“I really enjoy being off work - relaxing doing my gardening and embroidery so my mental health has possibly improved.”

“I feel this whole episode has made me stronger and more together.”

“My mental health has improved beyond measure since lockdown.”

Negatives

“Personally, it turned my world upside. Any routine I had has withered away and changed. It has exacerbated a lot of mental health issues for the people around me as well.”

“Uncertainty about the future.”

“It is impossible to do anything spontaneously. I just feel sad that so much has been stolen from us.”

“Known people who have died. Parents have been lonely. Kids have been anxious. I’ve been anxious and sad on days. Extreme loneliness and anxiety all around.”

“Lack of physical exercise has impacted my mental health.”

7.2 Employment

When talking about mental health, a notable number of people refer to their working situations – with the vast majority of feedback negative.

Those with demanding front line jobs, such as doctors and nurses are finding it more difficult, with increased challenges, responsibility and risk. We hear that some people have neglected their personal time and space due to increasing work commitments.

Residents are also concerned about the financial implications that the lockdown will have, especially those that have been made redundant or furloughed. A lack of job security will impact on people's mental health.

There is likely to be further emotional impacts from post-lockdown redundancies which may not have been apparent at the time of the survey.

Selected Comments

Negatives

"High stress due to working on the frontline - NHS redeployed to intensive care, I also worry about giving Coronavirus to my close family."

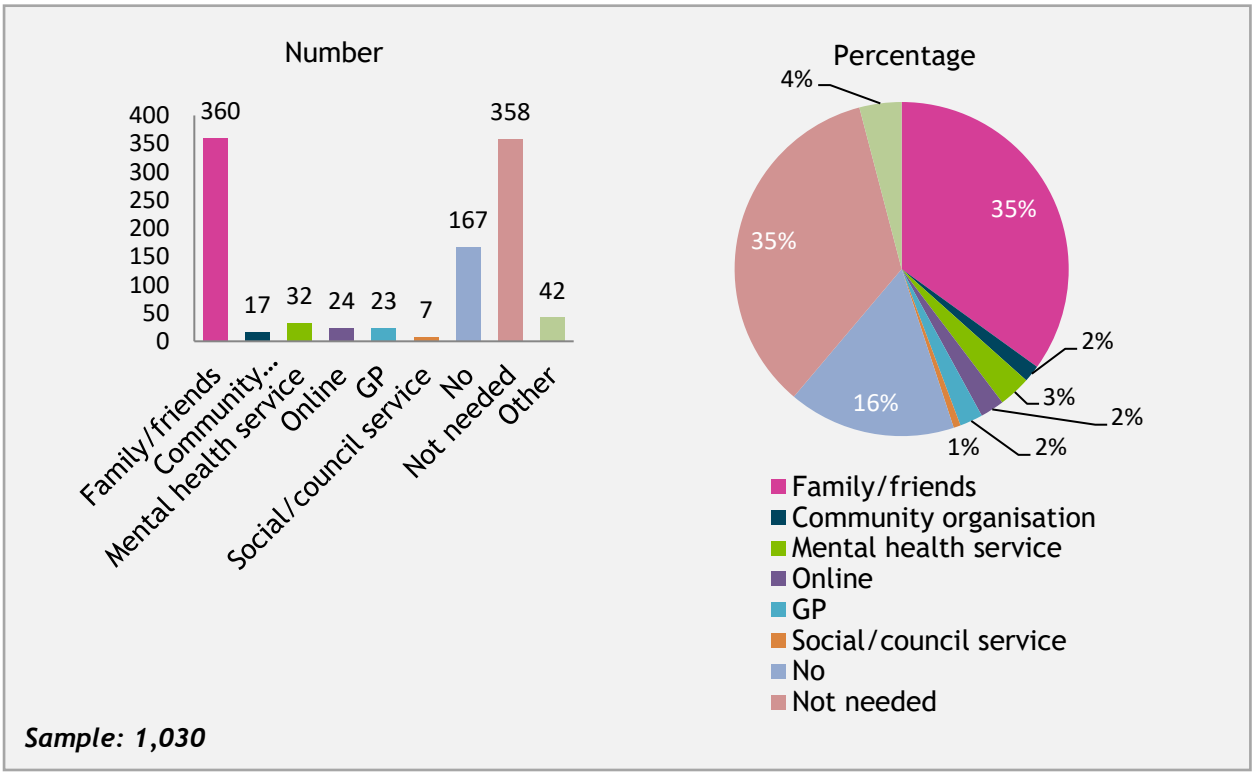
"My job has been more stressful due to the impact of the virus, which has created more stress and led to long hours including bank holidays and weekends when I would not be working ."

"I lost my job as I'm freelance and this has impacted my confidence."

7.3 Services and Support

We asked people if they have been able to access support for their mental health and wellbeing during the pandemic, and if so, from where.

7.3.1 Have you been able to access support for your mental health or wellbeing during this time, if so from where?



Sample: 1,030

Just under half of respondents (45%) say they have been able to receive some form of support for their mental health, with 22% of them accessing health or community services.

Friends, family and neighbours have been the largest single form of support during the COVID-19 pandemic and further supports why lack of regular face to face contact can have a substantial impact on emotional health.

We received limited feedback on people's specific experiences of using mental health services, with a small percentage of people raising issues around access now that the appointment model has consisted of digital consultations. It should be noted that 16% of respondents were not able to get the support they needed for their mental health.

Local services will need to be aware that the unprecedented mental health impact of COVID-19 will see a rise in the number of residents needing help from mental health services for the first time. It is crucial that services can clearly outline what help is available to residents and where support can be accessed.

Selected Comments

"I'm suffering with mental health issues directly relating to lockdown, but I've been denied help by Psych team."

"All my counselling and wellbeing sessions have been cancelled."

"My mental health has been really bad, but I've not been helped at all by healthcare services. I'm glad that I haven't been suicidal so far."

"My mother in law is completely isolated in her nursing home, and my sister in law has had a mental breakdown, with little support from the totally overworked mental health services."

"Lack of access to medical care for my physical health problems has made me very depressed and anxious during the pandemic."

7.4 Impact Scale

We asked people to rate how the pandemic has affected their mental health and wellbeing.

A sliding scale was used, with 0 indicating 'no impact at all' and 10 a 'very significant impact'. The result (average figure) is around 5, which shows that the pandemic has had a reasonable impact on people's mental health

When looking closer at specific groups, we find that several exceed this baseline. Those with existing mental health conditions are the most impacted (6.8).

How has the pandemic affected your mental health and wellbeing?

Scale: 0 = 'no impact at all' 10 = 'significant impact'

All respondents (baseline)	5.1
BAME respondents	5.1
Carers of people at high risk	5.2
Long term conditions	5.3
Women	5.3
Disabilities	5.6
Aged 25-49	5.6
Mental health condition	6.8

8. Personal and Family Relationships

This section explores relationships, including parents and children, households and wider family and friends.

8.1 Parents and Children

Parents and carers who mentioned are finding additional responsibilities such as home schooling to be difficult to balance with their work lives/other tasks. The lockdown has impacted on the availability of childcare and has meant that some parents are having to look after their children while also working from home – with little support or respite. Parents are also having to reassure their children, particularly those in at-risk groups. Families with vulnerable children, such as those with learning disabilities, say that services have been cancelled.

Parents are also worried about the effect that the closure of schools and playgroups will have on their children's education and social development.

Selected Comments

Negatives

"Stressful trying to juggle work and childcare, and support children with learning while trying to manage home life and prove to work that I am still able to work from home and needed in my role."

"Carer unable to attend so no respite from 24/7 care for son."

“The challenge of parenting and working full-time. Feeling guilty about toddlers screen time and my inability to provide more stimulating activities.”

“My five-year-old son is confused and feeling down.”

“My child lost vital help to help her with behaviour.”

“I worry about the effect on my children - missing school/not seeing their friends.”

“I have a 1 year old and we've been unable to go to playgroups, see other mums with babies, or even just go to our local park and put him in the swing.”

8.2 Households

When respondents were asked about the impact of the lockdown, a significant percentage comment on a lack of personal space because travel restrictions have confined people to their homes. Some respondents indicated that this has increased stress and tension within households, with common accounts of ‘short tempers and irritation’. Households with members who are shielding or at high risk can find it especially difficult.

Selected Comments

Positives

“Made me and my husband closer.”

“My mental health is improved as there is far less stress in my life and so much more time, instead, with my partner.”

Negatives

“Easily irritated by being constantly around each other in my own household.”

“Lack of opportunities to go out and socialise has meant increased strain on relationships.”

“It has really varied. I'm with 3 males - 2 teenage boys and my husband. It's sometimes lonely because I'm the only female and they are sometimes rude, aggressive, and often selfish. It's not been all bad, but I have felt isolated sometimes. One time, I went to see a female friend and we had a socially isolated chat in her front room (against the rules). I really needed that.”

“My husband is housebound and shielded and I do find the responsibility of looking after him difficult.”

8.3 Wider Family and Friends

Those able to connect with family and friends, or with strong social support networks are finding it easier generally to cope.

For people without social networks it can be exceedingly difficult, with loneliness and isolation commonly reported. A minority in this situation are more resolute - rediscovering old hobbies and interests.

Families, especially grandparents are missing personal interaction, with remote contact cited as being useful but not offering the same closeness.

The lockdown restrictions have caused extreme distress for those who have not able to visit vulnerable, ill or dying relatives and friends, or attend funerals in person. In addition to the survey, residents highlighted their confusion around funerals processes for COVID and non COVID deaths.

Selected Comments

Positives

"I felt fine during this time I had lots of support from family and friends."

"Being isolated from family and friends meant feeling lonely and also a time to spend doing the things I had not been able to do for a while."

Negatives

"Not being able to see my family, grandchildren, missing face to face chats. And being housebound is no fun."

"Not seeing a newborn grandchild."

"I am totally isolated, but not considered vulnerable, so I get no help at all."

"Miss being able to sing in choirs (internet is not the same). Miss being able to visit my church building and see the majority of the congregation who are in vulnerable groups and still shielding."

"Very distressing to miss family who may not have much time."

"Burying my mum without a ceremony or religious festival or grieving with my family was really hard."

9. BAME Communities

Just under a quarter of respondents (243) identify either as from a Black or Minority Ethnic (BAME) community, or from a non-White background.

9.1 Physical Health

When comparing survey results with those who identify as White/White British (W/WB), we find that respondents from BAME communities are notably more likely to be at, or care for somebody at high risk, and to have received a shielding letter.

BAME respondents are also more worried about their own health, but notably were not as worried about the health of family and friends and passing the virus on to others.

9.1.1 Impact Scale

	BAME %	W/WB %
Considered to be at high risk	35%	28%
Received a shielding letter	21%	14%
Care for somebody at high risk	26%	20%
Worried about passing the virus on to others	52%	61%
Worried about own health	42%	34%
Worried about the health of family and friends	49%	57%
Have a stated disability	1%	2%
Have a stated long-term health condition	34%	33%

9.2 Mental Health and Wellbeing

While less BAME respondents have a stated mental health condition, they are also marginally less likely to be able to access support and resources for mental health needs.

9.2.1 Impact Scale

	BAME %	W/WB %
Have a stated mental health condition	6%	9%
Can't access mental health support and resources	9%	8%

9.3 Family, Friends and Relationships

When looking at family, friends and relationships, we find that those from BAME backgrounds feel notably less negative, as a whole, about missing family and friends. We also find that household relationships are slightly more strained.

9.3.1 Impact Scale

	BAME %	W/WB %
Feel lonely	24%	24%
Miss seeing friends and family	51%	72%
Household relationships are tense	16%	15%

9.4 Wider Determinants

We find that BAME respondents have more concerns about their job or financial security and are marginally more worried about missing school or college. Limited access to leisure activities and holidays is slightly less of a priority when compared to “White” respondents.

9.4.1 Impact Scale

	BAME %	W/WB %
Worried about job, or financial security	37%	32%
Worried about missing school or college	5%	3%
Feel sad about not having access to leisure facilities	45%	48%

9.5 Communication and Information

Regarding communication around coronavirus information, those from BAME backgrounds found it ‘harder’ to obtain and understand information and advice about keeping safe from the virus but were able to keep apace of changes in guidance and messaging.

BAME respondents were less likely to find information and guidance in accessible formats. This finding primarily relates to residents’ who do not speak English as their first language.

9.5.1 Impact Scale

	BAME %	W/WB %
Have found it 'easy' to know what to do, to stay safe	61%	65%
How found it 'easy' to keep up to date with information	63%	60%
Have found information in accessible formats	67%	72%

Government statistics reveal that those from BAME communities are more at risk if they contract coronavirus, the lack of information and clarity as to why, is concerning for residents. With their being disparity between the experiences of different ethnicities, it may be necessary to undertake further research, to better understand themes and issues.

Selected Comments

"BAME men are known to be vulnerable especially - what measures are there to protect me and others?"

"As a black British person should I take extra care and how?"

10. Wider Determinants

In this section, we look at wider social determinants which became apparent through the responses to our survey. These including the environment, social activities, finances, employment, food, shopping and community support.

10.1 Living Environment

Many people have noticed cleaner air and a quieter environment since the lockdown was implemented. Those with gardens or easy access to outside spaces recognise themselves to be fortunate.

Respondents from larger households explained that cramped living conditions impacted on their mental health. On the wider community, a few people reported issues with neighbours which had not been resolved.

Selected Comments

Positives

"My mental wellbeing has been improved by having to stop everything I was doing. I worry a lot about the climate crisis, so it was good to see the cars stopped and the aeroplanes stopped and to be able to breathe unpolluted air. I enjoyed seeing people using the parks and spent as much time as possible in my allotment."

"The calmer environment, reduction in pollution and the less crowded environment has been extremely positive."

"I couldn't take my children to the park or children's centre. But it wasn't too bad as I have a big back garden and was ok with that."

"Has limited our social life and holidays. Made us feel lonely at times. But we are generally fortunate in that we have a house and garden for outside."

Negatives

"The home space is not big enough to accommodate everyone during the lockdown."

"My neighbour bullies and provokes me constantly, from 4am onwards."

"Please, Lewisham Council, take the noise complaints more seriously. When spending 24 hours in the same space, a bad noise situation can really make you go crazy."

10.2 Activities and Stimulation

Many respondents expressed frustration at losing access to their activities and routines, with some citing an impact on their mental wellbeing. With gyms and leisure facilities closed, some people are also worried about the short-term and long-term impact on their physical fitness and mental health.

Selected Comments

Positives

"It's been brilliant. Really loved the down time, got to read, cook, garden with no stress about having to be anywhere by a certain time. It has been a wonderful respite from the world we used to live in, and I have loved it."

Negatives

"Found life quite tedious at times as one day is much like another."

"Not being able to access the swimming pool to manage my physical conditions has been incredibly detrimental to my mental health as well as physical health."

"Missing travelling. Cut short my trip this year."

10.3 Finances and Employment

As mentioned previously, a sizeable number of respondents have been impacted financially because of being furloughed or being made redundant. We hear accounts of financial hardship, increasing levels of personal and household debt, and those seeking work note that the job market is exceptionally tough.

Selected Comments

Negatives

"I lost my job due to the pandemic."

"Financially fairly catastrophic. I work in theatre."

"My income and my partner's income - we are both self-employed, has completely gone and I can't afford to live."

"We have been left with a lot of debt and uncertainty for our future. We have had to make big changes to our lives as a result."

"My husband was already redundant, but it has been very hard for him to find work."

10.4 Food and Shopping

Our survey findings provide evidence that vulnerable residents have been assisted by family, neighbours, volunteers, the council and community groups, to obtain food and shopping. Residents were especially appreciative of the service provided as part of the local COVID community response. Supermarket delivery slots are particularly valued, as those without may be putting themselves, or those they care for at risk when visiting shops.

Selected Comments

Positives

"Worried about food at the beginning."

"Volunteers delivered shopping prior to us managing to get online deliveries."

"Neighbours have helped with shopping."

"Government food box delivery and that they got me a priority slot at Tesco was the best help."

"Hospital charity offered food and occasionally small basics."

Negatives

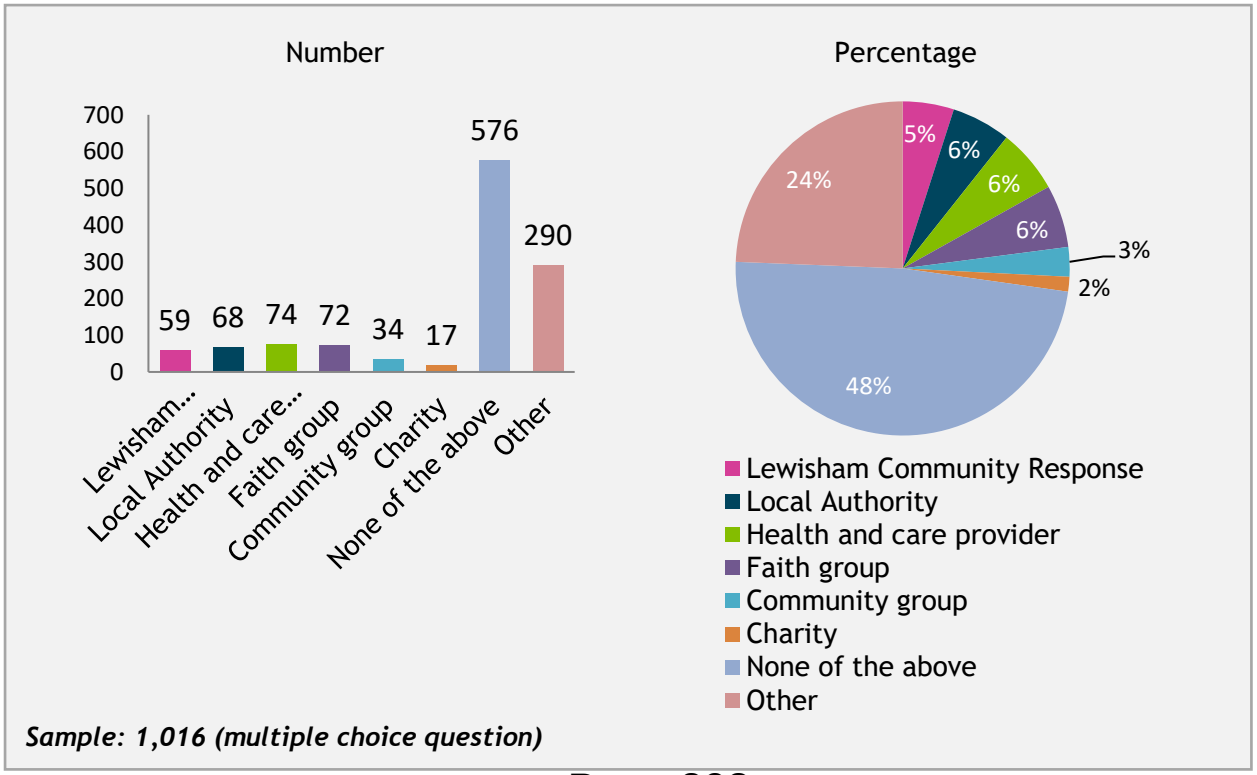
"Most stressful was sourcing suitable food for medical dietary requirements."

"Not having access to online shopping deliveries was a worry during the height of the pandemic as I had to go to the supermarket which meant I felt I was putting my husband at risk as he has diabetes so that was the biggest worry from a health perspective."

10.5 Community Support

We asked residents who they felt 'offered the greatest help' during lockdown, listing a range of different groups and services.

10.5.1 Who offered you the greatest help during the lockdown?



Sample: 1,016 (multiple choice question)

When reviewing feedback, we find that friends, family and neighbours have been the largest single form of support during COVID-19. It was also evident that online groups, through WhatsApp and Facebook have helped local communities to support each other, while some people – living in 'friendly neighbourhoods' feel reassured generally. Some people cite a lack of support.

Community services and groups which were considered supportive includes Carers Lewisham, Lewisham MIND, Healthwatch Lewisham, Rushey Green Time Bank, Mindful Mums and Lewisham Homes.

Selected Comments

Positives

"The community support (via Facebook groups set up by neighbours) has been fantastic and is one of the positives to come out of a horrendous situation."

"Our local street WhatsApp group has kept in touch with the neighbours."

"My wife and I have supported each other, so we have not had to call for external help, but we do live in a friendly road and could get help if we needed it."

Negatives

"I haven't really had any support. I've only received one food parcel."

"The initial feeling of communities working together has ebbed."

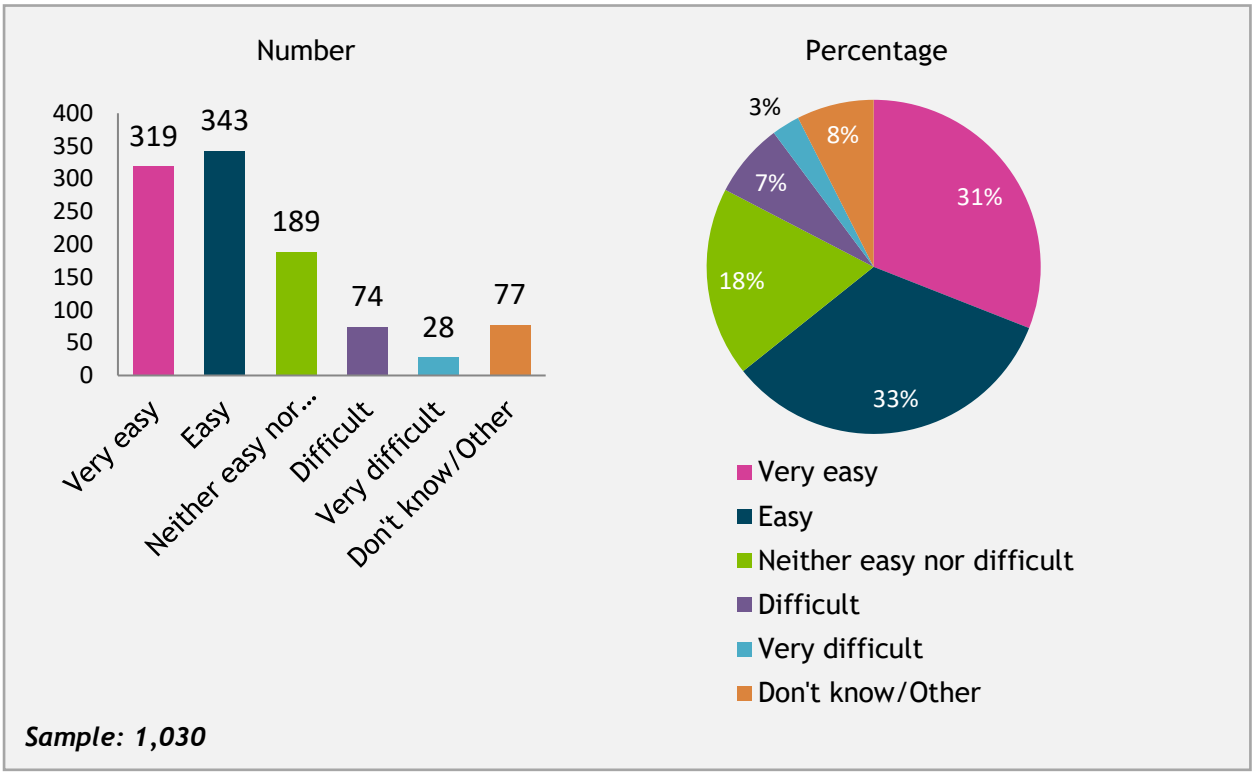
11. Communication and Information

This section examines various aspects of communication, looking at whether people felt they have the right information to keep them safe.

11.1 Knowing What to Do, During Covid-19

We asked people how easy they find it, to 'know what to do' to keep themselves and others safe, during the pandemic.

11.1.1 How easy have you found it to know what to do to keep yourself and others safe during the pandemic?



Sample: 1,030

Just under two thirds of respondents (64%) find it to be 'easy' or 'very easy' with only 10% finding it more difficult.

One person aptly said 'We are all trying to put together the different messages and priorities so we can make the right decisions', and this underscores the volume and variety of information sources.

It is noted that it can take 'time and effort' to be adequately informed - advice from different sources may be contradictory, so people may choose to research and validate information. Those who found it difficult explained that they felt Government messaging was confusing and needed to be clearer.

Selected Comments

"Easy to get lots of information from different sources but it keeps changing and different sources give different information. We are all trying to put together the different messages and priorities so we can make the right decisions."

"I spend a lot of time keeping up to date on this, but I can't imagine how anyone who doesn't go out of their way to stay updated could possibly know what the rules actually are at the moment."

"I am unsure to be honest, I would like to think I am informed but I am not sure I trust the information being shared. "

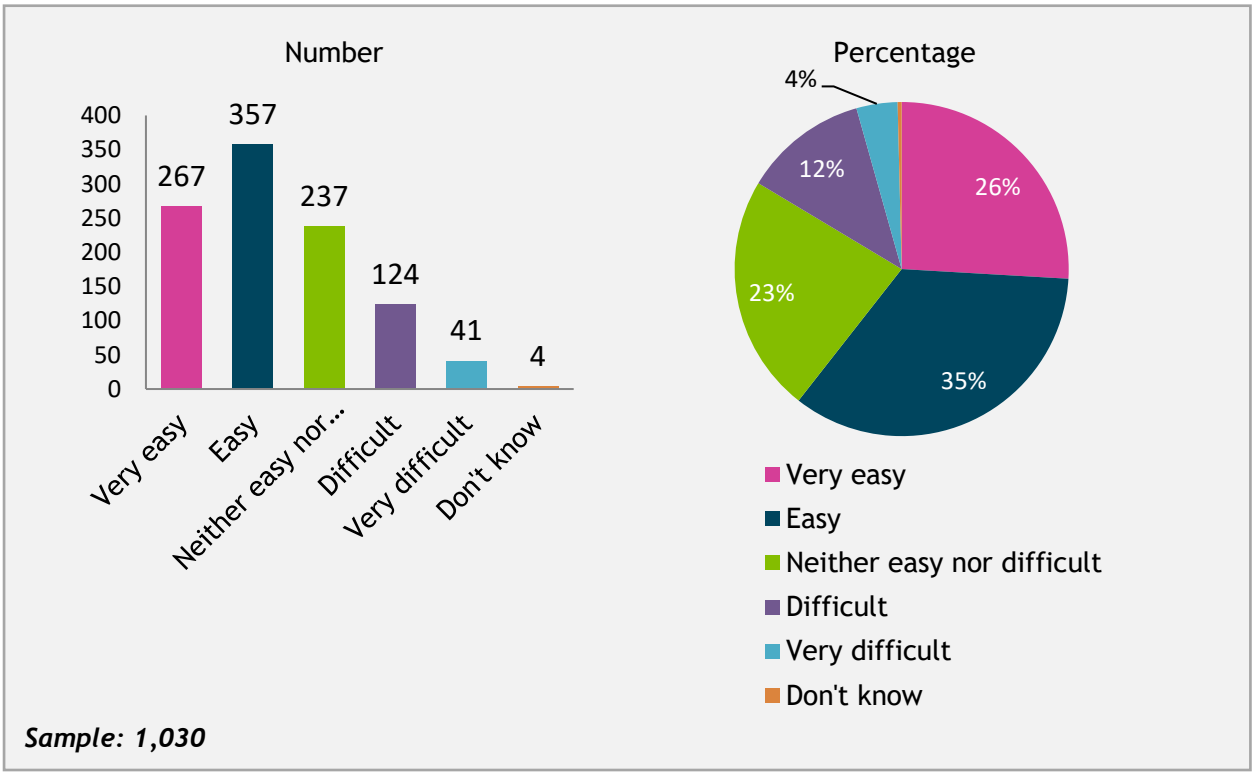
"More written information & advice on the latest state of scientific advice."

"Easy because I will do my own research."

11.2 Information – Keeping Updated

We also asked people how easy it was, to remain up to date as information, advice and guidance changed over time.

11.2.1 How easy have you found it to keep up to date with the changes to information about how to keep yourself and others safe during the pandemic?



Sample: 1,030

Similarly, to the previous question, the majority of respondents (61%) find it to be ‘easy’ or ‘very easy’ with 16% finding it more difficult.

The data shows that people found it slightly harder to keep up to date with the changes to information, which reflects people’s comments that the messaging at the beginning of the lockdown was clearer. Repeated and constant use of simple slogans, such as ‘stay at home’ or ‘wash your hands’ have clearly influenced behaviour. The more complex messaging, following easing of restrictions such as on employment, schooling or shopping can lead to confusion - with complaints about 'unclear and conflicting information' common.

Many feel that leading by example is important – with officials breaking the rules undermining trust.

Selected Comments

“Government advice straightforward (particularly at initial lockdown stage) but the easing of restrictions has been less clearly communicated. The advice is almost contradictory.”

"At the moment still being careful (mask in shops/handwashing) but official advice is very confusing."

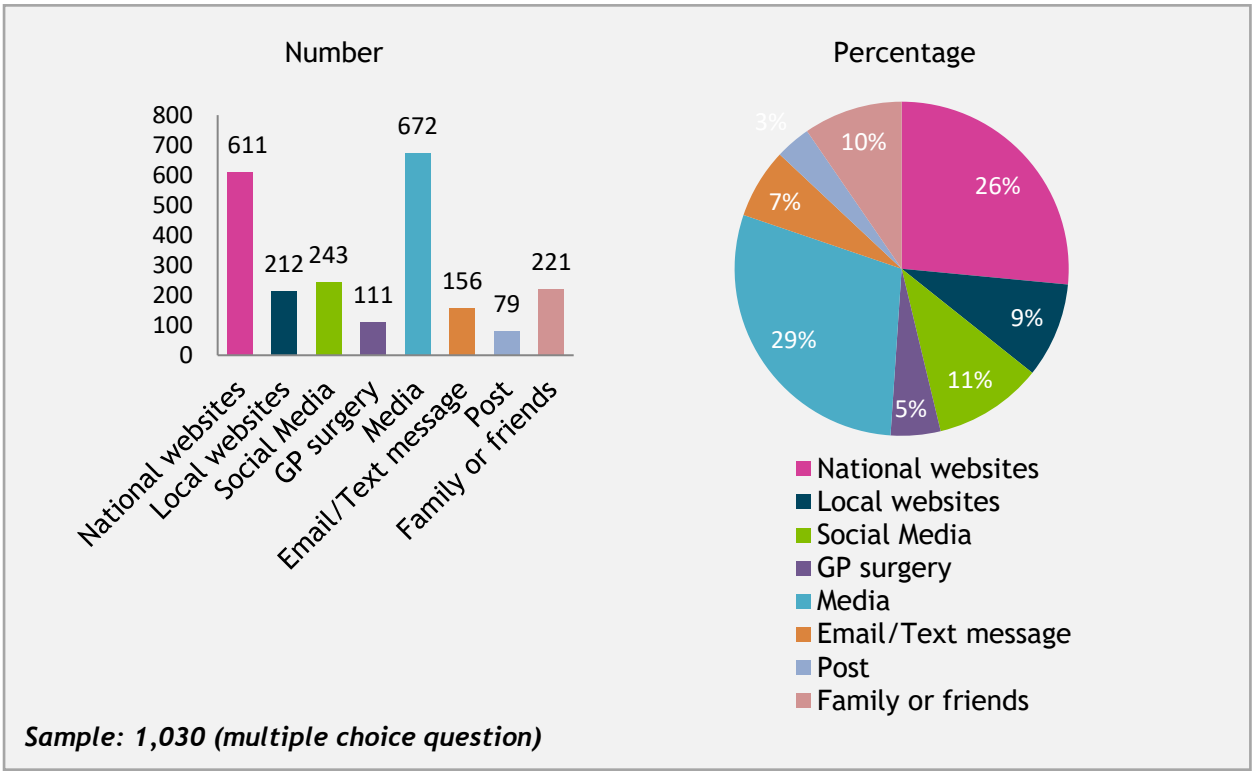
“Too many changes too awkwardly put.”

“Initially straightforward advice which became very confusing after the Dominic Cummings debacle. We are all still very cross about that.”

11.3 Helpful Information Sources

We asked people which sources of information they have found to be ‘especially helpful’ during the lockdown. A range of multiple-choice options included online sources (national, local and social media), the GP, media (television, radio and newspaper), email or text messaging, post and family or friends.

11.3.1 From these options, which information or sources of information have you found especially helpful?



Sample: 1,030 (multiple choice question)

The most popular medium for coronavirus information was the media, which received 29% of all selections. Respondents felt the best sources for information during the pandemic were the daily COVID-19 briefings, news and the NHS and Government websites. National information sources were preferred to local communication, with social media being considered a more helpful resource than local organisations' websites. However, a small number of respondents praised the Lewisham council newsletter.

Despite its popularity, some people did complain that mass media is biased and opinionated, with some distrust at headlines and facts. An exception to this is the daily Government press briefings, viewed as more reliable generally due largely to their official nature. The BBC receives much praise – for both its television and website content.

We found that different people value different formats – some place particular value on information shared by their family and friends (10%) written whilst others (7%) are comforted by regular text messages and emails from services. Local services should explore further use of SMS messaging to inform patients.

Selected Comments

Positives

"The daily updates were helpful as it was coming direct from the government."

"Daily briefings and the news were most helpful. There was always something on explaining the latest developments and what to do."

"I think the daily Coronavirus updates were helpful on the BBC, I feel overall the government's guidelines have been clear - I don't understand why some people have said the information has not been clear."

"Advice from the GP while suffering Covid made me feel safe without the need to leave my home."

"Receiving information by post was helpful over the initial 12 weeks of shielding as it gave me an immediate reference point in case, I forgot something or needed clarification."

"At the beginning of lockdown, I was getting regular texts from the NHS which made me feel that I was being looked out for."

"I have seen posters in my local area about how to access support if you are self-isolating."

"Lewisham Local send out twice weekly newsletters, helpful."

"Local information from Lewisham has been good and fairly clear."

Negatives

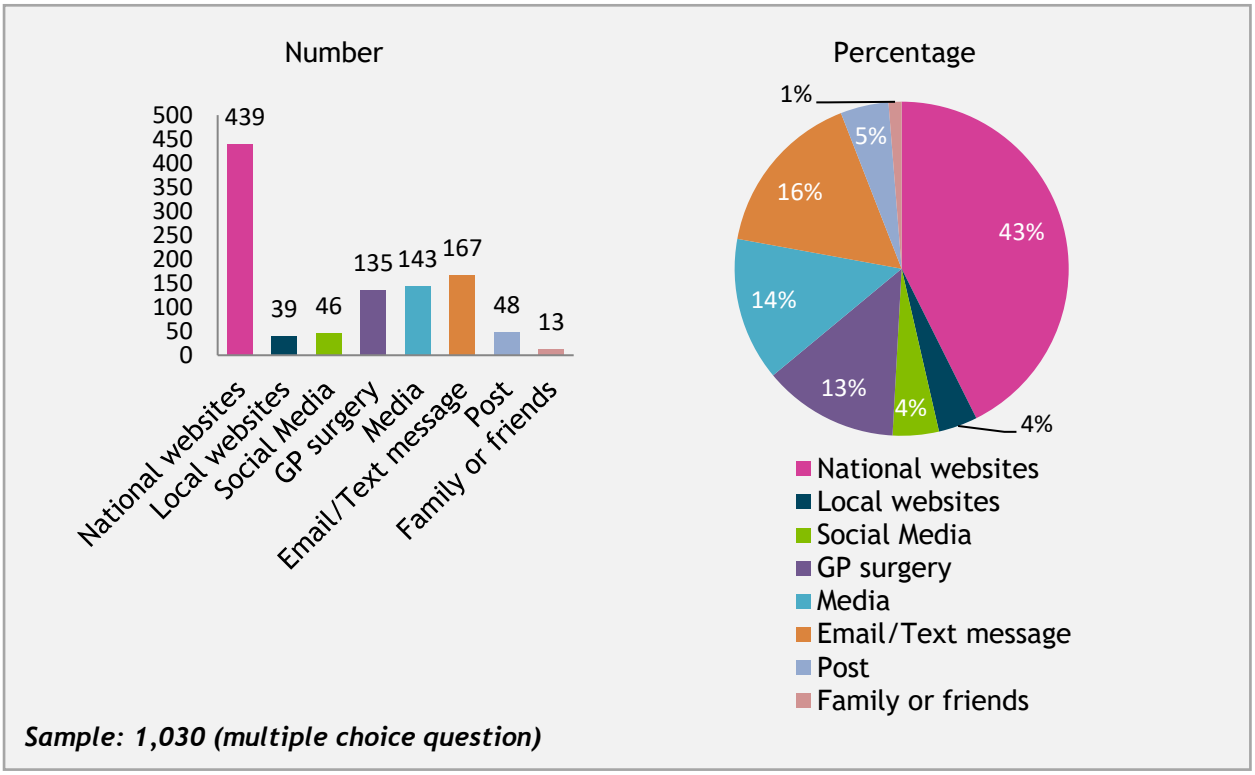
"Media unhelpful as flooded with opinion and bias."

"Lewisham Council website unclear about statutory responsibilities, indirect about how to get support."

11.4 Health and Care Information

We asked people to indicate their preferred method of accessing health and care information. National websites are by far the most popular, accounting for 43% of selections. However, this was not universal and 17% of respondents would prefer to receive important information via text or email.

11.4.1 What is your preferred way of receiving health/care information?



Sample: 1,030 (multiple choice question)

11.5 Topics that are 'Difficult' to Access

We asked people which topics, if any, they have found it difficult to get clear information on. Most respondents did not feel they needed any additional information. But for those who did, the 4 main topics were COVID-19 testing (22%), health service changes (19%) dental services (18%) and mental health self-help tips (17%)

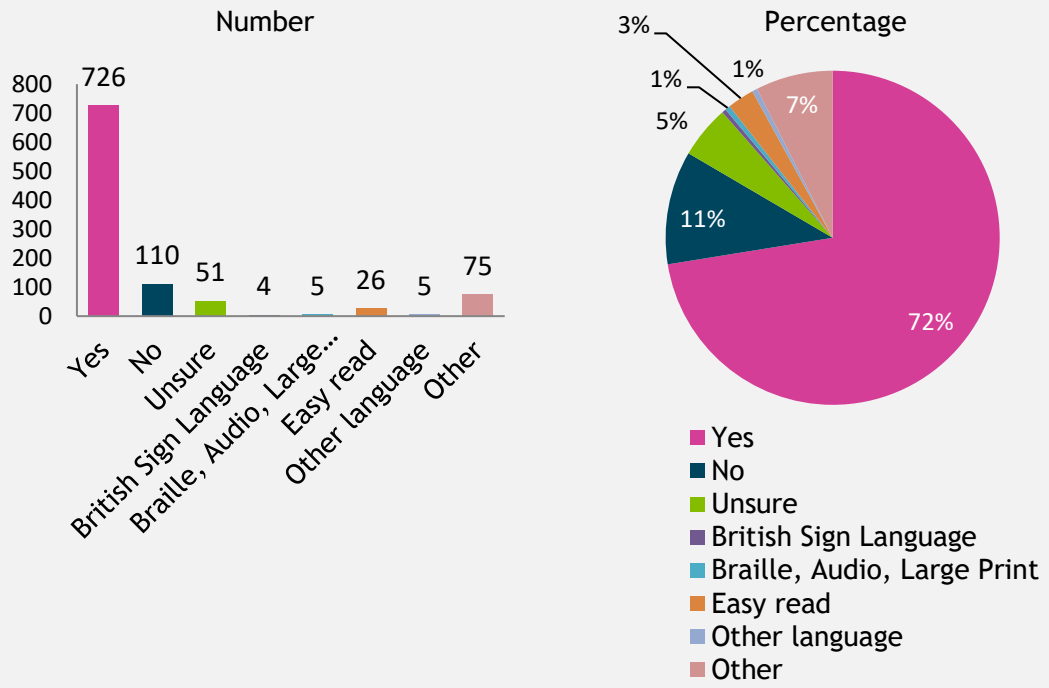
Patients would also value clear guidelines about when and if they should wear a mask/face covering and how to respond to people not following social distancing guidelines.

Our survey findings and additional engagement found that there was confusion around shielding eligibility. Numerous residents felt that they were at high risk of getting seriously ill from coronavirus should have received a shielding letter. People were not aware that they could raise this issue directly with their GP.

11.6 Information Formats

Respondents were also asked people if they have been able to find information and advice in formats or languages accessible to them.

11.6.1 Have you been able to find information and advice in the format(s) or language(s) needed to make it accessible to you?



Sample: 961 (multiple choice question)

While the vast majority of respondents (72%) said yes, a sizeable minority (11%) said no.

People from the deaf community are appreciative of BSL (British Sign Language) interpretation on press briefings and on charity websites/social media channels. However, it is said that there is generally insufficient provision of BSL and that the quality of, and access to information can be 'quite poor'. Those with learning disabilities cite a lack of easy read information.

Many residents explained that although there were accessible national resources about COVID-19 guidance, it was much harder to find local information which was translated or provided in other accessible formats.

12. Digital Technology

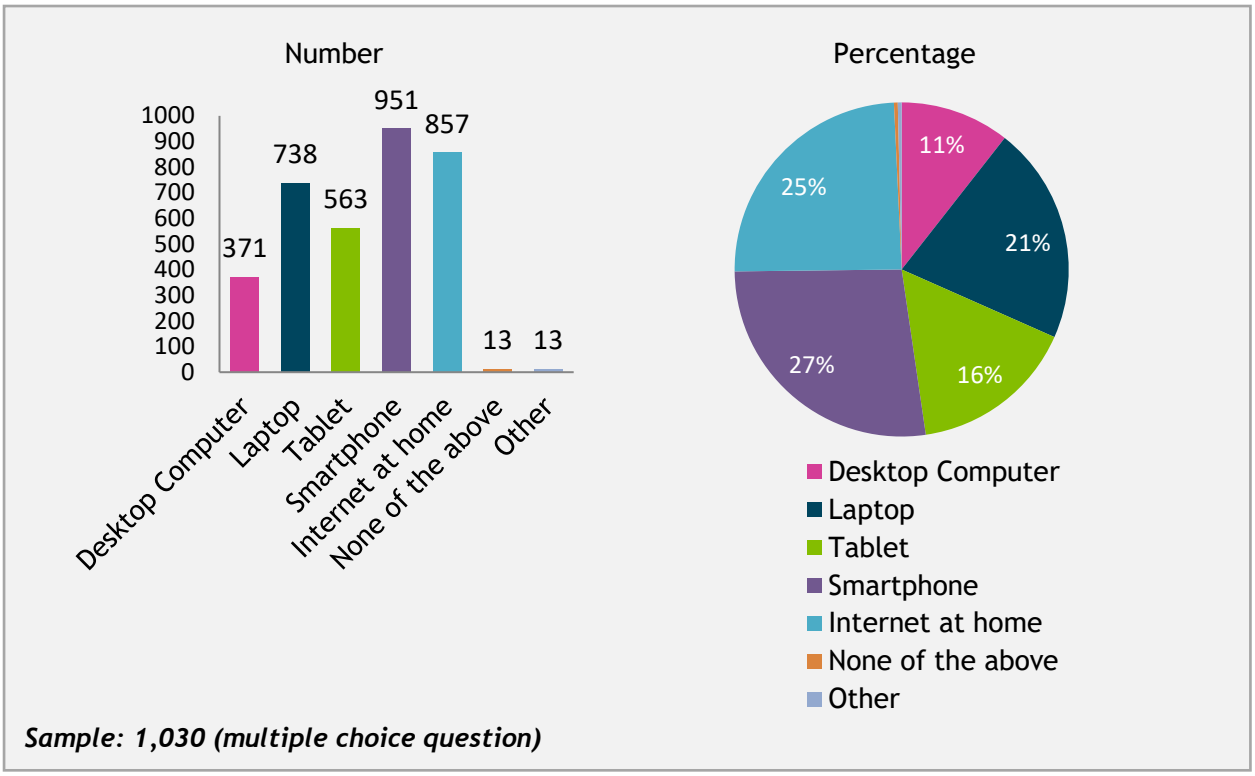
In this section, we look at access to digital equipment, confidence in accessing services online, and what might help in increasing use of digital services.

It should be recognised that 95% of respondents shared their experiences of COVID-19 through filling an online survey. An assumption can be drawn that most respondents felt comfortable in using digital technology. There is a need for further engagement with residents who are digitally excluded.

12.1 Access to Digital Equipment

We asked people which items of digital equipment they had access to at home, with multiple-choice options including desktop computer, laptop computer, tablet, smartphone and internet.

12.1.1 Do you have access to any of the following at home?



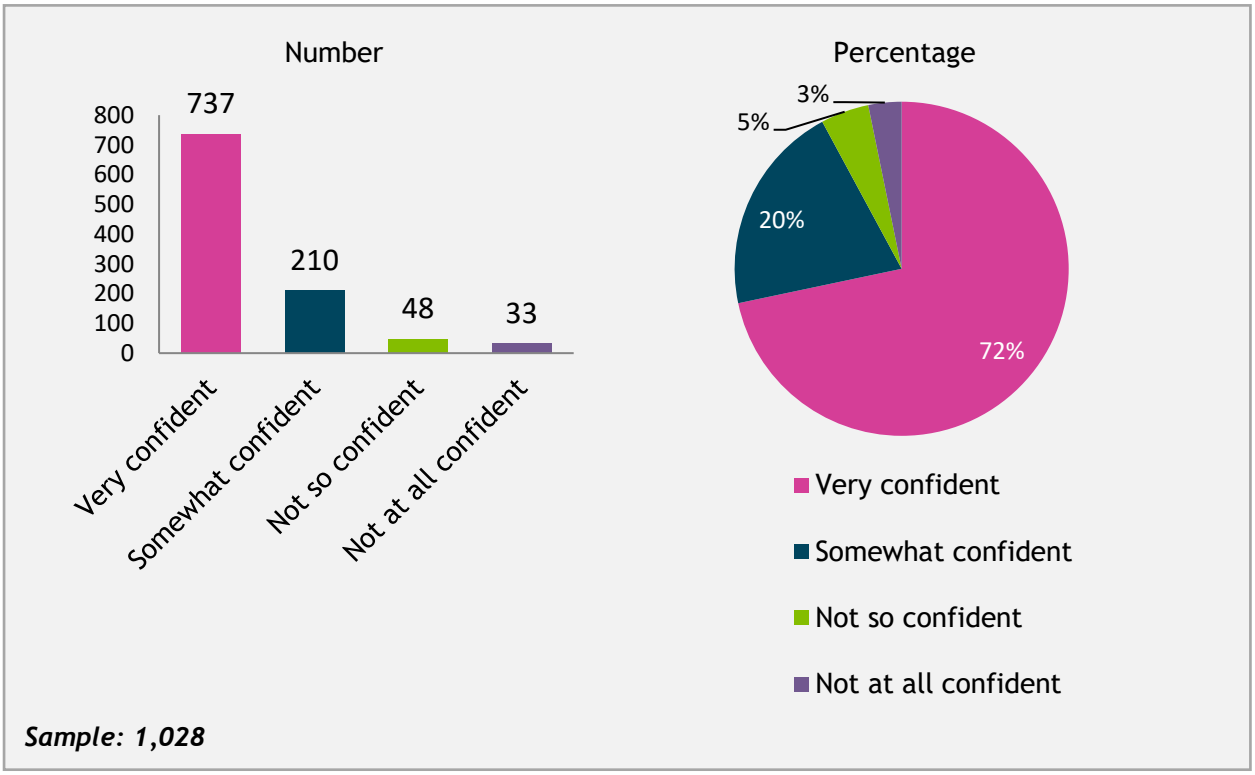
Sample: 1,030 (multiple choice question)

The majority of respondent have access to a smartphone (27% of selections), and broadband (25%). On computers, laptops are most popular (21%), with tablets also well utilised (16%) and desktops used less frequently (11%).

12.2 Confidence in Accessing Services Online

We asked people how confident they felt, to access services through a computer, tablet or smartphone. The vast majority of respondents (92%) feel 'very or somewhat' confident, with just 3% feeling 'not at all' confident.

12.2.1 How confident do you feel using a computer, tablet or smartphone to access healthcare?



Sample: 1,028

12.3 What is Needed to Increase Confidence?

Respondents were asked what they felt was needed to increase confidence in using a computer, tablet or smartphone to access healthcare. Most residents felt that the provision of guidance and training were the main resources which would enable people to feel more comfortable using technology. Further knowledge is necessary to empower residents.

Other suggestions included the improvement of apps to make them more user friendly. We also detected themes on accessibility, confidentiality, equipment and cost. Comments related to these themes have been listed below:

Accessibility

- Availability of medical records
- More online appointments
- More user-friendly appointment services
- Assurances that face to face appointment will not be replaced by digital methods
- Clear uncomplicated information
- Websites need to be more user friendly and fully accessible to blind users
- Information needs to be regularly updated
- Availability of localised information
- Software sometimes is a let-down, bearing in mind it is for unwell people
- Simpler procedures

Confidentiality

- Secure direct access to clinicians
- Confidentiality and safety from misuse (cybercrimes etc)
- Acknowledgement that communication has been received/acted upon
- Password protection and overall security
- Confirmation that it is secure
- Privacy

Equipment and Cost

- Good signal from phone companies
- Available internet access
- Better internet connection
- Cheaper broadband
- Funding for laptops

Instruction and Training

- Some tuition
- To learn more about computers
- Just practice
- Online tutorials
- One-to-one education
- To know exactly what to do and who to really be in touch with.
- Information guides
- Learning how to use my smartphone properly.
- More practice, help from younger relatives.
- Guidance as to which sites can be trusted to get information.

12.4 Benefits and Limitations of Online Access

We asked people to consider the benefits and limitations of accessing healthcare using a computer, tablet or smartphone.

People consider online services to be quick, efficient, convenient and informative, with benefits for both services and service users. Crucially during the pandemic, online methods may also reduce the risk of infection.

Benefits

1. Easier access to health information at a time and location that suits the patient
2. Quicker access to care as patients do not need to visit the GP practice/healthcare services
3. Reduces the risk of spreading diseases because there is less contact between patients
4. Easier to access appointments for those who work full time
5. More convenient for patients with mobility issues if they do not require a physical examination or blood test

On the other hand, respondents felt digital consultations can reduce direct 'human' contact, are impersonal, not always reliable and excludes a large section of the population.

Limitations

1. The technology is not accessible for all, there is a risk of creating/widening health inequalities for those without or those who do not want to access healthcare digitally
2. Digital consultations are less personal
3. There is a wide range of online health sources available which can provide conflicting information
4. Lack of face to face contact, respondents believe there is a need for physical examination for certain conditions (e.g. Long-Term Conditions)
5. Quality of appointments can be impacted by broadband and bandwidth issues
6. There is a higher change of missed diagnosis through online consultations. Doctors are less likely to pick up body language or understand if patients are downplaying their symptoms

Respondents felt that accessing healthcare through digital technology can create quicker and easier access to health information and routine appointments. However, patients still value face to face contact and the need for physical examinations. 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.

13. Recommendations

Based on the analysis of feedback, we make the following recommendations on health and care services, mental health, and wider community services.

Health and Care Services: 7 Recommendations

1. A significant percentage of respondents (20%) were unaware that their GP practices were offering routine appointments or did not want to access services/ delayed treatment in fear of catching the disease or being a burden on the NHS.

   Recommendation 1: Patients want written confirmation that services are safe and have adequate capacity. There is a need for a local communication campaign across the borough (and potentially the SEL region) which covers the current primary care offer in view of the different access arrangements and informs patients about what services are available. GP practices should also explore communicating via SMS message to inform patients of any changes to services.

   Recommendation 2: All local health and care services need to reassure residents that their services are carrying out social distancing and infection prevention measures. General positive messaging on a national, regional, and local level will help to restore confidence and uptake.

2. Respondents felt that although using digital technology can create quicker and easier access to healthcare, it also excludes those who cannot use or afford to use the technology.

   Recommendation 1: While it is acknowledged that digital services are effective and resourceful, we feel there should always be an alternative. It is recognised that a 'one size fits all' system will result in the marginalisation of disadvantaged and vulnerable groups. Services need to ensure that there is still equity of access for residents who cannot engage with the digital offer.

   Recommendation 2: Although a small sample size, patients with sensory disabilities have experienced difficulties when trying to access healthcare digitally with issues around translators and apps. Services need to offer flexibility and choice when it comes to appointments and ensure that all protocols meet the Accessible Information Standard by offering alternative methods of contact for those who need additional support.

   Recommendation 3: Residents told us that they were more likely to use digital technology to access healthcare if there was the provision of training resources and guidance. A digital training programme should be rolled out across Lewisham to support those who are willing to learn but currently do not feel comfortable enough or fully understand how to use the technology.

From hearing the experiences of residents, it is evident that the issue of digital exclusion must be considered a local priority. A wider piece of work could be commissioned around digital exclusion that covers all digital services in the borough.

3. Some respondents received limited communication about cancelled medical appointments.

   Recommendation: Feedback suggests that a lack of communication on cancelled appointment can be a major cause of anxiety, and a key contributor to worsening physical and mental health. We would urge hospital services to get in touch with all patients in this situation, as soon as possible, with clear (and unambiguous) information and support offered.

4. When asking people about 'risks' associated with accessing health services, the most common response was infection risk while travelling to-and-from appointments, especially if public transport is involved.

   Recommendation: The provision of "COVID secure" patient transport would help to reduce the concerns of those most at risk and encourage shielding patients to access services.

Mental Health and Wellbeing: 3 Recommendations

5. The COVID-19 outbreak and lockdown has had a substantial emotional impact on residents, including carers.

   Recommendation: 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.

6. It is found that those with existing mental health conditions will be much more impacted and at greater risk during the pandemic. Those in need of help do not necessarily seek it.

   Recommendation: We would urge services, GPs in particular, to identify those with a known mental health condition and check on welfare.

7. Those with activities, hobbies or routines appear to be more resilient than those without.

   Recommendation: If possible, the level of social prescribing should be increased and enhanced, to reach more residents and reduce isolation. While this may have a cost implication, the subsequent reduction in physical and mental health conditions may in fact benefit services in the longer to medium term. Services should also explore how the local infrastructure and resources within the voluntary sector could be utilised.

Wider Community: 4 Recommendations

8. The lockdown and shielding guidelines have led to increased levels of social isolation within the borough.

   Recommendation: There is no single organisation with ultimate responsibility for tackling the issue of social isolation, therefore it is crucial that agencies co-produce and work together to find solutions. Socially isolated residents tend to be hard to reach, nevertheless it should be possible to offer regular phone calls or a 'friendly knock on the door.'

9. Respondents felt that they needed more information about shielding during the pandemic, especially those who did not receive a letter but considered themselves vulnerable.

   Recommendation: Information needs to be developed locally which outlines the options available for people who did not receive a shielding letter but feel that they should self-isolate.

10. Anxiety about contracting the virus is widespread, with 59% of respondents 'concerned' about passing it on to others. Those who use public transport, work on the frontline, are shielding or have regular interaction with those shielding, have particular and justified concerns.

    Recommendation: We need to make the working and wider environment as 'Covid Secure' as possible. While this is difficult, and indeed challenging to implement and police, we recommend some level of visible, ongoing enforcement and review - not least to reassure the public. There needs to be clear communication about the measures which have been implemented to enable public reassurance.

11. A sizeable minority of respondents (11%) say that information is not accessible to them.

    Recommendation: Information intended for the public consumption should observe accessibility protocols on formatting and presentation. Any information considered to be especially important should also be offered in a range of accessible formats, including translation into community languages materials. Local partners must work together to ensure there is a consistency of information across the borough.

BAME Communities: Wholesale Recommendation

12. Our findings show that BAME respondents felt they were more likely to be disadvantaged because of COVID-19.

    Recommendation: Further investigation and review will allow services to better understand and address issues and themes. Healthwatch Lewisham is keen to continue its role as a core partner and stakeholder, in any such undertaking.

14. Glossary of Terms

ADHD	Attention Deficit Hyperactivity Disorder
BAME	Black, Asian & Minority Ethnic
BSL	British Sign Language
MS	Multiple Sclerosis
PPE	Personal Protective Equipment

15. Distribution and Comment

This report is available to the public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

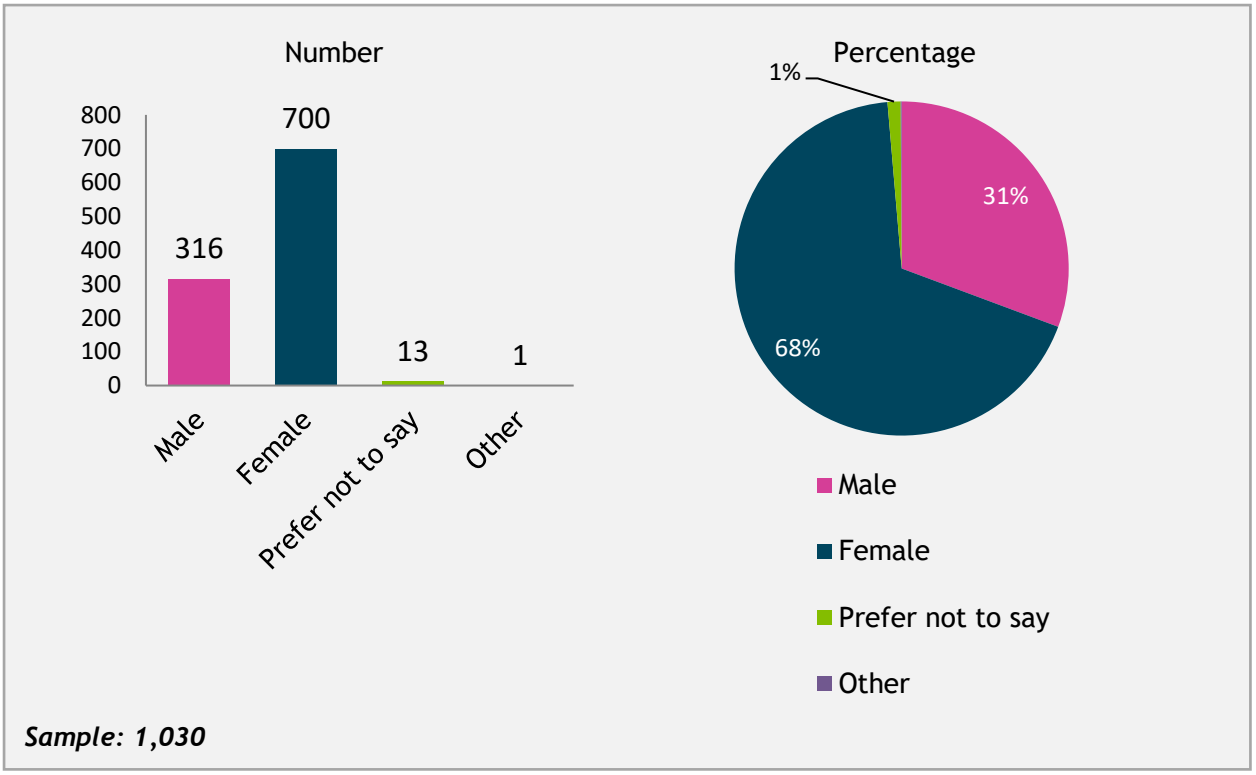
Healthwatch Lewisham, Waldram Place, Forest Hill, London, SE23 2LB

Telephone: 020 3886 0196
Email: info@healthwatchlewisham.co.uk

Annex - Demographics

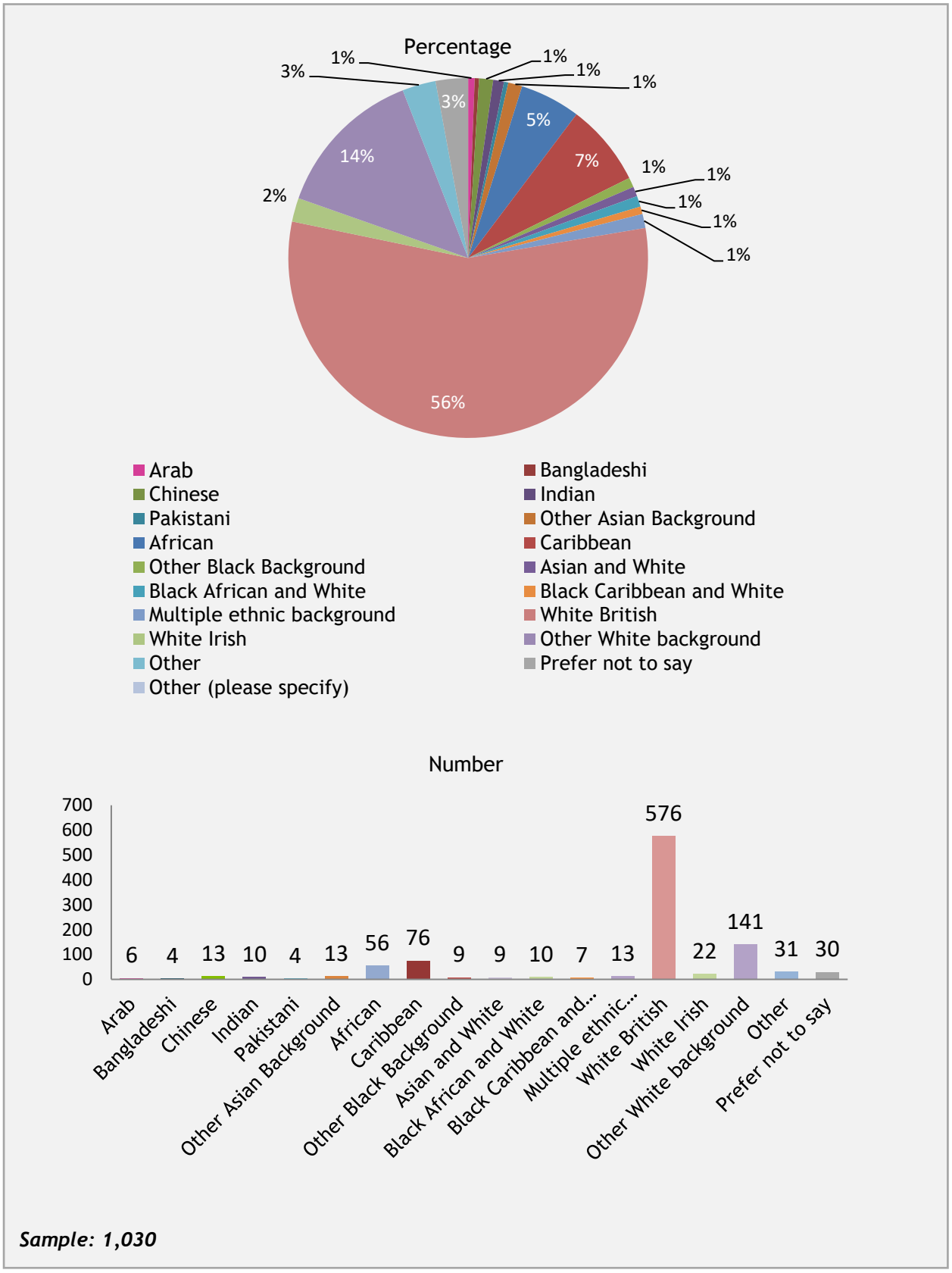
The stated demographics of participants are as follows.

How would you describe your gender?



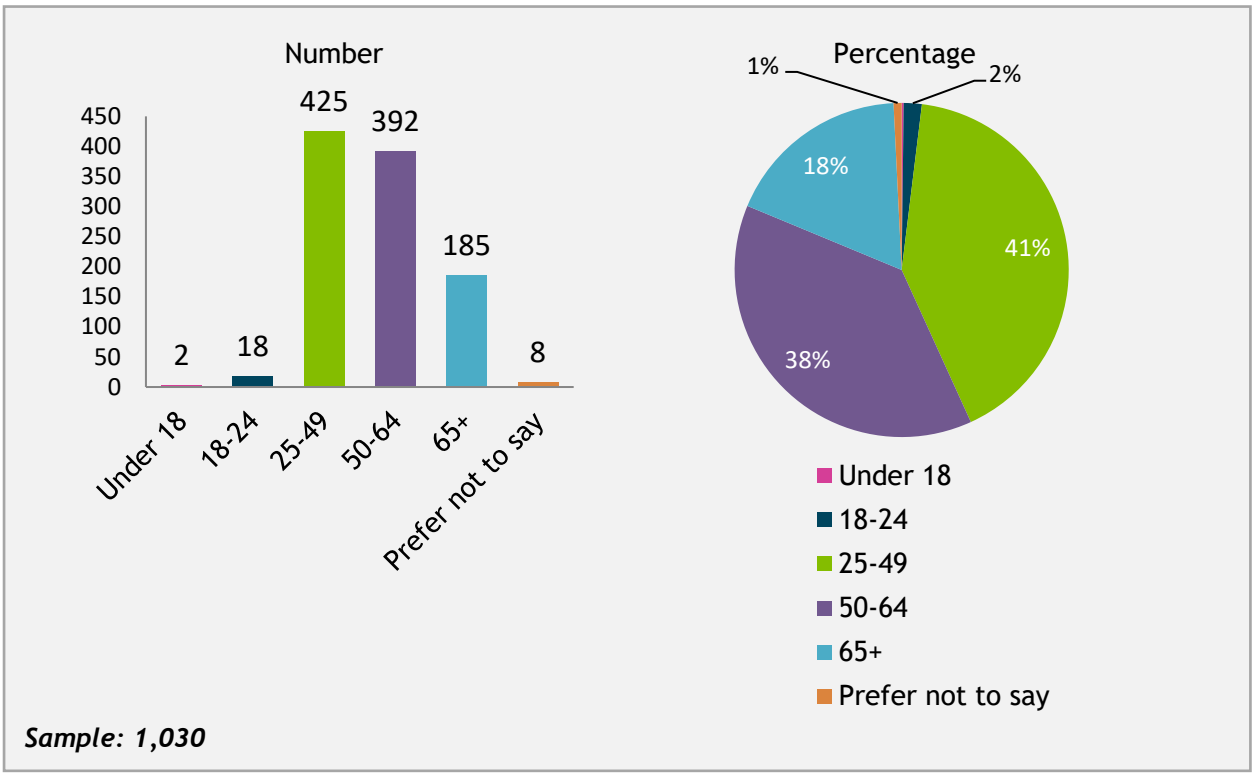
Sample: 1,030

Please select your ethnic background:



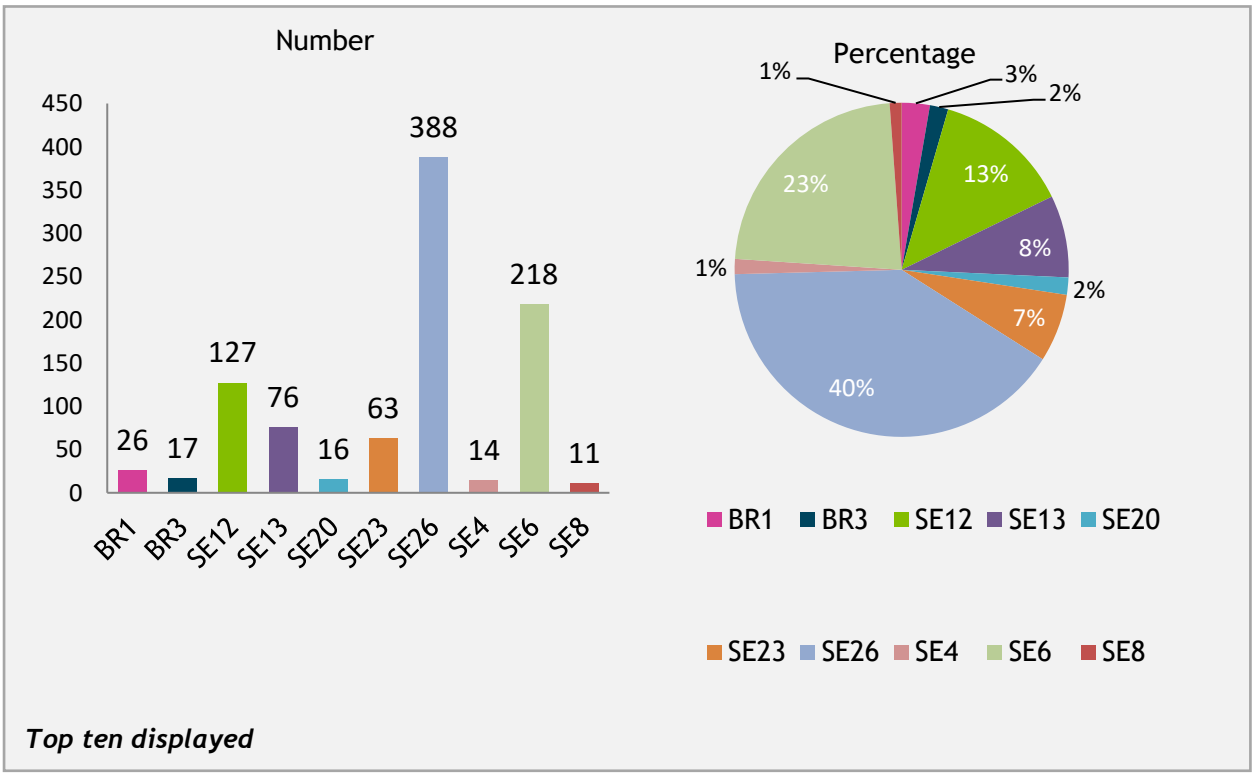
Sample: 1,030

How old are you?



Sample: 1,030

Post Code Areas



Top ten displayed

“My mental health is improved as there is far less stress in my life and so much more time, instead, with my partner.”

Local resident