



HEALTH AND WELLBEING BOARD

Date: THURSDAY, 4 MARCH 2021 at 3.00 pm

Virtual meeting via Microsoft Office Teams

Enquiries to: **Mark Bursnell** (mark.bursnell@lewisham.gov.uk)

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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	Chair, Healthwatch Lewisham
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

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Agenda Item 1

MINUTES OF THE HEALTH AND WELLBEING BOARD

Thursday 3rd December 2020 at 3.00pm

ATTENDANCE

PRESENT: **Cllr Chris Best** (Deputy Mayor of Lewisham and Cabinet Member for Health and Adult Social Care); **Tom Brown** (Executive Director for Community Services, LBL); **Val Davison** (Chair of Lewisham & Greenwich NHS Trust); **Pinaki Ghoshal** (Executive Director for Children and Young People, LBL); **Philippe Granger** (Chief Executive, Rushey Green Time Bank); **Donna Hayward-Sussex** (Service Director, South London and Maudsley NHS Foundation Trust); **Michael Kerin** (Healthwatch Lewisham); **Faruk Majid** (Lewisham Member of South East London CCG) and **Dr Catherine Mbema** (Director of Public Health, LBL).

APOLOGIES: **Damien Egan** (Mayor of Lewisham) and **Dr Simon Parton** (Chair of Lewisham Local Medical Committee).

IN ATTENDANCE: **Paul Aladenika** (Service Group Manager Policy Development, LBL); **Lesley Allen** (Community Champion, Diamond Club); **Timothy Bradley** (Community Champion, Lewisham Wellbeing Map); **Miriam Bullock** (Public Health Trainee, LBL); **Mark Bursnell** (Principal Officer, LBL); **Dee Carlin** (Director of Adult Integrated Commissioning); **Alexandra Camies** (Community Champion, South Lewisham Patient Participation Group Chair); **Martin Crow** (LSAB Business Manager); **Laura Harper** (Public Health Commissioning Manager, LBL); **Cllr Coral Howard** (Vice-Chair, Healthier Communities Select Committee); **Sandra Iskander** (Strategy Team, Lewisham and Greenwich NHS Trust); **Amanda Lloyd** (System Transformation and Change Lead, Lewisham Health and Care Partners); **Edward Parker Humphreys** (Cabinet Executive Officer, LBL); (**Michael Preston-Shoot** (Independent Chair, Lewisham Safeguarding Adults Board); **Vicky Scott** (Programme Director, Lewisham and Greenwich NHS Trust); **Sarah Wainer** (Director of Systems Transformation, Lewisham Health and Care Partners); **Stewart Weaver-Snellgrove** (Clerk to the Board, LBL); **Chamu Mhomwa** (Digital Scanning Officer, LBL); **Cllr John Muldoon** (Chair, Healthier Communities Select Committee); and **Martin Wilkinson** (Director of Integrated Care and Commissioning, LBL/South East London Clinical Commissioning Group).

Welcome and introductions

The Acting Chair opened the meeting. Apologies were received from Mayor Egan, and Dr Simon Parton.

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. Local COVID-19 Outbreak Engagement Board

- 3.1 Catherine Mbema presented the latest data on COVID-19 in Lewisham. As of 6th November, 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 last meeting of the Board.
- 3.2 The Board now acts as the Local Outbreak Engagement Board as part of the governance of the COVID-19 Outbreak Prevention and Control Plan (a revised copy of which was included). In this role, the Board has committed to ensure that residents are provided with timely communications regarding the COVID-19 pandemic.
- 3.3 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. To date over 100 Community Champions have been recruited. Two Community Champions shared their experiences with the Board:
- 3.4 **Alexandra Camies** (South Lewisham Patient Participation Group Chair) – The Community Champion post has been valuable as it provides direct email access to Public Health for questions re COVID-19 (e.g. movements between Tiers over Christmas). Answers provided then can be shared with a wider network of residents / service users. Champions have also been invited by Public Health to attend training sessions on other health issues (e.g. cancer) and it is hoped this might lead to further opportunities for this role, post-COVID.
- 3.5 **Lesley Allen** (Diamond Club) – Regular communication with 200 elders. Able to share up-to-date information immediately. Have webinar every fortnight with Director of Public Health. Information is shared through the Diamond club magazine or by post to avoid digital exclusion.
- 3.6 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:
- Various partners thanked the Public Health team for all the work they've done behind the scenes to set up the Community Champions initiative and to the Champions themselves for their valuable efforts in sharing reliable and accurate information within the community.
 - Offer to promote take-up of Community Champion scheme to local constituents (e.g. Downham)
- 3.7 Action:
- The Board noted the content of the report.

4. Delivery Update: Lewisham System Recovery Plan

- 4.1 Amanda Lloyd introduced the item with supporting contributions from across the health and care partnership.
- 4.2 The LHCP Recovery Plan has identified a number of priorities against which health and care partners will focus their activities between July 2020 and December 2021. This is the first report back to the Board against these commitments.
- 4.3 All partners submitted updates on delivery in their respective areas and a summary of these were reported in the attached presentation. This included the following areas: Acute; Community; Primary Care; CYP; Mental Health; Care Homes; and the Council and VCS.
- 4.4 Partners also provided an update on their respective Christmas arrangements. The fundamental message to service users is that they are all open for business throughout the period.
- 4.5 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:
- The Cerner Population Health system is beginning to yield value in reducing health inequalities and targeting patient interventions.
 - Update on COVID cases in LGT: First wave saw 300 cases out of a bed stock of 900. Currently there are 75 cases, with 14 of these in intensive care. Two-thirds of cases are at Queen Elizabeth. Influx of patients from North Kent is a contributory factor here. Mortality rate compared to first wave is significantly improved due to a much better awareness of how to treat the disease.
 - Vulnerable children and young people have suffered in response to COVID-19 lockdowns. During second wave all youth clubs and adventure playgrounds have remained open, albeit with restricted access. Street-based services to be launched whereby CYP can access youth workers wherever they are.

4.6 **Actions:**

The Board noted the content of the report.

5. BAME Health Inequalities Update

- 5.1 Catherine Mbema provided an update to the Board on work undertaken to address BAME health inequalities in Lewisham during the COVID-19 pandemic.
- 5.2 The external academic board of the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) met on the 11th November to feedback to the review team. This focussed on the findings of their research on the first topic – the role of Racism and Discrimination in health inequalities. An external assessment board comprising community members with lived experiences, are also part of the review and will work at a grassroots level.

- 5.3 Public Health is continuing to work with health and care partners to collate available BAME health inequalities data sets with the aim of the finalised Data Toolkit informing the next cycle of BLACHIR research topics in January 2021.
- 5.4 The Board was recommended to note the updated 'Addressing BAME Health Inequalities Action Plan 2019-22'.
- 5.5 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:
- Stop and search in Lewisham disproportionately targets those of the BAME community. Numbers of GPs and professional staff at LGT have been stopped and searched. This is leaving long-lasting impacts on individual's mental health and wellbeing.
 - Statistics on stop and search are reported to the Safer Lewisham Partnership Board and could be tabled as an agenda item at a future Board meeting.
 - There is currently a focus on disproportionality in the work of the Children and Young People's directorate as it is recognised that this needs to change. It is also very much on the agenda of the Youth Offending Service.
 - Cabinet Member, council officers and the police have an established group looking at this.
 - Wider determinants of health (e.g. interactions with the criminal justice system) will also be picked-up next year as part of the holistic approach to developing the new Health and Wellbeing Strategy.

5.6 Action:

The Board noted the contents of the report and requested that a full version of the BAME Health Inequalities Toolkit is brought back to the next meeting of the Board in March 2021.

6. Sexual and Reproductive Health Strategy 2019-24: Local Action Plan

- 6.1 Miriam Bullock provided an update to the members, following agreement of the Lambeth, Southwark and Lewisham (LSL) Sexual and Reproductive Health Strategy for 2019-2024 at the Board in March 2019.
- 6.2 This strategy is based around the four priorities of: Healthy and fulfilling sexual relationships; Good reproductive health across the life course; High quality and innovative STI Testing and Treatment; and Living well with HIV.
- 6.3 LSL has a shared Action plan to deliver strategic needs assessments and cross-cutting projects to improve sexual and reproductive health across the three boroughs.
- 6.4 Lewisham also recognised the need to have a Local Action Plan to bring together local stakeholders in the borough to work collaboratively to improve sexual health outcomes for our residents.
- 6.5 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.

- 6.6 During COVID-19 lockdown there was a sharp reduction of in-person service usage (e.g. in pharmacies) with a 400% increase of online activity as service users diverted to digital channels. Service data doesn't indicate that any minority groups have been disproportionately impacted, though further stakeholder research is being undertaken to understand their experiences.
- 6.7 The Board were recommended to note progress in delivering the Strategy and to endorse the Local Action Plan (Appendix 1).

6.8 Actions:

The Board noted the contents of the report and agreed the contents of the Local Action Plan.

7. Lewisham Safeguarding Adults Board: Strategic Business Plan 2020/21 and Prevention Audit

- 7.1 Michael Preston-Shoot updated the Board on the self-audit of the LSAB in June 2020, in which it RAG-rated all 7 prevention strands, one of which is to 'support broader wellbeing strategies'. In response to the amber rating of this strand, it was recommended that LSAB should work more closely with the Health and Wellbeing.
- 7.2 This recommendation was then translated into a strategic objective and is now a feature of the LSAB Strategic Business Plan for 2020-21.
- 7.3 The Independent Chair sought to connect the work of the two Boards more strategically through the identification of future opportunities to collaborate and agreement on how any joint objectives might be delivered.
- 7.4 Two obvious areas of synergy between the respective Boards were noted as follows:
 - Community Champions – LSAB has used the same approach to raise awareness of safeguarding issues. Both cohorts of Champions could work together going forward.
 - Health inequalities – LSAB is also focussing on disproportionality and unconscious bias and additions to LSAB membership re health inequalities were being considered.
- 7.5 Full Council has now announced support for the next Adults Safeguarding Week (Nov 2021).

7.6 Action:

The Board noted the contents of the report.

The meeting ended at 16:21 hours

Agenda Item 2



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

Agenda Item 3



Health and Wellbeing Board

Report title: Local COVID-19 Outbreak Engagement Board update

Date: 4th March 2021

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

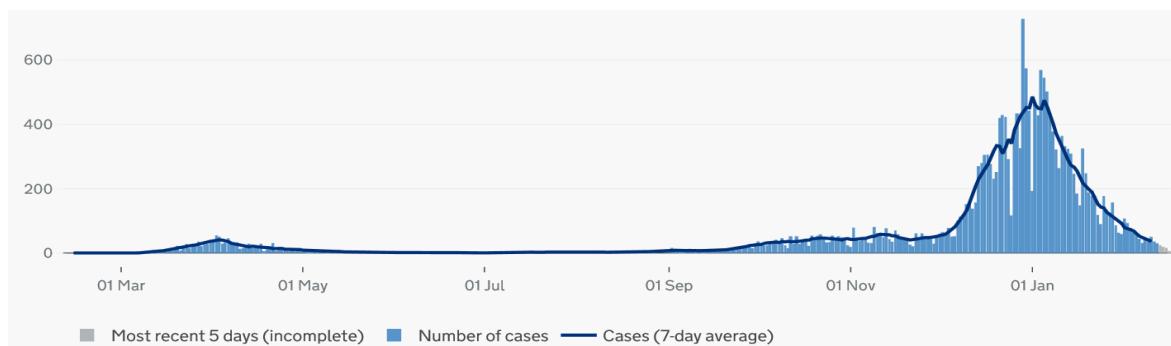
1. Recommendations

- 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 12th February 2021, there have been a total of 20,988 confirmed cases of COVID-19 in Lewisham, which is a significant increase in cases since the last meeting of the Board in December 2020. This is demonstrated in Figure 1 showing the large increase in cases during late December and early January 2021 in line with the rest of the country. The sharp increase in case numbers was associated with the identification of a new variant of COVID-19 first detected in England. National restrictions were implemented on 5th January 2021 as a result of the sharp increase in cases nationally and continue to be in place.
- 2.2. Since the peak of cases in January 2021, the rate of COVID-19 cases/100,000 population in Lewisham has reduced and was 90/100,000 in the seven days between 6th and 12th February 2021, which is in line with infection rates in November 2020.

Figure 1. Daily number of new lab confirmed cases in Lewisham until 12th February 2021



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- 2.3. Since the last Health and Wellbeing Board meeting in November, in addition to the existing COVID-19 control measures in place in Lewisham, we have commenced a programme of community asymptomatic testing (rapid testing) using lateral flow devices to identify asymptomatic cases of COVID-19 in the borough. To date we have three community rapid testing sites in Lewisham that are available to those who have to leave home for work during the period of national restrictions. Further details of these sites can be found here: <https://lewisham.gov.uk/myservices/coronavirus-covid-19/get-tested-for-covid19/community-testing-for-covid19>
- 2.4. 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.
- 2.5. In this role, the Board has committed to ensure that residents are provided with timely communications regarding the COVID-19 pandemic. The Lewisham COVID-19 Community Champion initiative continues to be a key tool in achieving this within the wider borough COVID-19 communications and engagement plan.

3. Lewisham COVID-19 Community Champions

- 3.1. Lewisham Council developed a COVID-19 Community Champion programme based on examples from Newham and Birmingham in September 2020.
- 3.2. The programme aims to:
 - Disseminate messaging, information and resources regarding COVID-19 and related health topics to the wider Lewisham community.
 - Empower community leaders, voluntary and community sector groups and residents with relevant information and training to disseminate to others.
 - Use trusted people, voices and groups to disseminate timely and accurate information to Lewisham residents and provide community insights.
- 3.3. COVID-19 Community Champions were initially recruited via a number of webinars for faith leaders, voluntary and community sector groups and other partners in September 2020. Ongoing recruitment has taken place via digital promotion on social media and email invitations to wider partners. Champions use a Lewisham Council web form to sign up and agree to receive weekly emails and attend fortnightly webinars to receive and share up to date information on COVID-19. To date 172 Lewisham COVID-19 Community Champions have been recruited.
- 3.4. In December 2020, Lewisham Council was invited to submit an Expression of Interest to receive a funding allocation from the Community Champions: Local Authority Fund.
- 3.5. The Ministry of Housing, Communities and Local Government (MHCLG) Community Champions: Local Authority Fund aims to support a range of interventions to build upon, increase or improve existing activities to work with residents who are most at risk of Covid-19 - helping to build trust and empower at-risk groups to protect themselves and their families.
- 3.6. Funded projects are expected to:
 - Build residents' confidence to integrate and engage more widely in their local communities and mix with people from different backgrounds.
 - Adopt approaches to engagement that supports social connection to the local area

and builds confidence to use local amenities and services.

- Provide practical solutions to overcome barriers, such as supporting those experiencing digital exclusion.
- Be targeted using the best available national and local sources of evidence of need.
- Exhibit good governance and the collection of robust evidence to enable measurement of progress in achieving the Funds aims.
- Deliver genuine value for money with robust programme management.

- 3.7. MHCLG have since awarded £275,917 funding to Lewisham Council to deliver the agreed objectives of the Community Champions: Local Authority Fund programme.
- 3.8. In the Lewisham Expression of Interest, the following areas of work were outlined, which will be overseen by a Lewisham COVID-19 Community Champion working group:

Work area	Description
Targeted communication and engagement	Using a number of channels to increase the number of COVID-19 Community Champion volunteers recruited from faith groups, VCS groups and Black, Asian and Minority Ethnic community members, staff groups and students by using 'Community Connectors' via existing community channels
COVID-19 vaccination campaign via Community Champions	Using video and text profiles of Champions who have had or would have the vaccination.
Young Champions	Outreach and communications targeting young people from BAME backgrounds age 11 - 24 to include transition groups as they play a key role in supporting families and community members, providing factual information regarding COVID-19.
Training	Expand the offer of a range of training for COVID-19 Community Champions (individuals and groups) to increase their capacity to integrate health promotion and share knowledge to ensure sustained sharing and provide ongoing opportunities for champions to access training.
Evaluation	To provide a focus on effectiveness of this work, opportunities for action on identified issues to inform recovery plans and sustainability of the Community Champions model in health promotion

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4. Financial implications

- 4.1. Lewisham Council has received an allocation from central government of £275,917 funding to deliver the agreed objectives of the Community Champions: Local Authority Fund programme.

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
 - Specifically within the context of COVID-19 there is 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 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/a>

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[ttachment_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. The health and wellbeing implications for this report are outlined in the main body of text.

10. Report author and contact

- 10.1. Dr Catherine Mbema

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Health & Wellbeing Board

Report title: Annual Public Health Report 2019-20

Date: 04 March 2021

Key decision: Yes/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 introduces the 2019-2020 Annual Public Health Report (APHR) by the Director of Public Health.

This year's report focuses on Health in All Policies, adopting a whole system approach to address health challenges. This report was originally intended to be published last year but has since been updated and revised to include reference to the COVID-19 pandemic, which has highlighted just how important it is to take a whole systems approach to address health challenges and tackle health inequalities. A number of new case studies have been added to demonstrate how this approach helped Lewisham respond as a system to the challenges of the COVID-19 pandemic.

It also contains a set of recommendations as to how the approach can be further embedded by harnessing the learning from whole system working on COVID-19 to continue work with stakeholders across the council and wider system to increase understanding and build capacity to further implement a health in all policies approach.

The board is asked to discuss the contents of the report and consider how it can support the implementation of the recommendations, particularly with regard to the development of the new Health and Wellbeing Strategy for Lewisham.

Timeline of engagement and decision-making

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

1. Summary

- 1.1. This report introduces the 2019-20 Annual Public Health Report by the Director of Public Health. This year's report focuses on Health in All Policies, adopting a whole system approach to address health challenges.
- 1.2. This report was originally intended to be published last year but has since been updated and revised to include reference to the COVID-19 pandemic, which has highlighted just how important it is to take a whole systems approach to address health challenges and tackle health inequalities.
- 1.3. A number of new case studies have been added to demonstrate how this approach helped Lewisham respond as a system to the challenges of the COVID-19 pandemic.
- 1.4. It also contains a set of recommendations as to how the approach can be further embedded by harnessing the learning from whole system working on COVID-19 to continue work with stakeholders across the council and wider system to increase understanding and build capacity to further implement a health in all policies approach.
- 1.5. A communications plan for this report is being developed to enable the positive best practice examples and the insight on implementing a health in all policies approach, outlined in this report, to be shared more widely with stakeholders and service users across the system. It is intended that this will facilitate further engagement and dialogue as to how this approach can be expanded across Lewisham in line with the recommendations in this report.
- 1.6. The Director of Public Health intends to follow up this report with her APHR for 2021 which will focus on how the COVID-19 pandemic has differentially impacted on the Lewisham Population both on their health and on their experience of the wider determinants of health.
- 1.7. The APHR 2021 will incorporate testimony from Lewisham residents combined with statistical analysis of data and the findings of a number of national reports and inquiries including; the Health Foundation's COVID-19 impact inquiry; exploring the pandemic's implications for health and health inequalities (due for publication in July 2021).

2. Recommendations

- 2.1. The board is asked to discuss the contents of the report and plans for the topic of the APHR in 2021. It is asked to consider how it can support the implementation of the recommendations, particularly with regard to the development of the new Health and Wellbeing Strategy for Lewisham.

3. Policy Context

The Health and Social Care Act 2012 stated that the production of an APHR is a statutory duty of the Director of Public Health, which the local authority is responsible for publishing.

4. Background

- 4.1. The evidence behind the benefits of implementing a Health in All Policies approach and the impact it has on population health and health inequalities, has been growing over the last decade both nationally and internationally.
- 4.2. In recent years both Public Health England (PHE) and the Local Government Association (LGA) have published guidance for local areas to implement a Health in All Policies Approach, acknowledging their consensus on the effectiveness of this approach on improving the social determinants of health and reducing health inequalities in a local context (PHE, 2016 and LGA, 2016).
- 4.3. In Lewisham, Councillors came together in 2019 to participate in a Health in All Policies workshop, facilitated by the Local Government Association, focussing on the fundamentals of the approach, local progress to date and the next steps in implementing this approach across the Council.
- 4.4. To maintain focus and momentum on this aspect of council policy development, the Director of Public Health chose to focus her Annual Public Health report for 2019-20 on this topic.

5. Annual Public Health Report 2019-20

- 5.1. The report highlights the variety of influences on health and wellbeing and how the vast majority of these influences fall outside the remit of health service provision.
- 5.2. The first chapter provides an overview of the Health in All Policies approach and outlines the ways in which it can be used.
- 5.3. The main body of the report presents examples of where a 'Health in All Policies' approach is already being successfully adopted in the work of teams within Lewisham Council and partner organisations. These examples include:
 - The collaboration between public health and the Council's COVID-19 Action Team to establish a locally enhanced contact tracing service.
 - A collaboration with Adult Learning Lewisham to measure health and wellbeing outcomes in adult learners.
 - Support to the Early Years Education Team to engage Lewisham early years settings in the Healthy Early Years London programme.
- 5.4. The report concludes with a set of recommendations about how we can work positively to influence health and wellbeing for all in Lewisham. The recommendations include:
 - Harnessing the learning from whole system working on COVID-19 to continue work with stakeholders across the council and wider system to increase understanding and build capacity to further implement a health in all policies approach.
 - Developing a framework to enable the ongoing and robust assessment of the impact of policy decisions on health and health inequalities within the Lewisham population.

6. Financial implications

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

7. Legal implications

- 7.1. The requirement to produce an APHR is set out in the Policy Context section.

8. Equalities implications

- 8.1. This report has no specific implications for equalities however it highlights how taking a Health in All Policies approach to strategy development and service planning is a key method of tackling inequalities in population health and how people experience the social determinants of health. pregnancy and maternity, race, religion or belief, sex and sexual orientation.

9. Climate change and environmental implications

- 9.1. There are no direct climate change or environmental implications from this report. However the report highlights the opportunities for a Health in All Policies approach to support joint working between Public Health, Environmental Health and Transport Teams to achieve further improvements in environmental health and actions to mitigate and reduce the impacts of climate change for the residents of Lewisham. Crime and disorder implications

10. Crime and disorder implications

- 10.1. There are no direct crime and disorder implications from this report. However the report highlights the opportunities for a Health in All Policies approach to build on the work already being undertaken by the Council's Public Health and Community Safety Teams, the Metropolitan Police and local communities to improve community safety and reduce the prevalence and impact of violence across Lewisham.

11. Health and wellbeing implications

- 11.1. The report highlights the benefits of taking a Health in All Policies approach to improving population health and wellbeing, positively influencing the wider determinants of health and tackling health inequalities. The report concludes with a number of recommendations which, if implemented, will support further improvements in the health and wellbeing of the Lewisham population and positively impact on the wider determinants of their health.

12. Report author and contact

- 12.1. Dr Catherine Mbema, Director of Public Health, catherine.mbema@lewisham.gov.uk



Annual Public Health Report

Health in All Policies

*Adopting a whole system approach
to address health challenges*

Dr Catherine Mbema
Director of Public Health
2019-2020

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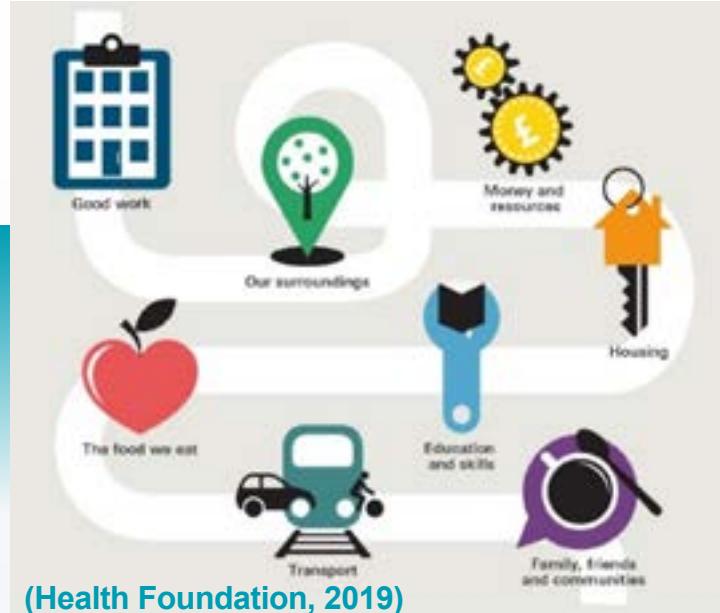
Dr Catherine Mbema, Director of Public Health

It is now well recognised that our health and wellbeing as individuals, families and communities is influenced by factors that span beyond access to good healthcare.

This has become particularly pertinent during the COVID-19 pandemic, where 'health influencers' including the homes that we live in, the work that we do and the resources that we have access to have been important factors determining who has been most adversely affected. Colleagues at the Health Foundation have depicted these factors in the helpful infographic below.

Most of these 'health influencers' fall outside of the typical remit of those providing healthcare services. This means that most of us, including those in the local authority and wider local community, will have some role to play in improving health and wellbeing locally whether we run a local community group, maintain our local parks or run a local food business. I'm therefore very pleased to publish this annual public health report in my role as Director of Public Health.

This report was originally intended to be published last year but has since been updated and revised to include reference to the COVID-19 pandemic, which Foreword has highlighted just how important it is to take a whole systems approach to address health challenges and tackle health inequalities.



"This approach provides a means for us to all recognise and embed health and wellbeing into the work that we do."

This approach provides a means for us to all recognise and embed health and wellbeing into the work that we do. The first chapter of the report will provide an overview of the approach and outline the ways in which a 'Health in All Policies' approach can be used. The main body of the report presents examples of where a 'Health in All Policies' approach is already being successfully adopted in the work of teams within Lewisham Council and partner organisations, including work in response to the COVID-19 pandemic.

The report will conclude with a firm set of recommendations about how we can work together to adopt this approach to positively influence health and wellbeing for all in Lewisham. I look forward to seeing further examples of 'Health in All Policies' work in the coming years.



Dr Catherine Mbema
Director of Public Health
February 2021



“...it’s important to recognise the links between improvements in population health and the achievement of other Council priorities.”

Councillor Chris Best, Deputy Mayor and Cabinet Member for Health and Social Care

I am delighted to see that this year's annual public health report has a focus on the shared responsibility that we all have in improving the health and wellbeing of Lewisham residents.

As the COVID-19 pandemic has highlighted, people's health and wellbeing are influenced by far more than access to good quality healthcare. Now more than ever, it's so important that we take a joined up approach to ensuring good public health in Lewisham, working across different teams within the Council and in partnership with key stakeholders throughout the borough.

By adopting a 'Health in All Policies' approach, we will be better equipped to address health challenges in the future and continue the vitally important work of tackling health inequalities, particularly among our BAME communities. It is pleasing to see such a wide range of examples in this report of how health is found in the work of teams and organisations across Lewisham and I hope that this will help inspire more innovative work going forward.

I am pleased to endorse the recommendations contained within this report, particularly the commitment to championing a health in all policies approach at a strategic level – it's important to recognise the links between improvements in population health and the



achievement of other Council priorities. The full recommendations are set out on Page 38 of this report.

I would like to offer my thanks to all those who have contributed to the development of this report.

Chris Best

**Cllr Best
Deputy Mayor and Cabinet Member
for Health and Adult Social Care
February 2021**

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Background to Health in All Policies

Health is much more than not being ill or needing access to healthcare. Many of the current major health challenges faced in England such as COVID-19, poor mental health, obesity and diabetes affect certain sectors of the population more than others. Evidence shows that these inequalities in people's health are largely determined by the social, economic and environmental conditions they live in, (referred to as 'the wider determinants of health' fig.1).

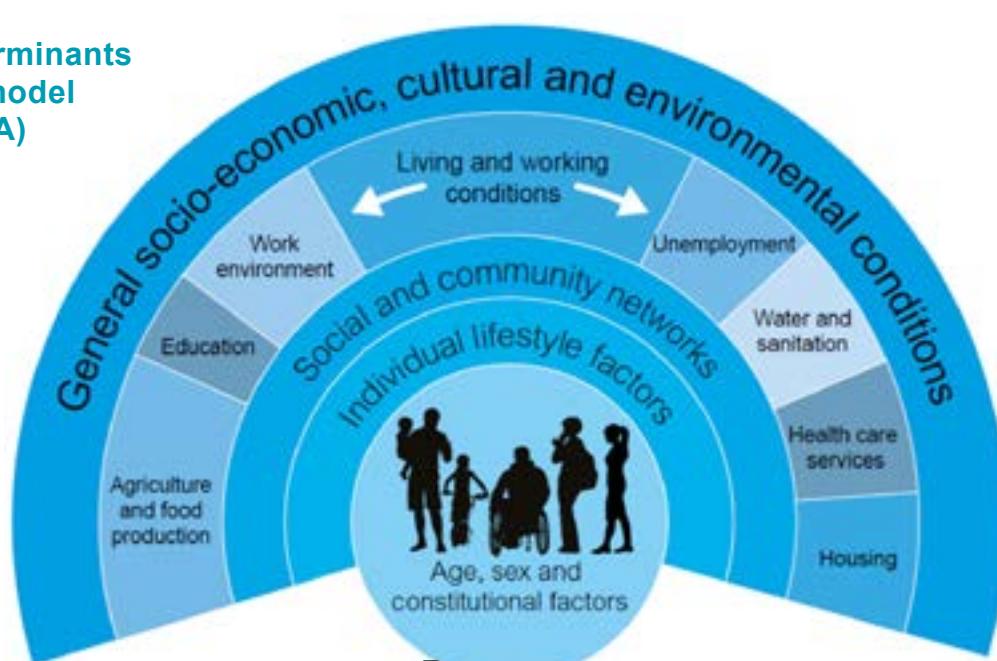
Local authorities have a duty to improve health and reduce health inequalities of their local communities and to do this effectively this issue needs to be part of everyone's business. The wider determinants of health have a much greater impact than medical care on how long and well people live. This is clearly shown in the difference seen in life expectancy between the most and least deprived LA's in England, for males this is a difference of 9.3 years. This is also seen in Lewisham where life expectancy is 7.2 years lower for men and 6.1 years lower for women in the most deprived areas of Lewisham than in the least deprived areas.

Since 1948 the World Health Organisation definition of health is 'health is much more than healthcare but a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'

Estimates of the contribution of different factors to people's health have suggested that health behaviours (such as smoking and diet) and socio-economic factors (such as education and employment) are the biggest contributors to health, but that health services (clinical care) is still important and significant (fig.2).

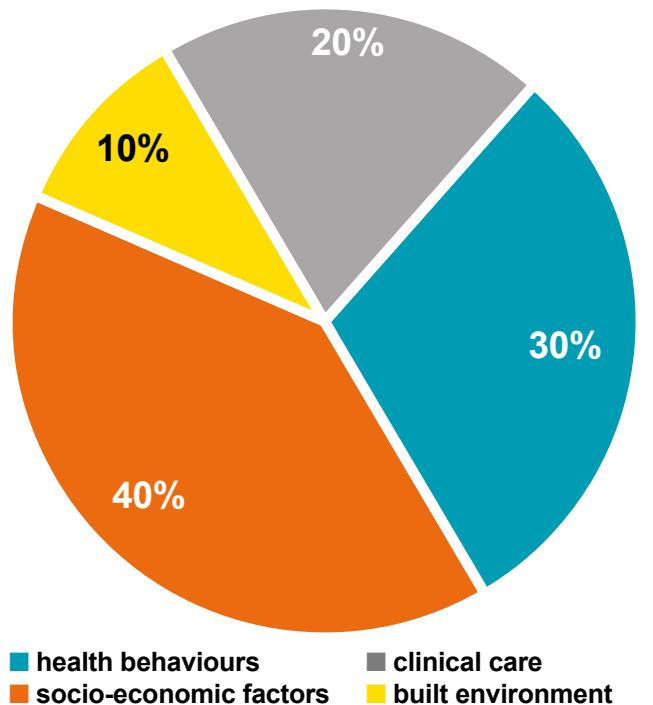
Because of the many factors involved in shaping the social determinants of health and the complexity of the issues in each layer it is unlikely that one sector can successfully impact on health on its own. However, these factors can be influenced and changed if sectors work together to improve health. This will also deliver additional co-benefits, as actions that improve health will also have other benefits such as educational attainment.

Figure 1.
Social determinants
for health model
(source LGA)



Health in all policies (HiAP) is an established approach to improving health and health equity through a whole systems approach with collaboration between local government, organisations and communities working together on the wider determinants of health.

Figure 2.
Relative contributions to health (source LGA)



Health behaviours

- Smoking
- Diet/exercise
- Alcohol
- Poor sexual health

Socio-economic factors

- Education
- Employment
- Income
- Family/social support
- Community safety

Definition

Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health and wellbeing.

The Helsinki Statement on Health in All Policies 2014.

HiAP is based on the concept that the environment that people are born, live, study, work, relax and grow old shape their health

outcomes. Individual choices affects health but are always made in the context of the wider determinants (economic, social and physical environment) that can affect every decision. This concept should be regularly communicated through the process, as for many the first option when asked to address poor health is through better access to healthcare and lifestyle choices. There is no 'right way' to incorporate HiAP but general principles apply:

- **Promote health, equity and sustainability**
 - incorporate into policies and programmes and embed into decision making
- **Support intersectoral collaboration**
 - build partnerships recognising links between health and other policy areas
- **Benefit multiple partners**
 - 'win-win' approach, all partners have something to gain from HiAP
- **Evidence that partnerships work**
 - clear focus on outcomes
- **Engage stakeholders**
 - essential that work is responsive to community needs
- **Create structural or procedural change to embed HiAP**
 - policy decisions to be seen through health and equity lens
- **Develop common monitoring & evaluation tools**
 - agreement between partners on what constitutes success for a HiAP approach
 - HiAP can be used across the whole organisation, partnership or sector and can also be applied to specific policies, programmes and strategies.

There are many ways that that HiAP can be implemented, these include:

- **Focus on a specific public health issue**
 - such as obesity or air quality where a multi partnership and cross sector commitments can lead to major change.
- **Focus on a key policy area** such as housing or transport that have significant health impacts.
- **Focus on a window of opportunity** that provide opportunities to engage in collaboration for health.
- **Focus on changing structures or practice** to establish and/or use a mechanism or process to embed policy.

Case studies from across the Council



Setting up a locally enhanced COVID-19 contact tracing service

AIM

In October 2020 local authorities were invited to set up local contact tracing partnerships to supplement the work of the national NHS Test and Trace service. Pilots of local partnerships had shown high success rates in being able to contact those that the national team had not reached. Local authorities were required to set the local partnerships at speed, and with a grant from central government to support the response to COVID-19.

Relationship with Public Health

Public health is the Council's team leading on the response to COVID-19. Public health had been working with a range of stakeholders as part of COVID-19 outbreak prevention and control since February 2020. This work was extended to include contact tracing to further strengthen our existing work.

Partnership

The development of the local contact tracing partnership required extensive partnership working with national, regional and Council wide teams as this was not something that could

be achieved by the public health team alone. Redeployed teams from across the Council, including the libraries team, enforcement and planning, supported staffing of the service.

National and regional teams within the Department of Health and Social Care (DHSC) and Public Health England (PHE) supported getting the processes in place to be able to provide a contact tracing service. Once the infrastructure was implemented, and advice sought from neighbouring boroughs on lessons learnt on early implementation, the Lewisham service went live.

Outline of the work

A plan, do, study, act (PDSA) approach was used to develop the service. It became clear that the teams were comfortable in a hierarchical structure, being able to escalate issues.

The role of the consultant in public health began as very operational and needed to be scaled back. Working as a team in identifying what worked and what didn't, we were able to collaboratively set up structures and working practices that allowed the team to be very effective.

Team Leaders designed spreadsheets for use by the teams, call handlers prepared how to guides, and operational leads were able to oversee the service and set up policies and procedures on escalation.

Engagement

From the start, the service was a collaborative effort between all involved. There was a commitment from the call handlers to the chief executive of the Council to make the service a success. The teams were redeployed from their usual roles (and comfort zone) to deliver a service that was new to them.

What difference was made?

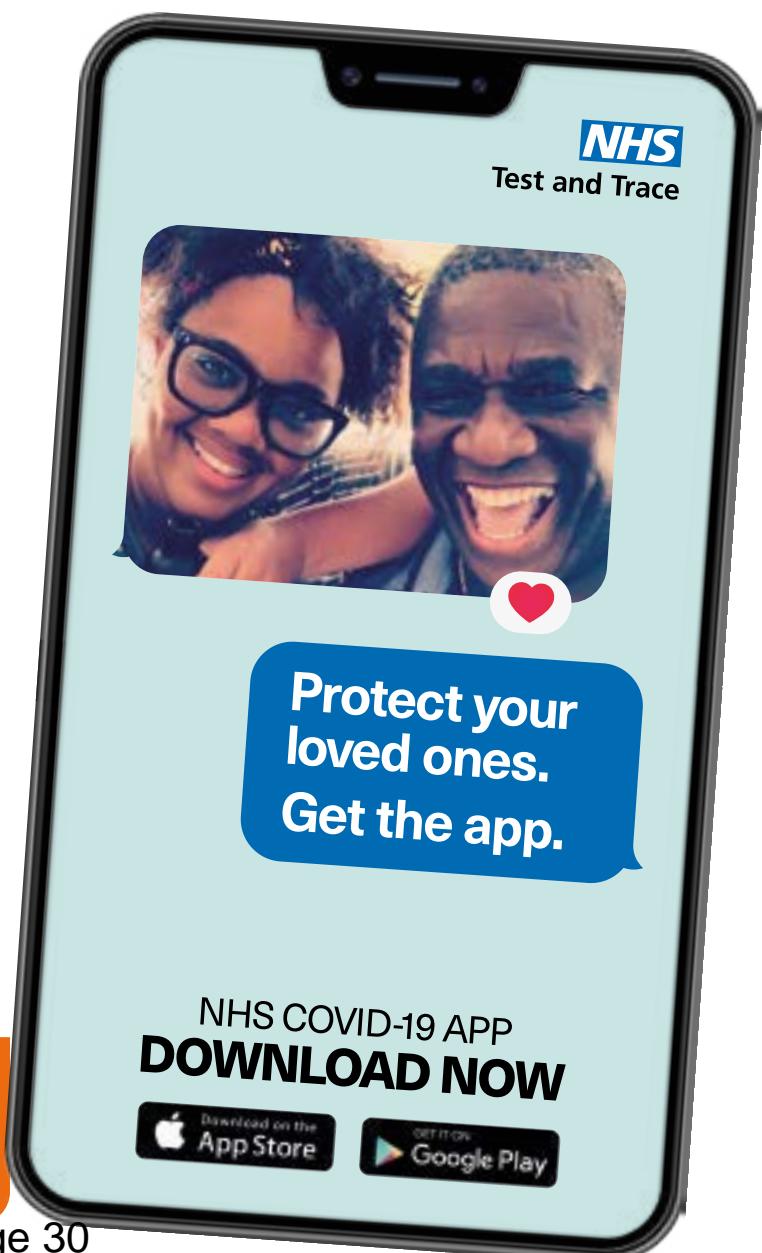
The service has successfully and consistently contacted cases that have not been reached by the national NHS Test and Trace team.

The local service has reduced the number of confirmed cases of COVID-19 not contacted to less than 10%. The professionalism, skill and encouragement the service has shown to make contact with cases in Lewisham residents has made a demonstrable impact in our borough response to COVID-19.

For more information please contact:

Kerry Lonergan, Public Health Consultant,
London Borough of Lewisham
Email: Kerry.Lonergan@lewisham.gov.uk

The service has successfully contacted cases that have not been reached by the national NHS Test and Trace team.





Establishing Lateral Flow Device (rapid) testing sites for COVID-19

AIM

It is estimated that one in three people are asymptomatic for COVID-19, meaning that they can unknowingly transmit the virus to others whilst being infected. Finding individuals with asymptomatic COVID-19 infection and asking them to self-isolate is essential to reduce levels of COVID-19 transmission. Lateral Flow Devices (LFD) or rapid tests can detect people who are infectious, do not require laboratories to process tests and provide results rapidly.

In early November 2020, following a number of “field research pilots” (Liverpool City, setting specific pilots, universities, schools and care homes) the Department of Health and Social Care made LFD testing kits available to Directors of Public Health (DPH) in local authorities. 10,000 kits were provided initially, with the addition of 10% of the population (30,000 tests in Lewisham) per week. The original intention for LFD testing was to undertake asymptomatic mass testing, which then evolved to considering targeted LFD testing for defined populations.

Relationship with Public Health

The Director of Public Health was asked to lead, direct and co-ordinate the local testing effort with national support.

Partnership

Essential to the implementation of rapid testing was collaborative working across teams in the local authority. The COVID Action team identified

staff who could be redeployed to the work. A small team was established, which included a manager from the Housing Team, a Project Manager and a Consultant in Public Health. The team co-ordinated the establishment of rapid testing sites in a range of settings. The team also supported the rollout of rapid testing directed from a national level, which included Care Homes for Older Adults and Universities.

Outline of the work

Initially, priority sites for rapid testing were identified by the public health team who were responding to outbreaks of COVID-19 in the community. Testing was prioritised for staff in special schools and a Further Education (FE) college. The team supported the schools and college to set up their own on-site rapid testing.

In November 2020 rapid testing expanded considerably as a result of the impact of the second wave of the pandemic, and following the move to Tier 4 in December 2020 Lewisham commenced the roll out of an enhanced community testing programme. The aim of the community testing was to break the chain of transmission from asymptomatic individuals, and reduce infection rates. Following the second national lockdown on 6th January 2021, the programme was targeted at those who needed to leave home to work and volunteer.

The Catford Civic Suite was rapidly repurposed and staffed to provide a large community testing site, with testing commencing in January 2021. Additional sites in the south and north of the borough later opened to provide wider availability of rapid testing across the borough including the Green Man Downham, Deptford Lounge and Wearside Depot for council staff. Some smaller sites have also been established for organisations who cannot access the national programme, including in Early Years and supported housing settings. The team have also offered support to the secondary and primary schools who are accessing their own testing from the Department of Education.

Engagement

Engagement with residents and staff has been essential to allay concerns in regard to the reliability of rapid testing.

A clear communication strategy has been key to promoting rapid testing and to encourage key workers to have regular testing at the test sites. Community Champions have also promoted LFD testing to the local community.

What difference was made?

Thousands of rapid tests have been completed to date and a number of asymptomatic COVID-19 cases have been identified and required to self-isolate for ten days to break the transmission of the virus. Twice weekly rapid testing by front-line workers has provided them with confidence in regard to their COVID-19 status and to continue to provide essential services.

Challenges

The strategy behind the roll out of rapid testing is constantly changing as the pandemic progresses and the level of infection rises and falls. A key change brought in when infection rates were high was that there is no longer the requirement to have a confirmatory PCR test after a positive LFD test at community testing sites. This requirement may change again once infection levels decrease. The programme and test sites must be flexible and able to adapt to a rapidly changing environment.



Engagement with residents and staff has been essential and Community Champions have promoted testing to the local community.



Neighbourhood Community Development Partnerships (NCDPs)

AIM

Neighbourhood Community Development Partnerships (NCDPs) are made up of local voluntary and community sector organisations (VCSOs) and statutory agencies based in all four Neighbourhoods in Lewisham. Each of the four partnerships is led by local community development workers employed by Age Concern, who support members to identify community-level health and wellbeing priorities and to develop local solutions to address them. Using an asset-based approach NCDPs are encouraging VCSOs and other key stakeholders to share skills and resources in order to strengthen community networks.

Relationship with Public Health

To help with the development of each NCDP, grants have been made available from Lewisham's Public Health team for community projects which focus on locally identified health and wellbeing priorities. Using a combination of available health and wellbeing data and evidence highlighting the key health and wellbeing issues across the borough and local community knowledge, grants are encouraged from innovative partnership approaches that seek to address the key areas of concern.

Partnership

The development of NCDPs has formed out of a partnership approach between Age Concern and Lewisham Council. Council Officers from the Public Health team and Culture and Communities team have supported the development and the ongoing administration of the partnerships. The Public Health team have supported the prioritisation work of the NCDPs by providing local health and wellbeing data and other available evidence as well as assisting with the shortlisting and distribution of the small grants.

Outline of the work

There are four NCDPs located in each of the Lewisham Neighbourhoods who meet on a quarterly basis. The partnerships focus on the following overarching aims:

- Reduced social isolation and loneliness
- Increased access to routes to improve health and wellbeing
- Structures in place to ensure local community development activity is coordinated at a neighbourhood level
- Communities identify local health and wellbeing priorities that matter to them and develop solutions
- Develop existing local assets to build networks leading to greater community cohesion and control
- Recruit and train local volunteers

Engagement

Each of the Partnerships also develop their own local health and wellbeing priorities at a workshop event every year. Partnership meetings provide opportunities for networking and information sharing for all key stakeholders supported by the Community Development worker leads.

The Public Health grants application process is launched each summer to allow time for community groups to work together to develop project ideas for their local area. 30 community projects have been funded between 2017-2019. The funded projects are wide-ranging and innovative. They range from increasing social opportunities for older people, IT training programmes, gardening projects, young film makers and cookery classes.

What difference was made

Over 170 different VCSOs have attended the NCDPs since their formation. The partnerships have resulted in a greater collaboration between community organisations. This has resulted in the creation of a number of innovative local collaborative projects. Many projects are intergenerational with participants aged under 18 to over 85. Some projects are

ethnic minority cultural celebrations attracting 48% of participants from BAME groups. Other projects address men's mental health but overall participants' gender is roughly equal; 57% women and 43% men.

The work of the NCDPs was recognised nationally as they were shortlisted in the community involvement category at the national Local Government Chronicle awards in 2019.

Challenges

One of the main challenges has been to ensure that all VSCO stakeholders have an equal voice and are supported to develop project plans. Smaller organisations do not necessarily have the capacity or skills and require greater input from the community development workers. There is also more work to be done to ensure that the work of the NCDPs is communicated to wider stakeholders.

For more information please contact:

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NCDPs have shown that partnership working can result in increased community connectedness and cohesion.



Measuring Health and Wellbeing Outcomes in Adult Education

AIM

Adult Learning Lewisham (ALL) is Lewisham Council's adult education service. ALL have developed an Outcomes Framework in order to capture the main outcomes and benefits of adult learning. Six types of outcomes have been identified (through a literature review, participant research and first principles) including Health & Wellbeing Outcomes. The project, over the past year, has been to identify and measure the health and wellbeing outcomes of adult education. This was partly through direct surveys (SF-8 short survey) and partly through a universal question that all learners have been asked as part of their individual learning plan.

Relationship with Public Health

ALL have been working on monitoring health outcomes since 2015, and have been working on specific projects with the Public Health since 2016. This includes work with the Director(s) of Public Health as well as specifically contributing to the following initiatives over the past few years: ALL's contribution to the Public Health and Wellbeing Strategy; ALL's support for public health initiatives such as Sugar Smart; ALL's contribution to the development of Lewisham's Social Prescribing Framework; and the SF-8 health outcomes pilot.

Partnership

Initial meetings were held with key officers in 2015, followed by an invitation to the Public Health team meeting in which an extensive range of joint initiatives were discussed. The successful initiatives were those that were congruent with the aims and priorities of ALLand Public Health and to which resources were already being committed. These are listed above.

Outline of the work

For the health outcomes pilot there were two separate strands. The first strand was the development of a simple survey question that ALL learners could be asked at the beginning and at the end of their course as part of their Individual Learning Plan (ILP), to give a simple measure of the health (and wellbeing) outcomes of particular courses. These results were collated at the end of each year, to give an overview of the health impact of ALL. The second strand was in partnership with the Learning & Work Institute to pilot 'social metrics' which we hoped would give a valid and reliable measure of health outcomes – using the SF-8 short form survey.

Engagement

Project leaders worked with heads of department and tutors to identify the most appropriate courses and groups of learners for the pilots. For the SF-8 survey we concentrated on classes aimed at those with mental health issues, for the ILP version we asked for volunteer tutors. Very basic instructions were issued to tutors who then administered the surveys as part of their ILP planning and review process. Aside from the evidence that these surveys provide, they provide the data for the tutor to deliver personalised and targeted support for the learner.

What difference was made?

At a recent Local Education Authorities' Forum for the Education of Adults (LEAFAE) Executive Board meeting we presented our research, and agreement was reached to run a national pilot of our latest learning plan/outcomes survey. This will provide a large amount of data which will better inform future curriculum, health, and social prescription decisions. It will also provide a framework for tutors and curriculum leaders to help learners develop in areas beyond course objectives and certification.

Challenges

The SF-8 survey presented challenges because it is a commercial product and would be expensive to use on a large scale. The results were also inconclusive, and this highlighted how this was a clinical tool, and probably not suited to the interventions we provide. We have used these pilots to address the challenges that the ILP survey presented, such as the depth and number of questions that tutors and learners felt most appropriate and how to let learners have control of the outcomes they were aiming for, the result being a usable survey for a national pilot. We still face challenges around the best way to gather the information (paper based, online, an app) and if or how to measure distance travelled. We hope to address these in the next phase of pilots.

More information:

<https://lewisham.gov.uk/myservices/education/adult/find-a-course>



Time spent on pilot projects is time well spent.



Working to Improve Air Quality in Lewisham

AIM

Improve Air Quality through engagement with local stakeholders (healthcare providers, schools, businesses & community groups). Businesses and health care providers are key partners to engage in air quality improvement

Relationship between Public Health and Environmental Health

Public Health's remit includes responsibilities around air quality and work closely with the councils Environmental Protection Team who sit within the Environmental Health Service. EP have traditionally led on air quality work and the Director of Public Health (DPH) is responsible for sign off of Lewisham's Annual Status Report for Air Quality and Air Quality Action Plans. There will be increased funding available to Environmental Health following a realignment of Environmental Health into the Public Realm Directorate. This will lead to additional staffing resources which will enable both Public Health

and Environmental Health to increase the work on improving Lewisham's Air Quality alongside its strategic partners and local stakeholders. It will also enable recommendations from the Coroner's Inquest in December 2020 to be woven into Lewisham's ongoing work in this area.

Partnership working

Public Health was instrumental in establishing liaisons with local stakeholders such as general practitioners and University Hospital Lewisham with the aim to encourage them to reduce their impact on local air quality through local solutions to reduce emissions from freight and delivery.



Outline of the work

Clean Air Villages (CAV2) built on the work undertaken through the DEFRA-funded 2017/18 Clean Air Villages (CAV1) project to enable further widespread and sustained action to reduce emissions resulting from the delivery of goods and services to businesses in 13 of London's most polluted town centres ('villages'). Clean Air Villages (CAV3) is now ongoing which builds on the work undertaken via CAV2 with more villages including Deptford High Street. Cross River Partnership's (CRP's) Clean Air Villages 3 collaborative fund was granted to deliver Air Quality improvement activities over the financial year 2020/21. The programme aims to reduce emissions in several hotspots of poor air quality across London boroughs. Within these hotspot villages, working with businesses and communities to make deliveries and servicing more efficient, using both individual and collective action. Businesses and communities are engaged through workshops, seminars and 1-to-1s. The areas identified are within the GLA defined Air Quality Focus Areas and for Lewisham, Deptford High Street area and Lewisham Town Centre are the two designated villages. Whilst this work is coming to a close Public Health and Environmental Protection Teams will strive for the project to become a stepping stone to further work in this area.

Engagement

Clean Air Village is a behaviour change project, which works with businesses focussing on the dual benefits of improving air quality whilst also saving them time and money through more efficient operations. CRP works with businesses in these villages to offer 1 to 1 support to help businesses reduce emissions from business-

related deliveries and services. There is also a tailored solution for each village. The CRP will enable the sharing of best-practice and learning across villages.

What difference?

Outcomes will be as a result of actions taken by businesses in the 13 villages which will reduce demand for delivery and servicing trips and increase the number of trips undertaken by ultra-low emission vehicles.

Challenges

Clean Air Village is promoting air quality-related behaviour change from a wider community perspective (including residential and commercial transport and travel), there has been some limitation on the business engagement around Lewisham.

More Information

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<https://crossriverpartnership.org/projects/clean-air-villages-3/>

Cargo bike scheme started for businesses in Deptford to improve air quality



Mental Health First Aid in Schools

AIM

Youth Mental Health First Aid (YMHFA) is an internationally recognised training approach in Mental Health First Aid (MHFA). The programme is designed to teach people how to identify the signs and symptoms of mental ill health in children and young people and offers guidance regarding onward support. Courses are tailored for professionals who teach, work and care for school-aged children and young people. Learners will also gain an understanding of how stigma and discrimination about mental health affect children and young people's mental health and emotional well-being, with an expectation on the individual to challenge negative attitudes in the workplace to support the creation of a mental health friendly environment.

The key outcomes intended for this training programme are:

- Improved mental health and wellbeing for children and young people in Lewisham
- Improved engagement in education and reaching full potential in academic and social milestones by children and young people identified
- Improved relationships with other children and adults, as well as family relationships

Relationship with Public Health

The YMHFA training courses were introduced through the Lewisham Public Health Improvement Training Programme in 2013-14. Offering MHFA training across the workforce is an opportunity to provide consistent knowledge and information. The training also helps to support work on transition between children and adult services by providing consistent information to professionals in both child, adolescent and adult services.

As part of the wider drivers for the CAMHS Transformation Plan, agreement was given by Joint Commissioners for the delivery of a YMHFA Programme for schools in Lewisham. This was building on positive outcomes in improving attitudes, skills and confidence around mental health.

Partnership

In line with national and local intentions, the Lewisham Children and Young People's Partnership, including NHS Lewisham CCG, committed to providing programme of MHFA training courses to schools across Lewisham during 2019. This MHFA England training programme is available to professionals working in all Lewisham schools.

Outline of the Work

Course delegates gain an understanding of how stigma and discrimination around mental health affects children and young people's mental health and emotional well-being, with an expectation on the individual to challenge negative attitudes in the workplace to support the creation of a mental health friendly environment. This support to strengthenschoolss approach to mental health and emotional wellbeing is set in line with the Transforming Children and Young People's Mental Health Green Paper, 2017.

Youth Mental Health First Aid training complements a wider mental health and emotional wellbeing offer to Lewisham Schools. Specifically, the training has enabled practitioners to explore mental health literature, understand how to combat stigma, and promote early intervention.

Engagement

The YMHFA training offer is delivered during term time only and is tailored to meet the needs of schools to maximise take up. In order to make this training appealing to schools, options are available for a 1 or 2 day course. Promotion for the training has been undertaken by meeting with school leads, via the Mental

Health and Emotional Wellbeing Programme Board and schools' mailing bulletin. This Way Up Wellbeing deliver YMHFA Training with a strong focus on prevention and de-escalation of mental and emotional distress in children and young people. As well as teaching resilience and strategies to improve the emotional and mental well-being of CYP and promote positive mental health and wellbeing.

What difference was made?

There have been significant developments in strengthening the mental health and emotional wellbeing offer within Lewisham, in which YMHFA Training has been a key component. The training has already reached 48% of Lewisham schools with representatives from 41 educational settings (71 participants) with the concluding course in the autumn term. In the coming year, commissioners will continue to promote early intervention and prevention of children and young people's mental health difficulties, with a particular focus on delivery in schools. As part of this work YMHFA training will continue to be offered to schools.

Challenges

Take up from secondary schools has been lower than primary schools, measures are being taken to understand and respond to this. Some schools required more than the initial 2 places maximum offered – this was to ensure an even spread of training across the borough. This has since been relaxed due to schools identifying the need for additional places. Dates for delivery can be challenging against all schools calendars. Not all schools as aware of the training offer despite ongoing promotion.

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<https://www.healthylondon.org/resource/schools-mental-health-toolkit>
<https://www.minded.org.uk/>

Ensure buy in from school strategic leads and significant lead in time for promotion.



Daily Mile Initiative

AIM

The Daily Mile initiative encourages children to run outdoors for 15 minutes per day, for a minimum of three days per week, during school hours. The Daily Mile aims to improve the 'physical, mental, emotional, and social health and wellbeing' of children and importantly, increase and embed physical activity in daily habits.

Relationship with Public Health

Lewisham has been implementing a Whole Systems Approach to Obesity (WSAO) since 2016 and was selected as one of four national pilot WSAO sites in the country. Implementing a WSAO was a direct response to Lewisham's ongoing challenges around childhood obesity.

It was acknowledged, that to accelerate progress, two main cross cutting actions were required to create healthier environments.

These were:

1 The Daily Mile

2 Lewisham Sugar Smart Campaign

Partnership

A diverse range of over 100 stakeholders were brought together to form the Lewisham Obesity Alliance (LOA), which meets on a regular basis to share best practice and identify opportunities to align actions. Stakeholders, including elected members, champion the whole systems approach to obesity, including the Daily Mile.

Outline of the Work

The success of the Daily Mile rests on building and maintaining relationships with stakeholders, especially schools. The importance of the initiative for child health, concentration, learning and behaviour is highlighted to schools. Reiterating that the Daily Mile is simple, inclusive (children with special needs/disabilities can take part) is also helpful.

As part of the Childhood Obesity Trailblazer programme, unsold out of home advertising estate (billboards) will be utilised to promote locally co-produced public health campaigns including the Daily Mile. We hope that by doing this, the initiative will be taken up by more primary schools in the borough.

Working in partnership with the Daily Mile strategic lead for London and Lewisham's Healthy Schools Officer has provided further opportunities to encourage schools to adopt the Daily Mile and provide support to those schools that are already doing the initiative.

Engagement

Engagement with schools has been conducted through a variety of direct and indirect measures, including: presentations given to schools; organising or participating at school conferences; surveys; information in the Governor's pack; information in the feedback letters to schools as part of the National Child Measurement Programme and communication via the schools mailing. Face to face meetings with school leads or PSHE staff have been arranged by public health directly liaising with school staff. Schools doing the Daily Mile have been encouraged by public health to host open days for other school staff to observe the Daily Mile in action.

What difference was made?

To date, 45 schools (44 primary and 1 secondary) are running the Daily Mile, ranging from one year group, to a whole school of nearly 600 children. In total, 12,890 pupils in Lewisham are running the Daily Mile. When speaking to schools, there seems to be more awareness of the Daily Mile.

Challenges

Maintaining contact with schools and keeping 'on top' of changes-for example: key member of staff leaving, number of children participating and encouraging schools that have not adopted the Daily Mile to take part has been challenging.

Aligning actions, sharing information with the London strategic Daily Mile lead and Lewisham Healthy Schools Officer will help to overcome these challenges.

Children taking part in the Daily Mile at Turnham Primary School

More information

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Embed the Daily Mile within a wider piece of work that has local political support in order for it to gain significance and recognition from stakeholders and schools.



School Superzones Pilot

AIM

Lewisham has signed up to the London Devolution (Public Health England) School Superzones pilot project. The aim of the project is to create a healthier and safer environment for children to live, learn and play. Superzones are a 400m radius around schools in which actions are taken to protect children's health and encourage healthy behaviours through interventions that target: unhealthy food and drink sales; advertisements; alcohol; smoking; gambling; air quality; physical inactivity; and crime.

Relationship with Public Health

Officers and Councillors were invited to an initial workshop facilitated by Public Health to start the process of developing a School Superzones action plan for Lewisham. The project has become established through development of a joint action plan, regular meetings and workshops and attending regional workshops.

Partnership

The project is a collaboration between different teams in the Council, elected members, school staff, pupils and parents, local residents, community organisations and other local stakeholders. It brings together existing, planned and new actions and focuses them in the Superzone area, ensuring that they align with other actions across the themes.

Outline of the work

- Mapped activities that focused on; adverts, alcohol, unhealthy food and drink, air quality, gambling, smoking, physical inactivity that were already happening, as well as upcoming initiatives; crime was identified as an eighth category for inclusion.
- Haseltine Primary School in Bellingham ward was identified as a pilot school, based on looking at levels of need in the area and also at the level of school engagement. Concurrently, asset mapping of the physical environment and infrastructure around the school was done.
- A detailed map of the superzone area was developed to help identify the assets, harms and opportunities in the area.
- Two workshops held at Haseltine Primary School discussed local issues and challenges which included: air quality and traffic, children and parents getting to school, fast food takeaway premises, crime, and other challenges. This helped prioritise actions and an action plan has been developed and is updated on a quarterly basis.

Engagement

We have held a number of meetings at the school, this has helped gain engagement from a wide range of stakeholders in the area. The insight gained helped to prioritise actions and develop a joint action plan. Also, links between different teams in the council has been a key success factor. This has made relationships stronger and will also benefit other areas of collaborative work in the future. It also has enabled the profile of some public health issues to be raised, for example bringing physical activity and the food environment into discussions about air quality.

What difference was made?

Benefits include:

- The Superzone was included as a criteria to prioritise areas for the creation of Healthy Neighbourhood Zones. The area was selected for the first year of the programme and there will be measures put in place to improve air quality, and to make the neighbourhood more walkable and bikeable.

Aligning actions across diverse work streams takes time, it is important to factor this into your timeline.

- As part of the Air Quality audit a green screen for the school received matched funding through Section 106
- The Superzone will be included in the Council's new licensing policy.

Challenges

The main challenges has been to match expectations of the local community to the superzones concept. It was important to clearly identify that there was no funding attached to this project so that we did not raise false expectations. Many of the benefits would not be immediate or beyond the scope of the pilot period, because of this, the decision was made to extend the pilot for a further year so that actions can be progressed and learning shared.

More information

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Our vision

To be a Sugar Smart borough, where our community is supported to make healthier, lower-sugar choices.



Whole System Approach to Obesity

AIM

The overall goals of our whole systems approach to obesity is to:

- change the impact of the 'obesogenic' environment
- increase the proportion of residents with a healthy weight.

One of our key actions was to engage a wide range of stakeholders into the whole system approach to form a Lewisham Obesity Alliance.

Relationship with Public Health

Lewisham has been implementing a Whole Systems Approach to Obesity (WSAO) since 2016 and was selected as one of four national pilot WSAO sites in the country. The pilot brought stakeholders together to critically reflect on the process of undertaking a whole systems approach, while considering opportunities to strengthen the process. One outcome of this work was the establishment of the Lewisham Obesity Alliance.

Partnership

The Council recognised that a successful whole systems approach involves and engages stakeholders across all sectors, those currently involved include:

- Lewisham Council Public Health Team

- Elected members
- Council departments e.g. planning, transport, early years, parks and road safety teams
- Housing providers
- School catering providers
- Healthcare partners
- Community organisations
- Education
- Sport and leisure providers.

Outline of the Work

The Alliance participated in a series of workshops covering:

- The causes and consequences of obesity
- Developing local causal maps on the food and physical activity environment
- Looking at suggested actions

This created a shared understanding of how complex obesity is and that all sectors of society have a role to play in its reduction. This helped to gain commitment and engagement from the diverse stakeholders.

Following a series of meetings on the food environment and the use of parks and open spaces, members of the Alliance identified 3 key actions to focus on for each theme, working together to align actions to maximise outcomes.

Increase access to healthier food	Increase use of parks and open spaces
Public/private sector organisations to buy in to a workplace charter that outlines provision on healthy eating guidelines at events	Give people reasons to go to parks-range of activities/hydration stations or coffee bars in parks
Up-skill people; including schools and youth services, looked after children and residential care homes	Support schools, workplaces to use parks
Support services, children's centres, early years providers in developing updated food and nutrition policies	Maximise walking and cycling e.g. by increasing uptake amongst specific groups and identify key set of messages on benefits of physical activity

Engagement

We engage with partners in several ways. Firstly, the quarterly meetings are held with a different external speaker or local stakeholder sharing examples of best practice each time. These relate to the 6 key actions the Alliance is working towards. Sharing learning with additional insight from external speakers helps inspire and motivate Alliance members to reflect on their individual areas of work and also how they can align actions. Secondly, partners provide updates on how they are contributing to this agenda in a quarterly Public Health Obesity Alliance e-newsletter. All partners are able to use this as a means to evaluate how engaged stakeholders are and the work they are doing.

between organisations that would not have formed without a whole systems approach to obesity.

Challenges

The main challenges are competing priorities for stakeholders and gaining commitment in the early stages from other Council directorates who had not previously been fully engaged with the obesity agenda. Being a national pilot and having senior leadership buy-in helped overcome some of these. We will continue to engage a wider partnership to join the Alliance and encourage stakeholders to embed the WSAO into their policies and actions plans to ensure sustainability of the work.

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2016 Lewisham Annual Public Health Report on Obesity

Involving stakeholders in all the earlier phases of the whole systems approach led to sustained engagement and contribution to the agenda



Healthy Early Years London Scheme (HEYL)

AIM

To support and accredit Early Years settings with First Steps, Bronze, Silver and Gold awards for developing a focus on health and wellbeing through the 12 themes of HEYL. To increase awareness of child health and wellbeing to children, parents and the staff that work with them.

Relationship with Public Health

The HEYL scheme brought together Public Health and the Early Years Education Team and one officer from each team began to plan and work together.

Partnership

Lakhvinder Matharu (Public Health Officer – Nutrition) and Mary Gobey (Early Years Advisor) plus a working group made up from both teams to become the Quality Assurance Team (QUAGS) to ensure a breadth of knowledge and skill is shared and cascaded.

Outline of the work

We introduced the scheme to all early years settings at all regular network meetings and forums and encouraged all to take up the scheme. We visited settings to support and monitor progress.

We have delivered training/presentations from people representing the 12 themes of HEYL. We have marked, assessed and accredited audits for awards. Planning celebration events and are continuing to reach out to more settings.

Engagement

The first year we introduced the scheme to all settings. This year we are targeting more hard to reach settings, settings that Require Improvement and those in areas of deprivation. On going strong communication and regular contact, visits and support will continue across the borough.

What difference was made?

81 settings engaged,

46 First Steps achieved,

7 Bronze Awards.

Through this scheme the healthy curriculum is highlighted and recognised by Ofsted. Good knowledge about healthy lifestyles is cascaded and more early intervention/support is put into place.

There is more awareness about the 12 themes of HEYL – healthy eating, infection control, home safety, social and emotional wellbeing, oral health, home learning, speech, language and communication, physical activity, supporting children with chronic illness/SEN, early cognitive development and parent/staff mental health and sustainability.

Challenges

The time invested in this work comes from the commitment to improve Early Years and the belief that every child deserves a good start in life. This now depends on the goodwill of the early years provision management and its members. We continue to promote the scheme and plan in small incentives and an end of year celebration event.



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Active promotion of health and education working together to make a difference to the lives of young children and their parents and the teams that work with them.



Joint Strategic Needs Assessments (JSNA)

AIM

To profile Lewisham's population, including demographic, social and health information. The JSNA also provides access to in-depth needs assessments which address specific gaps in knowledge or identify issues associated with particular populations/services. These in-depth assessments vary in scope from a focus on a condition, or a segment of the population. The overall aim of each needs assessment is to translate robust qualitative and quantitative data analysis into key messages for commissioners, service providers and partners.

Relationship with Public Health

The JSNA is a core part of Public Health's work and is a statutory obligation through the 2012 Health & Social Care Act. The work allows the team to establish and build relationships with teams and colleagues across the council and the partnership, through shared working and collaboration. A JSNA Steering Group was established in 2017, chaired by the Director of Public Health, which is responsible for development of the JSNA and has representation from across all Lewisham health sectors.

Partnership

In recent years work has taken place with the Children's Joint Commissioning Team for the Parenting JSNA, Environmental Health and Transport for the Air Quality JSNA, Youth Offending Team for the Young People in Contact with the Criminal Justice System JSNA and Social Care for Repeated Removals of Children into Social Care JSNA.

Outline of the work

A revised process for undertaking the JSNA was agreed at the Health and Wellbeing Board in July 2017. The purpose of this was to:

- 1 Achieve wider stakeholder engagement;**
- 2 Provide a more strategic overview of needs;**
- 3 Take account of and help determine local priorities;**
- 4 Be more transparent and accountable to the Health & Wellbeing Board;**
- 5 Provide effective monitoring and efficient management of available JSNA resources.**

The implementation of the newly agreed process means that there is now a systematic approach to prioritising topic assessments and has meant that the 'Picture of Lewisham' document, providing an overview of key health and socio-demographic information is updated each year. There is also a direct sign-off process with the Health & Wellbeing Board ensuring the JSNA keeps a political and public profile. This has better embedded the JSNA within council work.

Engagement

Public Health has engaged with commissioners and other relevant stakeholders by attending team meetings, Directorate Management meetings, voluntary sector events etc. to promote the JSNA and ensure engagement and awareness is as wide as possible.

Presentations at the Neighbourhood Community Development Partnership neighbourhood meetings has also meant that the resource has reached a wider audience. This activity has meant that awareness has improved, therefore more informed decisions can be made. A broader range of topics for the in-depth needs assessments is now put forward rather than the traditional 'medical' health focus.

Plan ahead, ensure colleagues know what is going to be asked of them and that findings can be publicly shared.

What difference was made?

The aim of any JSNA process is to provide accurate and timely information so that better decisions can be made, whether this be commissioning/decommissioning of a service, ensuring residents/service users are more aware of an issue, or that inequalities between groups are better understood. Feedback on both the Picture of Lewisham and the new JSNA process has been positive, the hope is this will continue to improve as the JSNA becomes part of the soon to be launched 'Lewisham Observatory', so the JSNA information is seen in conjunction with other relevant local data and information.

Challenges

Challenges have included data quality and availability. The aim is to understand if there are specific health inequalities within the borough and between population groups. Often there is a lack of borough specific information, especially getting equalities monitoring data.

In other cases commissioned services are not providing data which is robust enough to draw conclusions from. Both challenges frequently appear as recommendations within individual needs assessments.

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Making Every Contact Count

AIM

Making Every Contact Count (MECC) training provides staff with the competence and confidence to deliver a brief intervention to an individual to bring about a lifestyle behaviour change. This can focus on a range of behaviours that may impact on health including alcohol, smoking, nutrition and physical activity. The training is aligned to the NHS Prevention and Lifestyle Behaviour Change: A Competence Framework. It also reflects Drugs and Alcohol National Occupational Standards (DANOS) supporting brief interventions around alcohol use, as well as NICE guidance on individual behaviour change (PH49).

Relationship with Public Health

In Lewisham, the Health and Wellbeing Board have made it a strategic priority to ensure that all staff working across health, social care and voluntary organisations are equipped with the necessary knowledge and skills to promote health and wellbeing to bring about a behaviour change. Members of the Board made a commitment to prioritise the training of their staff to deliver brief interventions on healthy lifestyles, in line with NICE guidance, on account of the strength of evidence, in alignment with the Health Education England mandate.

Partnership

The MECC training programme has been rolled out across the borough in a variety of settings and a range of organisations; some in-house for particular professional groups, others in multi-professional settings. We have worked closely with partners from the local CCG and strategic training networks.

A tier of manager's briefings was also built into the programme. This training for managers and service leads aimed to increase understanding of MECC delivery, support staff in implementation

and allow for discussion in supervision and performance evaluation sessions.

Outline of the work

The Health Improvement training programme is a fundamental component in the implementation of Lewisham Health and Wellbeing strategy and the integration of Health and Social care. The training programme provides a range of quality assured training to equip the workforce with the skills and knowledge to identify opportunities for health promotion and facilitate key health messages within their work practice and community settings.

A MECC training course has been developed as part of this programme to enable participants to gain the knowledge and develop the skills to equip them to improve their practice, based on a sound evidence base. The training has a clear aims, objectives and includes post training evaluation, over 1500 staff and volunteers have been trained. The knowledge and skills acquired on the course will enable participants to promote health in various settings through effective practice.

Engagement

We engaged with our target audience by presenting proposals for the delivery of a systematic approach to brief intervention to the board. This supported in identifying how each member organisation could contribute, through identifying the numbers and areas of their workforce who would receive MECC training.

The MECC training programme has since been rolled out across a variety of settings, involving a range of organisations; some in-house for particular professional groups, others in multi-professional settings. We have worked closely with partners from the local CCG and strategic training networks. Public Health also developed a local MECC resource (handout) for participants to support the sustainability of the knowledge and skills gained and signposting to local services.

What difference was made?

- Over 1500 staff and volunteers from the workforce have been trained
- An increase in health outcomes of the local population
- A culture whereby all health and social care professionals and volunteers can, as a minimum, deliver a lifestyle intervention
- An increase in referrals to Lewisham lifestyle services
- MECC can be delivered as face to face 0.5 day sessions or within Protected learning time/team meetings where ever possible. There is also online training if a capacity issue is identified
- Senior leadership will support MECC and staff will be released to attend training

Challenges

- The need to consider how best to meet the training needs of the workforce including targeting the wider workforce who have not previously accessed MECC training
- Focus on providing targeted training which is easily accessible to staff is key, taking training to staff teams is seen as an incentive in attendance.
- Fostering a culture where releasing staff for training is seen as an investment in learning rather than a cost pressure. Taking into account, there is no direct cost to providing brief interventions by existing staff, it will present a small pressure on staff time.
- The need to ensure that delivery is embedded in practice following the training. Support and opportunities for staff to report on how the training has been utilised in working practice is also a factor which should also be considered
- The inclusion of mental health and wellbeing and cancer awareness as topics of focus to support health improvement activity within local communities

More information

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The investment of funding for continuation of the programme particularly in Making Every Contact Count (MECC) training is vital. MECC has been recognised across London as a priority, underpinned by NICE 2014 guidance (PH 49). The continuation of MECC to prevention requires sustainable resourcing.

Case studies from our partners



Maternity Stop Smoking Brief Intervention and Carbon Monoxide Monitor Provision

AIM

- Carbon Monoxide (CO) monitoring of every pregnant woman at booking and at 36 weeks of pregnancy
- Increase in the take up of referrals by women to the Stop Smoking Service
- Reduction of smoking in pregnancy and post-birth

Relationship with Public Health

The Public Health Consultant Midwife and local joint Children's Commissioners provided a case to use public health funding to finance the above approach in view of the significant impact of maternal smoking on family health and wellbeing.

Partnership

Work took place with Lewisham and Greenwich Trust, Children's Centres, Greenwich and Bexley colleagues, the Smoke Free Delivery group and an outside provider to plan the above approach.

Outline of the work

- Met with stakeholders to ensure that everyone was committed to aims and implementation of the programme
- Investigated evidence base of preferred trainer including contact with organisations that had used her and the training approach
- Provision of evidence-based, brief intervention training to over 340 staff including midwives, health visitors, admin staff, obstetricians, support workers and all of the Stop Smoking advisors in 2018
- Provision of specialist stop smoking intervention called 'Risk Perception' for delivery by a small number of staff to the most addicted smokers (2019)
- Provision of CO monitors to every community midwife
- Inclusion of % of women offered CO monitoring on the maternity commissioning scorecard so that LGT report on this on a quarterly basis
- Monitoring of pregnant smokers referred and quits in the Smoke Free Delivery group

Engagement

- Inclusion of all key stakeholders from the beginning
- Use of evidence-based approaches
- Ensuring that monitoring of outcomes is measured in both the Smoke Free Delivery group and the Maternity Commissioning group. This ensures that the investment put into the staff training does not disappear as a priority once the training is completed

What difference was made?

- 90.2% of pregnant women were offered CO monitoring (Nov 2019) as opposed to 12.2% in December 2016
- Smoking at time of delivery at UHL and for Lewisham borough is significantly lower than the national average
- We have not seen an increase in take up of stop smoking services by pregnant women offered by LGT
- We have not so far seen an increase in quits by pregnant women using the stop smoking service

- It is hoped that quits by the most addicted pregnant smokers and their partners will increase when the Risk Perception approach begins at UHL

Challenges

- Training fatigue by staff, attempts to mitigate this by using an evidence-based approach
- The sheer logistics of trying to train such a large number of clinical staff across two sites and backfill challenges. Found that leadership is essential and senior leaders putting 'can-do' people in charge of the organising training element
- Staff capacity to spend time on this subject when there are so many competing areas for discussion. To combat this the trainer tailored her approach to be used in the context of busy staff with a few minutes to get maximise effectiveness of the intervention.

More information

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Involve senior leaders from the beginning in the proposed initiative including showing them the evidence, as well as agreeing how the desired outcome will be measured following the initiative



Cancer Awareness Training for Pharmacy Teams and Community Members

AIM

To support the Health and Wellbeing Strategy Priority to increase the number of people who survive bowel, breast and cervical cancer.

Relationship with Public Health

As part of implementing the Health and Wellbeing Strategy priority, a number of actions have been undertaken including the following:

- Public Health has commissioned Cancer Research UK (CRUK) 'Talk Cancer' training to pharmacists and a bursary-funded CRUK workshop was delivered to 15 community group members in December 2018. A total of 34 pharmacists were trained over three sessions.
- Several cancer learning events for healthcare

professionals have now taken place in Lewisham specifically around bowel and lung cancer.

Partnership

Public Health worked closely with partners from the local CCG, Pharmaceutical Committee, Cancer Research UK and Medicines Management to explore how a model of Cancer Awareness training could be developed and implemented within Lewisham Community Pharmacies. The model involved training

staff from each pharmacy to conduct brief conversations with customers about cancer. The Pharmacies would also undertake health promotion displays using approved material. Members of this group also led initial discussion on developing cancer awareness training for community members.

Outline of the work

Lewisham Public Health have supported the coordination of Cancer Awareness training for Lewisham Pharmacy Teams. This training was delivered by facilitators with a nursing background from Cancer Research UK. Talk Cancer workshops equip and empower community members to raise awareness of cancer and support early diagnosis in the community. The training provides participants with better knowledge around cancer prevention, screening and early prevention. It also provides participants with the tools and confidence to encourage people to make lifestyle choices, use local services and go to the GP with their concerns. We want to foster a culture in Lewisham, where residents are more aware of signs and symptoms of key cancer types and feel comfortable to visit primary care settings with their concerns, thus increasing the proportion of cancers diagnosed earlier.

Engagement

Public Health worked closely with strategic partners and Health Engagement facilitators from Cancer Research UK to develop promotion approaches to the target audience. Members of this group then actively engaged with pharmacies and community members by presenting proposals for the delivery of the training. This in turn encouraged potential participants to identify, if they had a special interest in raising awareness amongst local communities with a health focus. This was to support the role of primary care in improving cancer outcomes, by having conversations with the public.

What difference was made?

- Supporting members of the wider workforce to gain skills, confidence and knowledge about practical interventions to be able to respond to people experiencing poor health and wellbeing through delivery of targeted and tailored training.
- Increasing awareness of the signs and symptoms of cancer and improve the knowledge of the main cancer screening programmes (bowel, breast and cervical) among members of the wider workforce tailored to the needs of different population groups in Lewisham.
- Contributing towards the reduction in stigma around cancer in the borough.
- Working towards achieving long-term local and South East London STP outcomes to improve uptake of breast and bowel cancer screening, cancer survival and improve overall health and wellbeing in Lewisham and South East London

Challenges

Although we have seen particular success with the Awareness training for Lewisham Pharmacy Teams, the challenge has been to ensure that under represented areas of the workforce have access to training. We now want to build on this work with those who have received this training to ensure they continue to have the confidence and capacity to deliver on the scale required.

More information:

Kerry Lonergan

Public Health Registrar
Lewisham Council

Tel: 02083149132

Email: [Kerry.Lonergan@leisham.gov.uk](mailto:Kerry.Lonergan@lewisham.gov.uk)

Web: <https://www.nhs.uk/be-clear-on-cancer>

Ensure opportunities to facilitate the sustainability of this work, since those receiving training could then become a useful resource for the borough in terms of knowledge and skills around cancer.

Recommendations

Harness the learning from whole system working on COVID-19 and continue to work with stakeholders across the council and wider system to increase understanding and build capacity to further implement a health in all policies approach.

Build on existing work to formalise a health in all policies approach at all stages of service development and strategy and policy-making.

Continue to champion the health in all policies approach at a strategic level by highlighting the links between improvements in population health and the achievement of corporate and other strategic priorities

Develop a framework to enable the ongoing and robust assessment of the impact of policy decisions on health and health inequalities within the Lewisham population



References/Further Information

Local Government Association (LGA) Health in All Policies: a manual for local government (2016). <https://www.local.gov.uk/health-all-policies-manual-local-government>

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<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbyindexofmultipledeprivationimd/2015to2017>

World Health Organization, Finland Ministry of Social Affairs and Health.

Health in all policies: Helsinki statement. Framework for country action.

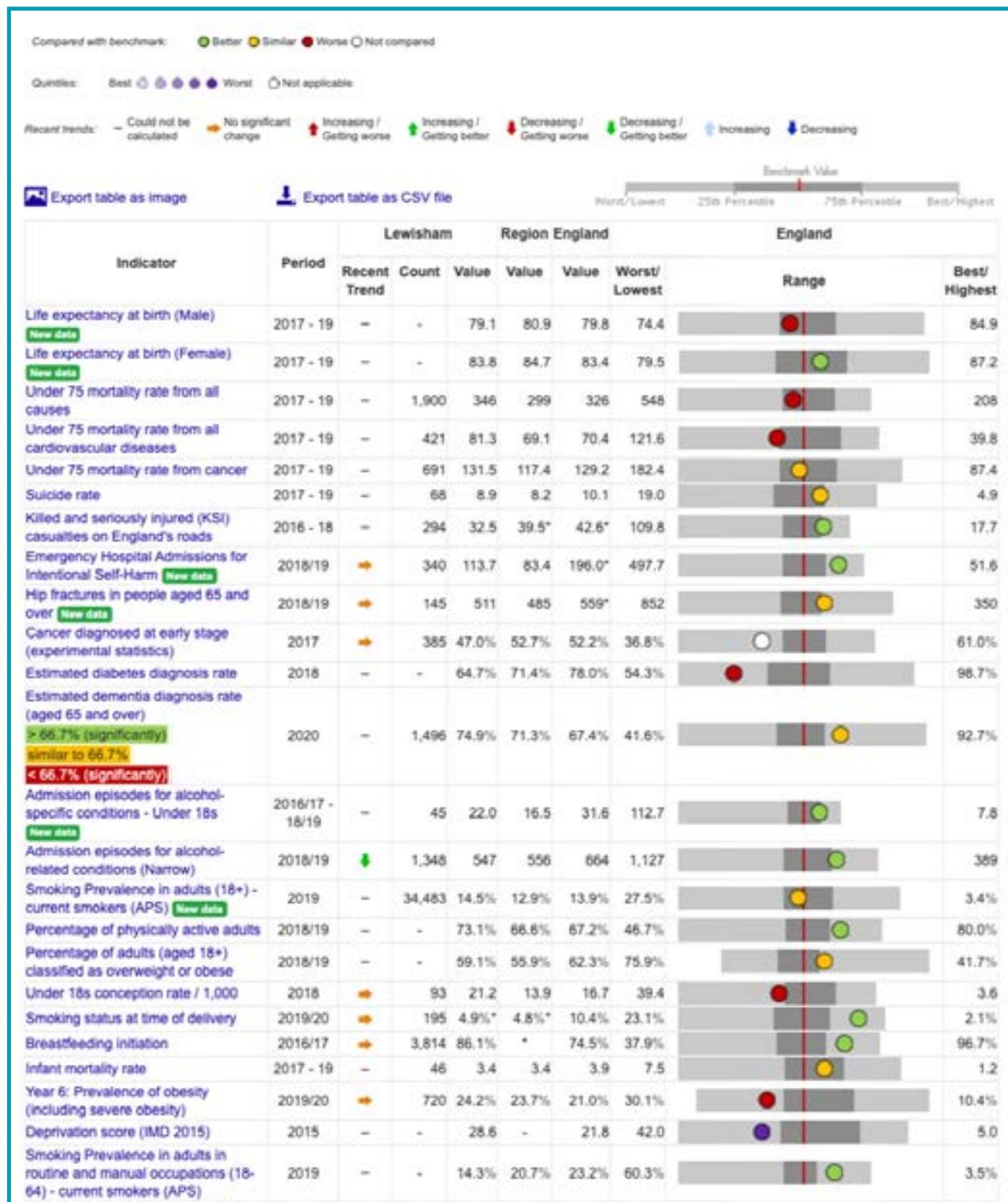
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Appendices: Health & Wellbeing Profile for Lewisham

The chart below provides an overview of the key indicators of health and wellbeing for the population of Lewisham as of February 2021.





This chart has been taken from the Public Health England Fingertips website. This site provides a wide range of data and analysis of indicators of health and wellbeing for areas across England.

The data for each profile is summarised in a Spine Chart. In this spine chart the value for Lewisham for each indicator is shown as a circle. The chart provides a comparison between the health of people in Lewisham and the average for the rest of England.

The England average is indicated by the red line at the centre of the chart. The range of values for all boroughs in England is indicated by the light grey horizontal bar. A red circle means that Lewisham is significantly worse than the England average for that indicator. A green circle indicates that Lewisham is significantly better than the England average for that indicator.

Link to profile:

<https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132701/pat/6/par/E12000007/ati/202/are/E09000023>

For a list of all the profiles available for Lewisham please visit:
<https://fingertips.phe.org.uk/>

If you would like further information about a particular indicator on this profile or have any other query relating to data on the health of the Lewisham Population please contact the Public Health Intelligence Team:
Email: Brian.coutinho@lewisham.gov.uk
Email: Jacqueline.Francis@lewisham.gov.uk



Health and Wellbeing Board

Report title: Better Care Fund Update

Date: 4 March 2021

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Executive Director for Community Services (Lewisham Council), Director of System Transformation (South East London CCG)

Outline and recommendations

The purpose of this report is to provide members of the Health and Wellbeing Board with an update on the activity that has been funded through the Better Care Fund (BCF) in 2020/21 and the arrangements for developing the BCF plan for 2021/22.

Members of the Health and Wellbeing Board are asked to note and agree the recommendations set out in the body of this report.

Timeline of engagement and decision-making

The BCF plan for 2021/22 will be jointly developed by the Council and the CCG following publication of the Government's Policy Framework and Planning Guidance for the BCF. The guidance is expected to be issued shortly. The draft BCF 2021/22 Plan will be presented to the Health and Wellbeing Board for approval prior to submission.

1. Summary

- 1.1. This report provides the Health and Wellbeing Board with an update on the activity that has been funded through the BCF during 2020/21. The report also sets out the action that is being taken to review the Better Care Fund (BCF) and the Improved Better Care Fund (IBCF) which will inform the development of the BCF Plan in 2021/22.

2. Recommendations

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

- Note that the BCF, during 2020/21, continued to support the activity that had been set out in the BCF plan for 2019/20 which was approved by the Health and Wellbeing Board in November 2019. For 2020/2021, NHSE did not require a formal BCF plan to be produced.
- Note that the BCF during 2020/21 will be fully spent by the end of the financial year and that the mandatory minimum contribution to adult social care has been met.
- Note that the use of the BCF during 2020/21 continues to meet the national conditions and is focused on the achievement of the metrics set out in the latest Policy Framework and Planning Guidance.
- Agree to delegate approval of the BCF/IBFC end of year return to the S75 Agreement Management Group and to receive it for information at the next available Board following submission.
- Note that a strategic review of the BCF is being carried out which will inform the development of the BCF Plan 2021/22.

3. Policy Context

- 3.1. The Council's Corporate Strategy 2018-2022 outlines the Council's vision to deliver for residents over the next four years and includes the following priority relevant to this item:
1: Delivering and defending: health, social care and support - Ensuring everyone receives the health, mental health, social care and support services they need.
- 3.2. The Better Care Fund is a joint health and social care integration fund managed by the Council and the CCG. The strategic framework is set out in the national BCF policy framework and planning guidance. The BCF also supports the delivery of the NHS Long Term Plan.

4. Background

- 4.1. The development and management of BCF/IBCF plans are overseen by the Section 75 Agreement Management Group, whose membership is drawn from representatives of the Council and the CCG. The group also oversees the Section 75 Agreement that is in place for the BCF.
- 4.2. At its meeting in November 2019, the Health and Wellbeing Board considered and formally agreed the BCF Plan for 2019/20. The plan was formally submitted to NHS England on 27 September 2019 and assurance from NHS England was received in January 2020.
- 4.3. Early in 2020, Health and Wellbeing Boards were advised that BCF policy and planning requirements would not be published during the initial response to the COVID-19 pandemic. In the meantime HWBs were advised to prioritise continuity of provision,

social care capacity and system resilience and to continue to focus spend on locally agreed priorities pending further guidance. It was therefore agreed that the BCF spend for 2020/21 would continue to support the 2019/20 schemes that had been previously agreed.

- 4.4. On 3 December 2020, the Government advised that BCF plans would not need to be submitted to NHS England and NHS Improvement for approval in 2020/21. Local areas would instead be required to submit an end of year reconciliation to confirm compliance with national conditions and metrics and that the CCG minimum contribution to social care and out of hospital services have been met.

5. Funding Contributions in 2020/21

- 5.1. The total value of the pooled funding contributions in 2020/21 is £39.906m. In 2020/21 the financial contribution to the BCF from the CCG is £23.291m.
- 5.2. The following funding from the local authority is also included in the pooled budget arrangements: IBCF (£13.134m); the Disabled Facilities Grant (£1.339m); the Winter Pressures Grant (£1.368m); and an additional financial contribution from the Council to support neighbourhood teams (£774k).
- 5.3. The DFG and the Winter Pressures Grant are received by the Council and pooled into the BCF in line with grant conditions. The expenditure incurred to 31 December 2020 and the forecast outturn for 2020/21 are shown in tables 1 and 2 below.

Table 1: Better Care Fund

Expenditure Category	Expenditure YTD 31 December 2020 £m	Forecast Outturn 31 March 2021 £m
Adult Social Care contribution	7.218	9.624
Continuing Funding of NHS Contracts	6.301	8.401
Other BCF committed expenditure (including supporting Primary Care, Continuing Healthcare, Hospital Discharge and population health)	3.949	5.266
Total BCF expenditure	17.468	23.291

Table 2: Improved Better Care Fund plus additional funding sources

Expenditure Category	Expenditure YTD 31 December 2020 £m	Forecast Outturn 31 March 2021 £m
Mental Health support/provision	0.385	0.513
Community Health support/provision	0.053	0.07
Other IBCF expenditure	9.414	12.552

Winters Pressure Grant	1.026	1.368
Disabled Facilities Grant	1.004	1.339
Neighbourhood Communities teams (Additional LA Contytribution	0.581	0.774
Total BCF and Other expenditure	12.463	16.615

6. BCF Plan 2021/22

- 6.1. As in previous years, all Health and Wellbeing Boards in England will be required to agree a plan for the use of pooled funding to support integrated health and care services. Pooled funding includes the Disabled Facilities Grant which provides housing adaptations and related support, and the Winter Pressures Grant to encourage proactive, joint planning ahead of winter and to minimise seasonal pressures. Both the Disabled Facilities Grant and the Winter Pressures Grant are paid to the Council and pooled into the BCF/IBCF.
- 6.2. In its policy statement published on 3 December 2020, the Government confirmed that the national conditions in 2021/22 will continue to set a minimum contribution to support social care from the NHS, to support the health and wellbeing of people with care needs and reduce the need for more acute care. The statement confirmed that an inflationary uplift will be applied to the CCG minimum contribution to social care, however the amount of uplift allocated to each HWB area has not yet been confirmed.
- 6.3. The 2021/22 plan will cover one financial year and will be an evolution of the activity funded through the BCF in 2019/20 and 2020/21. The Policy Framework and Planning Guidance are due to be published imminently.
- 6.4. At the beginning of 2020, the Section 75 Agreement Management Group agreed that there should be a review of the BCF/IBCF schemes prior to the production of the 2020/21 BCF/IBCF plan. The review was agreed to ensure that the schemes supported the integration and transformation of health and care and continued to reflect the priorities of the Lewisham Health and Care Partnership (see Annex A).
- 6.5. Although deferred during 2020, the planned review of the BCF/IBCF has now been resumed. The review will inform the development of the BCF plan for 2021/22, in line with the Policy Framework and Planning Guidance, and identify funding which can be released from existing schemes/activity and redirected to areas which would in turn reduce spend in other areas across the health and care system.
- 6.6. Subject to the outcome of the review and publication of policy and planning guidance, it is anticipated that the Council and the CCG will continue to fund activity in the following areas:
 - Prevention and Early Action
 - Community based care
 - Enhanced Care and Support to reduce avoidable admissions to hospital and facilitate timely discharge from hospital
 - Estates and Digital
- 6.7. In determining the expenditure against planned activity for 2021/22, the S75 Group will review the activity that has been funded though the BCF/IBCF since April 2020 and the impact that has had on health and wellbeing outcomes. During the Covid pandemic for example, the BCF has continued to fund the voluntary and community sector to provide vital support to communities; to fund the continued development of the population health

management system which has been used to identify cohorts in support of the COVID-19 vaccination programme; and has continued to fund activity which supports timely discharge from hospital to home or into an appropriate care setting.

7. Next Steps

- 7.1. Officers in the Council and the CCG will complete the BCF 2020/21 end of year reconciliation for approval by the S75 Agreement Management Group. The reconciliation will be submitted to NHS England and presented to the Health and Wellbeing Board at the next available meeting following submission.
- 7.2. The BCF 2021/22 plan will be jointly developed by the Council and the CCG following publication of the Policy Framework and Planning Guidance and agreed by the S75 Agreement Management Group.
- 7.3. The draft BCF 2021/22 Plan will be presented to the Health and Wellbeing Board for final approval prior to submission.

8. Financial implications

- 8.1. There are no direct financial implications arising from the implementation of the recommendations in this report. Officers will seek to ensure that the BCF and IBCF funded activity continues to deliver value for money and where possible savings against other existing budget lines for the Council and the CCG, both of whom are parties to the pooled budget arrangements.

9. Legal implications

- 9.1. There are no direct legal implications arising from the implementation of the recommendations in this report. However members will wish to note that the governance of the BCF is set out in the associated S75 Agreement. The draft 2021/22 BCF plan and associated expenditure will be presented and agreed by members of the S75 Board and subsequently approved by the Council and the CCG. Once agreed, the BCF plan will be presented for sign off by the Health and Wellbeing Board.

10. Equalities implications

- 10.1. The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 10.2. The Council must, in the exercise of its functions, have due regard to the need to:
 - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
- 10.3. Tackling inequalities in health is one of the overarching purposes of integration. Each new or existing service funded by the BCF or IBCF must have regard to the need to reduce inequalities in access to health and care and health and wellbeing outcomes.

11. Climate change and environmental implications

- 11.1. There are no specific climate change or environmental implications arising from this report or its recommendations.

12. Crime and disorder implications

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

13. Health and wellbeing implications

- 13.1. Tackling inequalities in health is one of the overarching purposes of integration. Each new or existing service funded by the BCF has regard to the need to reduce inequalities in access to care and outcomes of care.

14. Background papers

- 14.1. Better Care Fund – 2019/20 Plan

<https://councilmeetings.lewisham.gov.uk/documents/s68987/Item%205%20-%20BCF%20Plan%202019-20.pdf>

- 14.2. Better Care Fund Policy Statement published 3 December 2020

<https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021#better-care-fund-in-2021-to-2022>

15. Report author and contact

Tom Brown, Executive Director for Community Services, Lewisham Council

Sarah Wainer, Director of System Transformation, South East London CCG

Annex A: Lewisham Health and Care Partnership Recovery Plan Priorities

<p>Addressing Inequalities</p> <p>addressing inequalities and disparities in risks and outcomes, including a specific focus on our BAME communities and staff.</p>				
Care Homes supporting care homes locally including co-ordinated support and safeguarding of all residents and staff	Prevention restarting services reduced or put on hold during lockdown with a focus on addressing inequalities	Planned Care including proactive immunisations, cancer screening, Long Term Conditions support and management, postnatal and health checks	Building Community Resilience recognising individual strength, knowledge and skills to ensure people have more control and a greater voice	Children, Young People & Families catch-up immunisations, screening and weight management, mental health support and support to schools
Frailty understanding and mapping mild, moderate and severe frailty, links to other conditions, and how best to provide more responsive care	Diabetes including patients with undiagnosed diabetes, at risk of developing diabetes and with gestational diabetes	Respiratory integrated respiratory community hubs, review of Lung Education Exercise Programme (LEEP), and implementation of multi-disciplinary working for respiratory patients	Mental Health Front Door & Rapid Crisis Response, Community Support, Rehabilitation & Complex Care, including addressing inequalities and improving outcomes for BAME communities	Implementation of the i-Thrive model across early help and emotional health services to develop a common language and enable better access to services, creating improved family resilience
<p>Safeguarding our communities and those who support them</p> <p>mitigating and managing the risks of a “second surge” of Covid-19 in Lewisham, including Test and Trace, Shielding, “Covid-19 Secure” services</p>				

Agenda Item 6



Health and Wellbeing Board

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

Date: 4th March 2021

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 working group to address 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 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 Black, Asian and Minority Ethnic 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 ethnic health inequalities. The areas identified were: mental health; obesity; and cancer.

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- 4.3. 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.
- 4.4. At the November 2019 Health and Wellbeing Board meeting, Board members agreed to further refine the draft action plan with the Lewisham Black and Minority Ethnic Network taking a co-production approach.
- 4.5. 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. Black, Asian and Minority Ethnic Health Inequalities working group and action plan updates

- 5.1. A 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. For 2021, the group will review the actions within each section of the action plan in each quarter i.e. for the January – March 2021 period the group has focused on the COVID-19 section of the action plan reviewing the COVID-19 communications/engagement and data sections of the plan.

6. COVID-19 Communications and Engagement

- 6.1. The two actions that continue to be in progress for this section of the action plan include:
 - To develop culturally appropriate communications around COVID-19: Work is ongoing in the Lewisham Council communications team to identify the most effective channels of communication for those from Black, Asian and Minority Ethnic backgrounds in Lewisham. To date relationships are being forged with faith groups via the Lewisham Interfaith Forum, the Lewisham BME network and with our growing network of Lewisham COVID-19 Community Champions who support the dissemination of COVID-19 information across the borough.
 - To engage with Black and Minority Ethnic communities to provide culturally appropriate mental health support for COVID-19: Mabadiliko CIC have been commissioned to provide mental wellbeing support and resilience sessions to Black community members and staff in Lewisham. Having broadly agreed the evaluation criteria the sessions and evaluation is expected to be completed by summer 2021.

7. COVID-19 Data

- 7.1. The outstanding action that continues to be in progress for this section of the action plan includes:
 - To analyse Lewisham COVID-19 cases and death data by ethnicity/country of birth: Lewisham Registry Office now asks for ethnicity of deceased person at all death registrations. Whilst this is voluntary, information is received for the majority of registrations. This analysis of this data is currently underway and is due to be presented at an upcoming health inequalities working group meeting. The breakdown of COVID-19 cases by ethnic group is reported each week within routine

data surveillance using Public Health England published data, and is reported to Lewisham Council Gold to inform any action required.

8. Black Asian and Minority Ethnic Health Inequalities Toolkit

- 8.1. A Health Inequalities Toolkit has been developed to provide a data overview of existing health inequalities for different ethnic groups in Lewisham. The aim of this toolkit is to 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.
- 8.2. The development of the toolkit has taken a partnership approach to collate data from Health and Wellbeing Board partner organisations using the existing London Health Inequalities strategy themes as a framework (Healthy Children, Healthy Minds, Healthy Places, Healthy Communities, and Healthy Living). This use of this framework will be reviewed in light of the recent 'Build Back Fairer: The COVID-19 Marmot Review' report from Sir Michael Marmot (<https://www.health.org.uk/sites/default/files/upload/publications/2020/Build-back-fairer-the-COVID-19-Marmot-review.pdf>).
- 8.3. The toolkit is continuing to be finalised with support from Health and Wellbeing Board partners to provide additional health related ethnicity data. The toolkit will then be presented and discussed by the Health leads at the Lewisham Black and Minority Ethnic network before publication in late Spring 2021.

9. Financial implications

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

10. Legal implications

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

11. Equalities implications

- 11.1. This report specifically aims to address health inequalities for particular ethnic groups in Lewisham, with race being one of the nine protected characteristics in the Equality Act (2010).

12. Climate change and environmental implications

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

13. Crime and disorder implications

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

14. Health and wellbeing implications

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

15. Report author and contact

- 15.1. Dr Catherine Mbema, Catherine.mbema@lewisham.gov.uk



Health & Wellbeing Board

Report title: Joint Strategic Needs Assessment Update

Date: 04 March 2021

Key decision: Yes/No.

Class: Either Part 1

Ward(s) affected: ALL

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

Outline and recommendations

This report provides details of the revised timescale for further work on the Joint Strategic Needs Assessment (JSNA).

The board is recommended to:

- Note the contents of the report
- Approve the revised timelines for the revision of the JSNA process and review of the most recently published JSNA Topic Assessments.

Timeline of engagement and decision-making

This paper is being submitted as part of the revised JSNA process originally agreed by the
[Health and Wellbeing Board in 2017](#)

1. Summary

- 1.1. This update provides an overview that the JSNA process continue to be paused due to the COVID-19 pandemic.

2. Recommendations

- 2.1. The board is recommended to approve:
- 2.2. The previously proposed review of the JSNA process will continue to be paused.
- 2.3. When the JSNA process recommences it will include a JSNA topic assessment examining the wider COVID-19 impacts to support recovery planning and commissioning, with a further topic assessment/refresh on Air Quality.
- 2.4. When resource is available a review of the impact of the most recently published JSNA Topic Assessments will be conducted.

3. Policy Context

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

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- 3.4. The priorities of The Health and Wellbeing Strategy 2013-2023 were informed by the JSNA.

4. Background

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

5. JSNA Update

5.1. Revised Timescales

- 5.1.1. As [set out in a previous paper to the board](#), Public Health wish to evaluate the effectiveness of the current process for the selection of JSNA Topic Assessments. This will ensure the JSNA has the most impact and benefit to Lewisham.
- 6.1. In light of the COVID-19 pandemic, the timescales for the JSNA process review and JSNA impact review have been further revised.
- 6.2. It is now proposed that we do not perform the review of the JSNA process and impact of recently published JSNAs until September 2021 to allow for sufficient time and resource to be directed to the ongoing COVID-19 pandemic response and recovery.
- 6.3. However the “Picture of Lewisham” element of the JSNA will be updated in Spring 2021 to aid commissioners and other professionals in planning and decision making.

7. Financial implications

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

8. Legal implications

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

9. Equalities implications

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

10. Climate change and environmental implications

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

11. Crime and disorder implications

- 11.1. There are no crime and disorder implications from this report.

12. Health and wellbeing implications

- 12.1. There are no health and wellbeing implications from this report.

13. Report author and contact

- 13.1. Dr Catherine Mbema, Director of Public Health, catherine.mbema@lewisham.gov.uk



Health and Wellbeing Board

Report title: Lewisham Safeguarding Adults Board (LSAB) Annual Report 2019 – 2020

Date: 4 March 2021

Key decision: No

Class: Part 1

Ward(s) affected: N/A

Contributors:

- Lewisham Safeguarding Adults Board Business Unit
- London Borough of Lewisham - Adult Social Care
- South East London Clinical Commissioning Group
- Lewisham & Greenwich NHS Trust
- South London & Maudsley NHS Foundation Trust
- Metropolitan Police Service
- London Fire Brigade

Outline and recommendations

This report provides members of the Health & Wellbeing Board with an overview of the partnership work carried out by Lewisham Safeguarding Adults Board and its partner agencies from April 2019 – March 2020.

- The report is for the Health & Wellbeing Board Member's information.
- The contents of the report are agreed.

Timeline of engagement and decision-making

N/A

1. Summary

- 1.1. This report contains information on the following:
- 1.2. Message from the Lewisham Safeguarding Adults Board Independent Chair
- 1.3. Key Outcomes in 2019-20
- 1.4. Safeguarding Information
- 1.5. Safeguarding Adults Reviews
- 1.6. Work of the Lewisham Safeguarding Adults Board Sub-Groups
- 1.7. Lewisham Safeguarding Adults Board Business Plan 2020-21

2. Recommendations

- 2.1. The report is for the Health & Wellbeing Board Member's information.
- 2.2. The contents of the report are agreed.

3. Policy Context

- 3.1. Safeguarding 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.
- 3.2. Local authorities are required to: lead a multi-agency local adult safeguarding system; making or causing enquiries to be made where there is a safeguarding concern; hosting Safeguarding Adults Boards; carrying out Safeguarding Adult Reviews; and arranging for the provision of independent advocates.
- 3.3. The Board are committed to 'Making Safeguarding Personal' (MSP); to improve outcomes for people at risk of harm. This is achieved, during a safeguarding enquiry, by establishing a real understanding of what people wish to achieve and the 'outcomes' they want at the beginning then checking throughout, and at the end the extent to which these outcomes were realised.
- 3.4. The work of the LSAB contributes to the Council's priorities as set out in the Corporate Strategy specifically:

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3.5. Commitments - All health and social care services are robust, responsive and working collectively to support communities and individuals - We will continue to do our utmost to defend and deliver health and social care services that protect the most vulnerable in our borough.

3.6. Creating and Inclusive Lewisham - Continue to ensure that everyone in Lewisham has equitable access to the support and services they need.

3.7. Achieving better outcomes for people.

3.8. Comprehensive Equality Scheme, Strategic Framework.

4. Background

4.1. The LSAB brings together a wide range of agencies from across the borough to ensure that there is a joined-up approach to adult safeguarding.

5. Main body paragraphs

5.1. Message from the Lewisham Safeguarding Adults Board Independent Chair

5.2. Key Outcomes in 2019-20

5.3. Safeguarding Information

5.4. Safeguarding Adults Reviews

5.5. Work of the Lewisham Safeguarding Adults Board Sub-Groups

5.6. Lewisham Safeguarding Adults Board Business Plan 2020-21

6. Financial implications

6.1. There are no additional financial implications arising from this report.

7. Legal implications

7.1. There are no additional legal implications arising from this report.

8. Equalities implications

8.1. As highlighted in the “Safeguarding Information” section of the LSAB Annual Report there are ongoing equalities implications to ensure that all communities across Lewisham are engaged with relevant agencies and services to help prevent adult abuse and neglect.

8.2. The further development and analysis of data by the Board’s Performance, Audit and Quality Sub-Group will enable the Board to understand any potential barriers to reporting abuse, and also accessing protective and preventative services and links to the following aims in the LSAB Business Plan 2020-2021:

8.3. Accountability Aim – Objective - Expand data analysis to closely examine ethnicity related information.

8.4. Partnership Aim – Objective - Work towards reducing racial disparity and disproportionality: - delivering effective whole community engagement.

9. Climate change and environmental implications

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

10. Crime and disorder implications

- 10.1. There are no specific crime and disorder implications arising from this report.
- 10.2. The LSAB works in close collaboration with the Safer Lewisham Partnership to ensure a joint approach to overlapping issues such as domestic violence, hate crime and the government's counter-terrorism strategy 'Prevent' thereby contributing to meeting the duty placed on local authorities by the Crime and Disorder Act 1998 to identify community safety implications in all our activities.

11. Health and wellbeing implications

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

12. Background papers

- 12.1. N/A

13. Glossary

- 13.1. Please see table below for Acronyms and sector-specific language used in the annual report.

Term	Definition
LSAB	Lewisham Safeguarding Adults Board
SAB	Safeguarding Adults Board
SAR's	Safeguarding Adults Reviews (Section 44 Care Act 2014)
ECR	Electronic Case Record system
SARAT	Pan London Safeguarding Audit Safeguarding Adults Risk Assessment Tool
Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed 'unsuitable' do not work with them.
Advocacy	Help to enable adults to get the care and support they need that is independent of the local council. An advocate can help adults express their needs and wishes, and weigh up and take decisions about the options available to them. They can help the adult find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations. The advocate represents the interests of the adult, which they do by supporting the adult to speak, or by speaking on their behalf.
Abuse	Harm that is caused by anyone who has power over another person, which may include family members, friends, unpaid carers and health or care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organisation that employs them.

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Term	Definition
Risk Assessment	An assessment of an adults health, safety, wellbeing and ability to manage their essential daily routines.
'Making Safeguarding Personal' (MSP)	<u>Making Safeguarding Personal</u> (MSP) is a sector-led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances.

14. Report author and contact

14.1. Martin Crow

LSAB Business Manager

Martin.Crow@lewisham.gov.uk

07771594879

15. Comments for and on behalf of the Executive Director for Corporate Resources

15.1. N/A

16. Comments for and on behalf of the Director of Law, Governance and HR

16.1. N/A



A working partnership to prevent abuse

Annual Report 2019-20

Period: 1 April 2019 to 31 March 2020



Contents

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Business Plan 2020-21 on a Page	9

Our Vision

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

Our Priorities

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

Our Aims

Prevention: By April 2020 we will have made further progress in developing preventative strategies.

Accountability: By April 2020 we will have established methods to effectively measure how well adults at risk of abuse and neglect are being protected, which will be used to develop evidence based practice.

Partnerships: By April 2020 we will have demonstrated our commitment to supporting the ‘whole family’ approach to safeguarding those most at risk of abuse and neglect in Lewisham.

Three Objectives were set under each of these Aims - the outcomes from these are on page 2.

Message from the Independent Chair



"I write this introduction in the long shadow of the pandemic, the gradual easing of the lockdown and the havoc wrought on people's lives by COVID-19".

I must begin by acknowledging the resilience, commitment, determination and courage demonstrated by health and social care workers, uniform officers, wardens and other professionals. The care and support they have offered, and their professionalism in the face of risk, loss, fear and anxiety, has been outstanding. I must also comment on the community response, those neighbours, community organisations and faith groups who have looked out for, and looked after others.

I write also in the context of Black Lives Matter. I know that all members of Lewisham SAB, and the staff they represent, have demonstrated commitment to counteract discrimination and oppression, to recognise and challenge unconscious bias, and to promote equality. As Black Lives Matters demonstrates, there is more to do and the SAB must renew its commitment to equality in its strategic plan.

The Coronavirus Act 2020 did not alter the adult safeguarding provisions and protections in the Care Act 2014. The SAB has therefore continued to exercise oversight over adult safeguarding, whilst mindful of the pressure that health and social care providers have been and continue to be under. The SAB has been reviewing how services have been responding to the challenges that the virus has created. There are clearly lessons that will have to be learned in the coming months about the response to the pandemic, locally, regionally and nationally.

This year's annual report is shorter than usual, mindful not to place additional burdens on partner agencies. Thus, we have not asked partner agencies to provide examples of positive practice this year. We have included, as statutory guidance requires, information about completed Safeguarding Adults Reviews (SARs). Just outside the timeframe for this annual report (June 2020), the SAB has published three further SARs, which may be found on the Board's web pages. Next year's Annual Report will provide an update on the actions taken to implement the recommendations from these reviews.

We have maintained close oversight on arrangements led by the CCG and the Local Authority to reduce the incidence of pressure ulcers. We maintain a close focus on reviews of deaths of learning disabled people, and on learning from the deaths of people experiencing homelessness and/or substance misuse.

There is, of course, more to do and more that should be done in the name of improvement. We would welcome your feedback. We thank you for the work you do to keep our communities safe and to respond to the needs of adults at risk of abuse and neglect. Finally, I would like to express my appreciation for the work of SAB officers, Martin Crow, Vicki Williams and Tiana Mathurine.

Professor Michael Preston-Shoot

Key Outcomes in 2019-20



- Board's Annual Conference was delivered at Goldsmiths College.
- Board's Self Neglect & Hoarding Policy and Procedures were agreed for publication. *
- Board purchased the Electronic Case Record (ECR) system for use with Safeguarding Adults Reviews (SARs).
- Learning Event for the Michael Thompson SAR was delivered.



- Board's Compact and Strategic Business Plan 2019-20 was agreed.
- Board's Communication and Engagement Strategy was published (see page 3). *
- External Section 42 Audit was conducted. *
- Pan London Safeguarding Audit (SARAT) was completed in Lewisham by Board partners.
- Review of Out of Borough Placements (linked to the Whorlton Hall serious incident) was conducted. *



- Board's Learning, Training and Development Strategy was approved. *
- The first of 4 Networking and Safeguarding Champions events was delivered to coincide with National Hate Crime Awareness Week, supported by the Council and Metropolitan Police. *
- The first meeting of the Board's Performance, Audit and Quality Sub-Group was held. *
- Two Hoarding Awareness Workshops were delivered in support of the Policy and Procedures published in April. *
- Trial of a new Pan London Audit Tool was completed by South London and Maudsley NHS Foundation Trust.

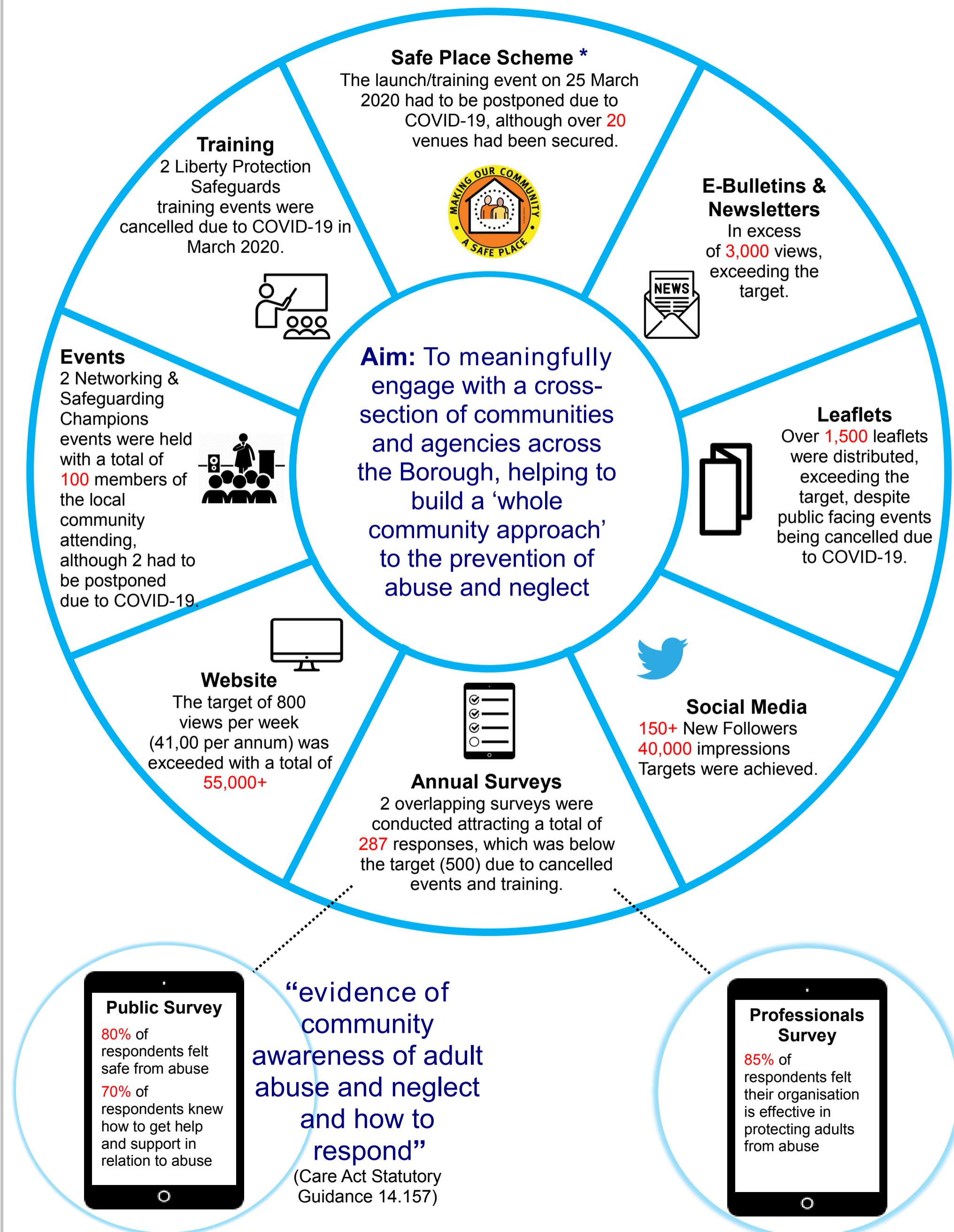


- The Board's Prevention Audit commenced. *
- 2 Practitioner Events were delivered as part of ongoing SARs.
- The second of 4 Networking and Safeguarding Champions event was delivered to coincide with National Sexual Abuse and Violence Awareness Week. *
- Domestic Abuse and Violence Summit Task and Finish Group was set up jointly with Lewisham Safeguarding Children Partnership ('Whole Family' approach). *
- The Board approved the creation of a local Modern Slavery Network - supported by the LSAB Business Unit. *
- Joint Protocol with Lewisham Safeguarding Children Partnership was approved ('Whole Family' approach). *

* Objectives from the Strategic Business Plan 2019-20

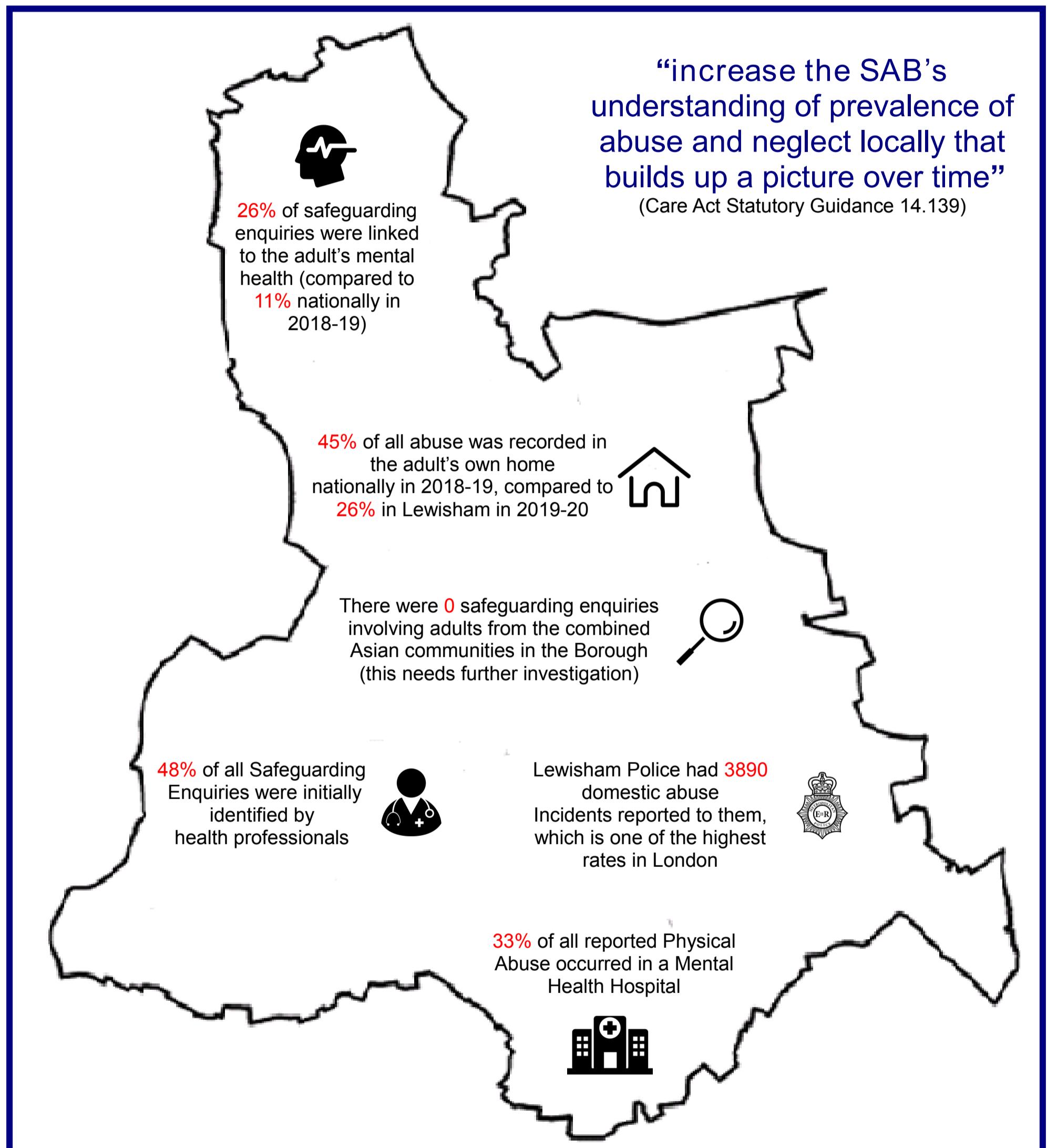
Communication and Engagement (CE) Strategy Outcomes

The Board's CE Strategy was agreed in July 2019. The targets were set for 12 months, so were still being delivered beyond the timeline of this report.

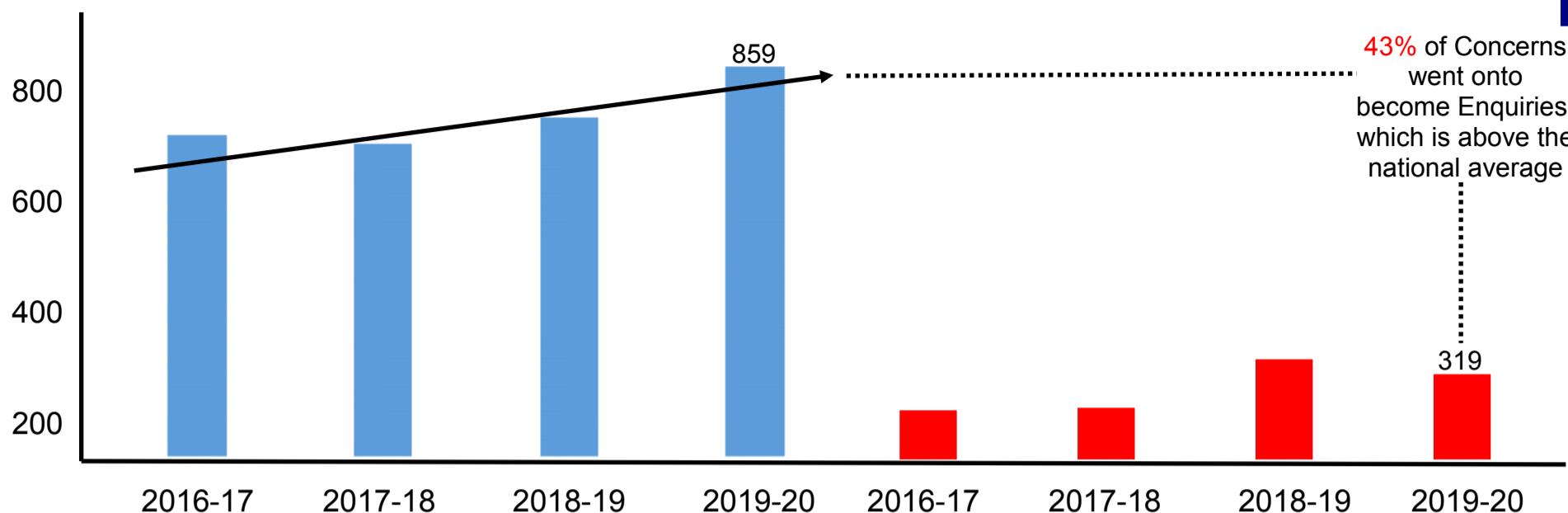


Safeguarding Information

Overview 2019-20



A lack of reporting emanating from the adult's own home may be linked to a possible lack of engagement with and from some communities. There are high numbers of domestic abuse incidents reported to Police in the Borough, but very few that are being investigated through Local Authority led adult safeguarding enquiries (4%).

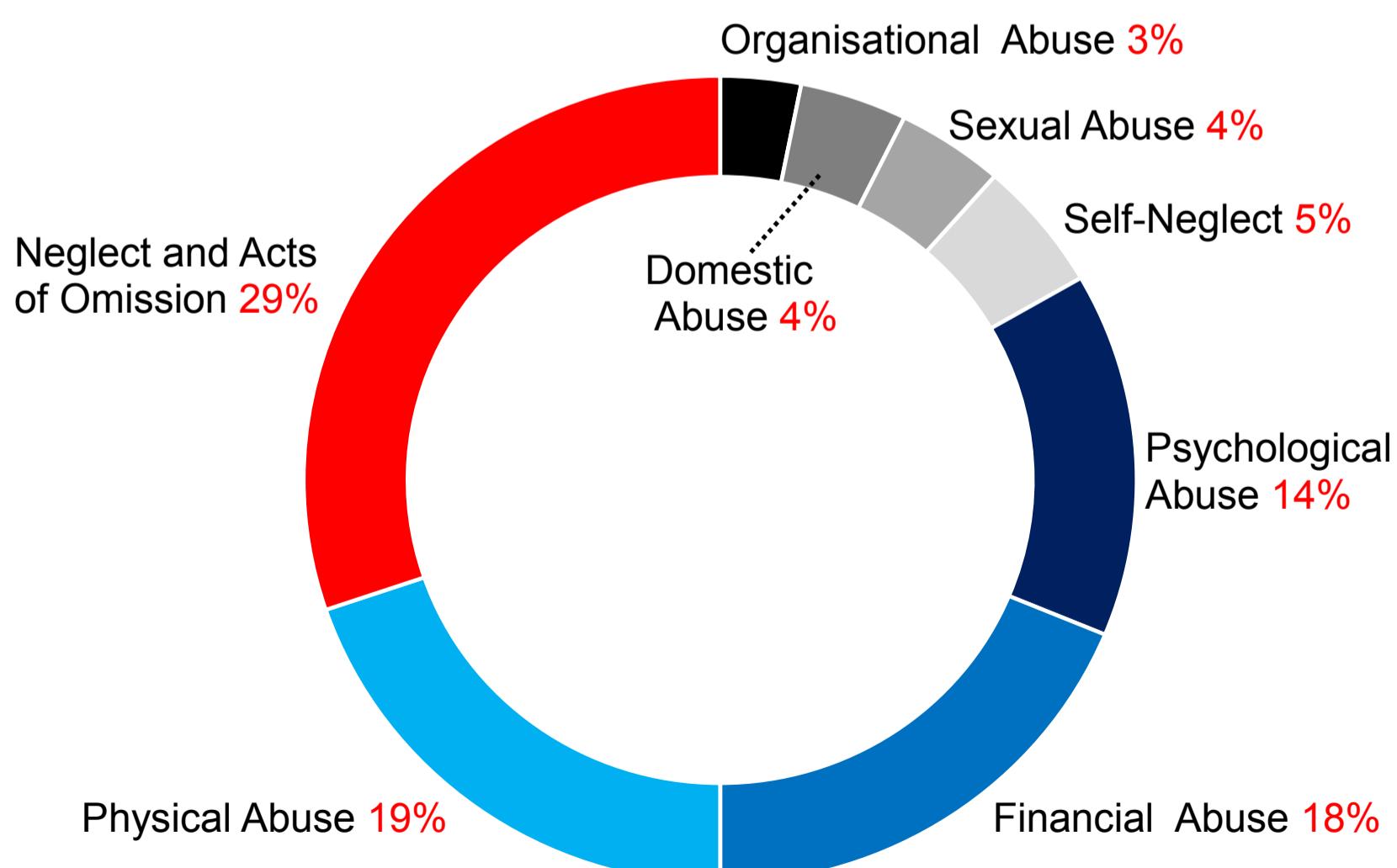


There is a growing trend in relation to safeguarding concerns being submitted, but the volume of safeguarding enquiries is low compared to other inner-London Boroughs.

Where did the Abuse Occur? (Concluded Section 42 Enquiries)



Types of Adult Abuse? (Concluded Section 42 Enquiries)



Modern Slavery and Discriminatory Abuse were both 0

Safeguarding Adults Reviews

“Safeguarding Adults Boards (SABs) must arrange a SAR when an adult dies either as a result of abuse or neglect, known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult”.

(Care Act Statutory Guidance 14.162)

The Case Review Sub-Group

The Sub-Group manages and oversees the Safeguarding Adults Review (SAR) process locally, and is led by the Board’s Independent Chair Professor Michael Preston-Shoot.

The group met **7** times throughout the year and included membership from Lewisham Borough Council, the Metropolitan Police, Lewisham Clinical Commissioning Group, (CCG) Lewisham & Greenwich NHS Trust and South London and Maudsley NHS Foundation Trust.

A significant amount of work was overseen by the group, and in addition to the cases outlined in this section of the report, other non-statutory reviews and reports were also considered and monitored.

This included the local annual reports for The Learning Disability Mortality Review Programme (LeDeR), and Drug and Alcohol Related Deaths.

SAR Notifications

The Board received and considered **9** new SAR Notifications during 2019-20, which resulted in **4** new SARs commencing, with one decision still pending due to parallel processes.

In total **14** cases were considered and or monitored by the Sub-Group throughout the reporting period.



Cedric Skyers SAR

The Cedric Skyers SAR was published in 2017, but the local CCG and London Borough of Lewisham Council issued Guidelines on Risk Assessment for Smoking in Care Homes in September 2019, which is linked to the action plan for this review. This important guidance and the review can be viewed here: <https://www.safeguardinglewisham.org.uk/lsab/publications/safeguarding-adult-reviews>

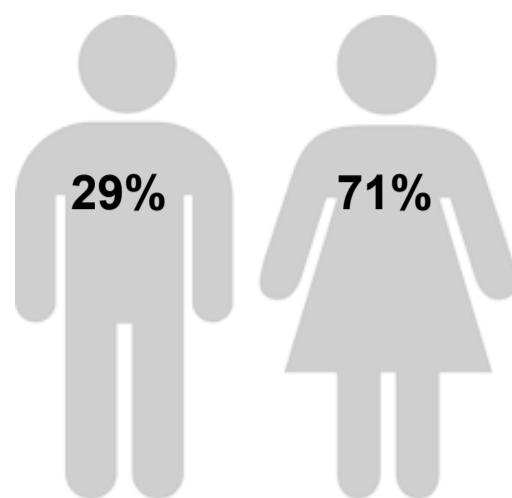
“Initiate joint work with the London Fire Brigade and care providers in the Borough on risk assessment – specifically to include fire, smoking, immobility, wheelchair use and first aid – to establish mutually clear and consistent standards and expectations”.

SAR Themes and Demographics

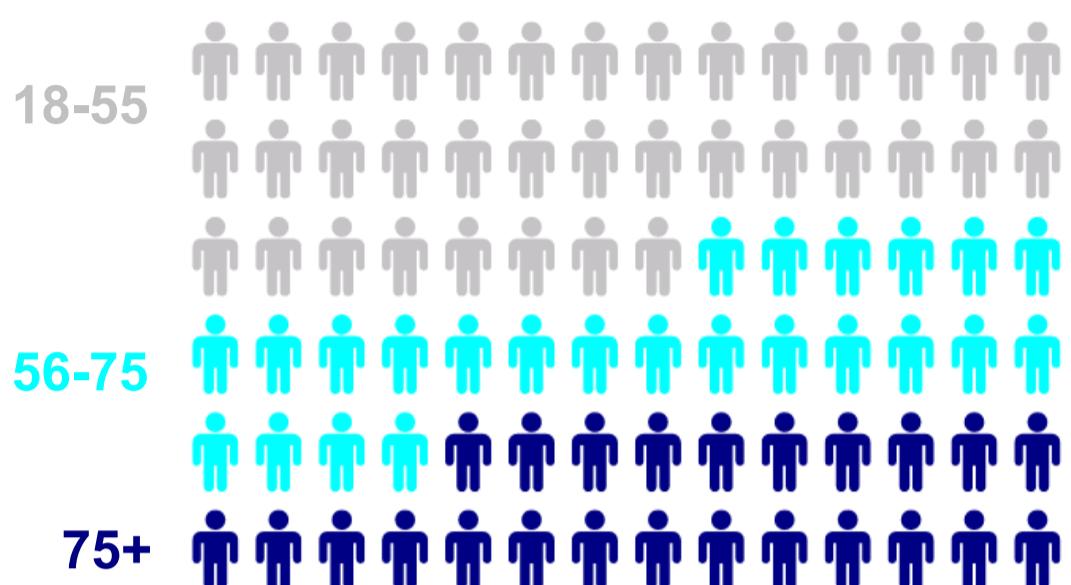
The data is based on the **14** serious cases that were considered during 2019-20:

7

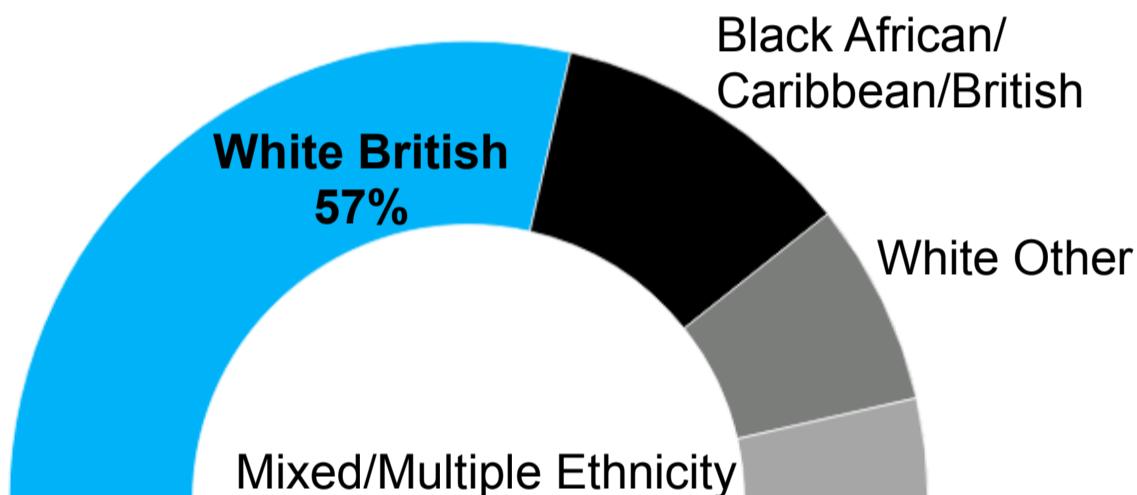
Gender



Age



Ethnicity



Care Issues



Analysis

The three most common types of abuse linked to the cases considered by the SAR Sub-Group were:

1. Neglect and Acts of Omission (**55%** of cases)
2. Physical Abuse
3. Self-Neglect.

This is not surprising as 1& 2 are the most prevalent forms of abuse identified in Lewisham (see page 5), and approximately half of all SARs nationally are linked to the subject of Self-Neglect (national SAR library - Social Care Institute for Excellence).

The local data also **reinforces the ongoing need for professional development in relation to Mental Capacity**, which is also a very common feature in many SARs across the country.

The demographic information needs to be examined in greater detail across a longer period of time. This should also be compared with other relevant sources of information to ascertain if there are any identifiable inequalities in the most serious cases, although the age and gender data linked to the care issues of Mental Capacity, Mental ill-Health and Substance Misuse suggests a local trend.

Work of the Sub-Groups

Case Review Sub-Group

The work of this group is outlined on the previous pages (6&7).

Housing Sub-Group

The group continued to meet quarterly throughout the year, bringing a wider range of agencies and providers together.

The scope of the group was expanded to work jointly with the Lewisham Safeguarding Children Partnership (LSCP), which is in line with the Board's strategic Partnership Aim to adopt a 'whole family' approach to safeguarding.

The group helped to develop the Board's Single Agency Adult Safeguarding Policy.

Performance, Audit and Quality Sub-Group

This group was formed in September 2019 to oversee the collective performance of partner agencies in the Borough in relation to protecting adults at risk of abuse and neglect.

The group meets quarterly and has worked to establish a set of 5 Performance Indicators (P.i's). These are benchmarked against national averages outlined in the NHS Digital Safeguarding Adults Collection (SAC Return), which is collated and published annually.

The group also developed the Board's Prevention Audit and oversaw the Pan London adult safeguarding audits in Lewisham.

Liberty Protection Safeguards Task and Finish Group

This group was set up during the year to consider the strategic issues across Lewisham in relation to the transition from the existing Deprivation of Liberty Safeguards provisions (DoLS), to the new Liberty Protection Safeguards (LPS) scheme under the Mental Capacity Amendment Act.

The group was overseeing the link between the development of local arrangements and those sub-regionally across South East London, as well helping to plan training sessions and think about the operational implications linked to implementing new policies and procedures.

There was an initial delay with the publication of the national statutory guidance for LPS, before COVID-19, which has meant the programme is likely to be pushed back until 2022.

Domestic Abuse and Violence Summit Task and Finish Group

This group was established jointly with the LSCP ('whole family' approach) and Violence Against Women and Girls Forum (VAWG), in response to the Board's Training Needs Analysis in Oct 2019, that indicated that the Board's annual conference for 2020 should be focussed on this subject.

This event was originally planned for 25 June 2020, but has been postponed due to COVID-19.

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

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

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

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.

As this framework was only established in July 2019 the core has remained unchanged from 2019-20, although the objectives have been updated in line with the intelligence and feedback that has been generated over the last 12 months.

If you see or hear something that concerns you, or you suspect somebody is being abused, or someone tells you they are being abused. **Report it without delay:**

SAFEGUARDING IS EVERYONE'S BUSINESS

No child or adult should be made to feel unsafe. Everyone has the right to feel safe from harm and abuse. All of us have a role to play in safeguarding, never more so than during COVID-19.

Call the Police on 101 or 999 in an emergency

Contact the Adult Social Care Team Monday to Friday 9am - 5pm:

Tel:	020 8314 7777 (select option 1)
Email:	SCAIT@lewisham.gov.uk
Out of hours service:	020 8314 6000

Contact details for the deaf / impaired hearing community

Minicom:	020 8314 3309
Text Message:	07730 637 194
Glide:	07730 637 194

If you are unsure, talk to the Adult Social Care Team, they will listen to you and give you good advice.

What not to do

- Don't promise to keep abuse a secret
- Don't alert the abuser, this might make matters worse and make it more difficult to help the person at risk
- Don't delay reporting abuse, report this straight away.

Think Family

Consider risks to others which may include children or other adults with care and support needs. If there is a concern that a parent may be neglecting children in their care, concerns should be reported to Children's Social Care.

Contact the Children's Multi-Agency Safeguarding Hub Monday to Friday 9am - 5pm:

Tel:	020 8314 6660
Out of hours service:	020 8314 6000

**PATIENT EXPERIENCE
REPORT 2020/2021
QUARTER 2
July-September**

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Introduction & Executive Summary

Healthwatch was created by the health and social care reforms of 2012 with a powerful ambition of putting people at the centre of health and social care. Healthwatch Lewisham is the independent patient champion which helps influence the design and delivery of local health and social care services. It is a statutory requirement for Local Authorities to commission a local Healthwatch service under the Health and Social Care Act 2012.

In delivering these duties in Lewisham we operate a comprehensive Patient Experience data collection programme. The successful and on-going implementation of the data collection programme and the Digital Feedback Centre has the potential to yield a minimum of 4,800 patient experiences per annum all of which will be presented as they are received and considered as valid community opinion. This Patient Experience Report for Healthwatch Lewisham covers the Q2 period for July-September 2020.

In normal practice, our Patient Experience Officer, supported by a team of volunteers, would visit health and social care services daily to talk to and hear from patients, service users, carers and relatives about their experiences of local services.

During the COVID-19 pandemic, following the Government's continuing guidance regarding COVID-19, our face to face engagement remains paused. We have adapted our engagement strategy throughout Q1 and Q2 to include:

- Building partnerships with local organisations and service providers with a digital offer of engagement
- Holding and attending engagement sessions and forums via Zoom
- Telephone calls with Lewisham residents
- Online review collection
- Encouraging patient feedback directly through our Digital Feedback Centre using social media functions (Twitter, Facebook etc.)

These patient experience comments and reviews are gathered using a standard form (see appendixes, p.41-43). The form asks the patient for simple star ratings on their overall experience, access to appointments, ease of getting through on the telephone and a number of other areas. We engage with every patient, capture their experience in their words and seek consent for their feedback to be published on the Healthwatch Lewisham website, through the Digital Feedback Centre. People can leave their name or comment anonymously. The Patient Experience Officer will relay any urgent matters requiring attention to the service manager.

Introduction and Executive Summary cont.

Where patients relay concerns about their treatment through our feedback centre or digital engagement, we inform them of their rights and the feedback and complaints mechanisms available to them. We also offer for a member of Healthwatch Lewisham staff to call them to discuss the issue in more detail at a later date. If we observe, hear or read any safeguarding concerns these are immediately referred to the office and a safeguarding referral made where appropriate.

Whilst we aim to gather patient experience comments and reviews from a representative sample of Lewisham's population, we acknowledge that different people use different services at different times in their lives, and some not at all. Whilst all patients are asked for their monitoring information some do not wish to provide this. As well as residents choosing not to give this information, using online reviews can impact on the demographic information which can be collected.

The outreach element of our Patient Experience Programme is supplemented by our community engagement work and our website (www.healthwatchlewisham.co.uk), which people may visit independently to provide service feedback and comments. Our questions are uniform across the Digital Feedback Centre as well as the physically collected forms.

Alongside our Patient Experience work reported here, Healthwatch Lewisham carries out a number of different activities in order to hear from patients, carers and relatives and assess health and social care services from the patient's perspective. To see our other reports, including our COVID-19 survey results please visit our website at <https://www.healthwatchlewisham.co.uk/what-we-do/our-reports/>

The information presented within this report reflects individual patient experiences of health and social care services, to ensure that the genuine observations and commentaries of the community are captured.

This report represents the voices of Lewisham residents during Q2 (July-September). During this period the Patient Experience Programme received 925 feedback comments. Of these comments, 66% (610) comments had a positive rating, 26% (244) were negative and 8% (71) were neutral.

Healthwatch Lewisham presents the information within this report as factual and to be considered and utilised to improve service provision and highlight areas of good practice.

Our data explained

Healthwatch Lewisham uses a Digital Feedback Centre (on our website) and Informatics system (software sitting behind the Digital Feedback Centre) to capture and analyse patient experience feedback. The Informatics system is currently used by approximately 1/3 of the Healthwatch network across England and it captures feedback in a number of ways:

1. It asks for an overall star rating of the service, (between 1-5)
2. It provides a free text box for comment
3. It asks for a star rating against specific themes, aspects such as staff attitudes, cleanliness etc. (between 1-5)

Star ratings provide a simple snapshot average, both overall and against specific themes.

Additionally, free text comments are broken down and analysed for themes and sub themes. Where relevant, up to 5 themes and sub themes can be applied to any one patient experience comment. Upon each application of a theme or sub theme, a positive, negative or neutral sentiment is also applied. This is a manual process undertaken by trained staff and specially trained volunteers. The process is overseen by the Patient Experience Officer and regularly audited in order to ensure consistency. Where themes and related sentiment are discussed in the report, it relates to this aspect of the process.

The above areas provide an independent set of results which can be viewed separately or in conjunction with one another in order to gain insight into a service or service area. It is important to note that correlation between different data sets may not be apparent, for example, a service may have an overall star rating of 4/5 but much lower ratings against individual themes.

Overall Star Ratings

The number of patient reviews received for this quarter is 925. The table below shows a breakdown of the negative, neutral and positive patient reviews (see the appendices for examples of our physical and online questionnaires).

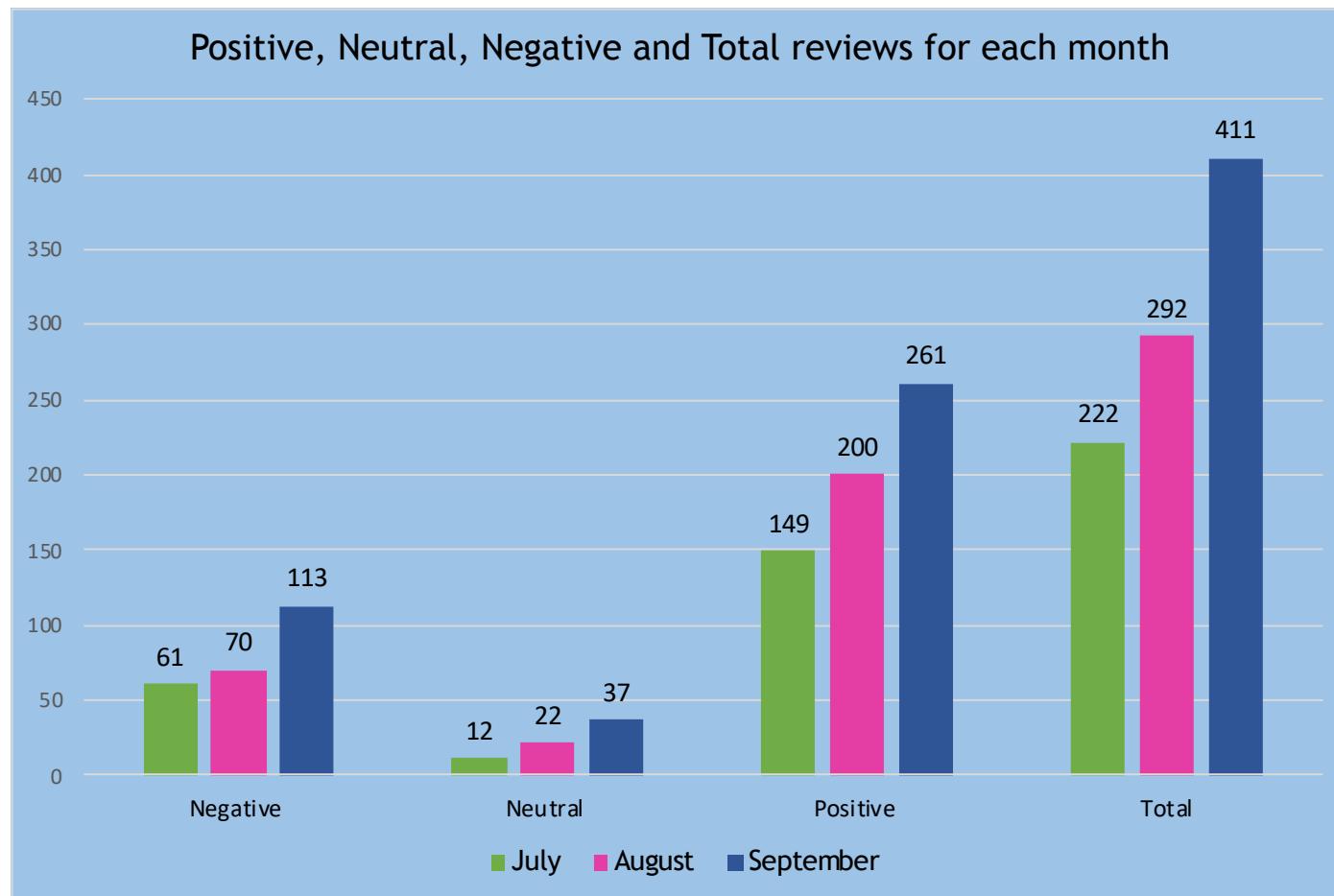
Each patient is asked to give an overall rating out of 5 stars for a service. Star ratings of 1 and 2 indicate a negative response, a star rating of 3 indicates a neutral response and star ratings of 4 and 5 indicate a positive response. This quarter 610 positive responses, 244 negative responses and 71 neutral responses have been recorded.

Month	1 - 2 Star Reviews (Negative) 	3 Star Reviews (Neutral) 	4 - 5 Star Reviews (Positive) 
July	61	12	149
August	70	22	200
September	113	37	261
Total	244	71	610

Overall Star Ratings

This chart provides a breakdown of comments by positive, negative and neutral sentiment per month, based on the overall star rating provided.

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Overall Star Ratings

These pie charts show the breakdown of star ratings for each month and for the whole quarter.

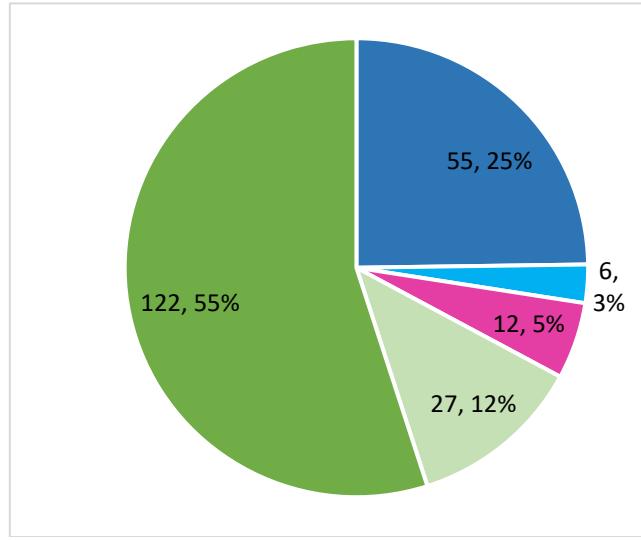
Overall, residents had positive experiences of services, with 5-star ratings making up the highest proportion of reviews.

Interestingly, the charts also indicate that there is a wide variance in experiences with 1-star ratings being the second highest proportion.

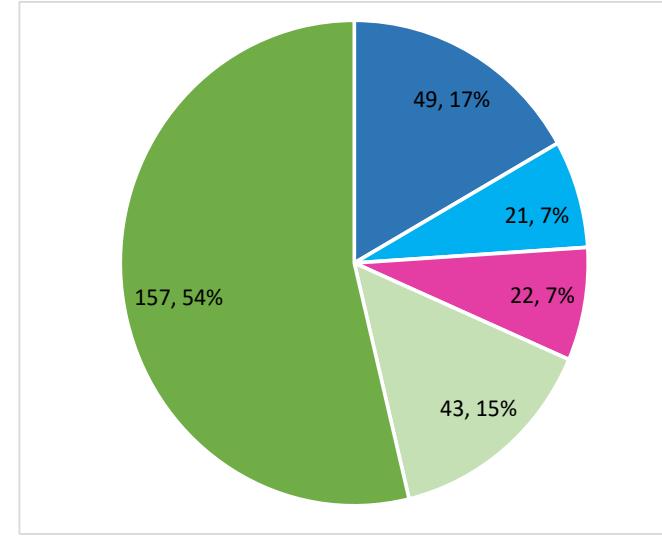
July

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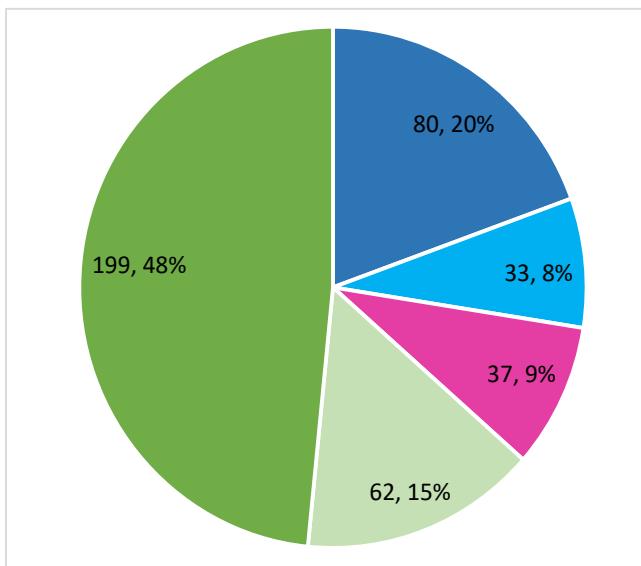
Star Ratings



July

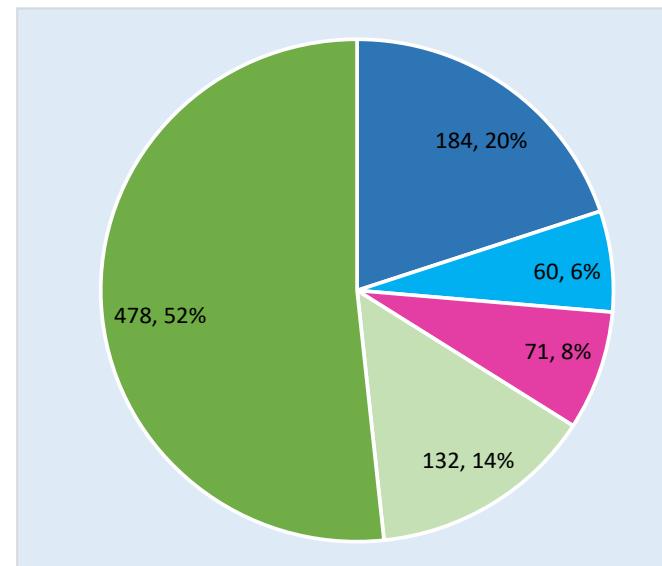


August



Sept

7



Total for Q2

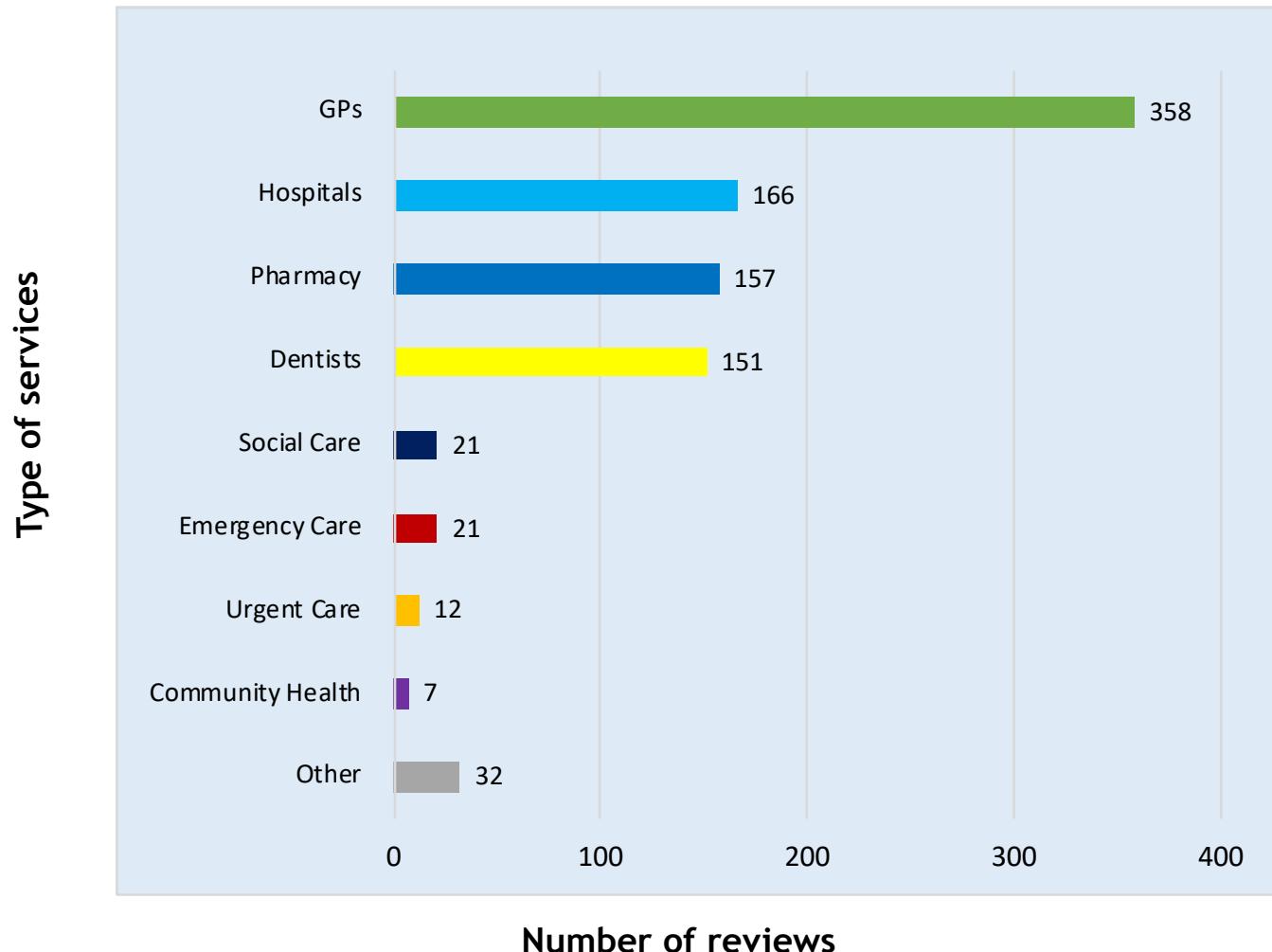
Total Reviews per Service Category

The patient reviews recorded for this quarter cover 9 service type categories, as seen in this chart.

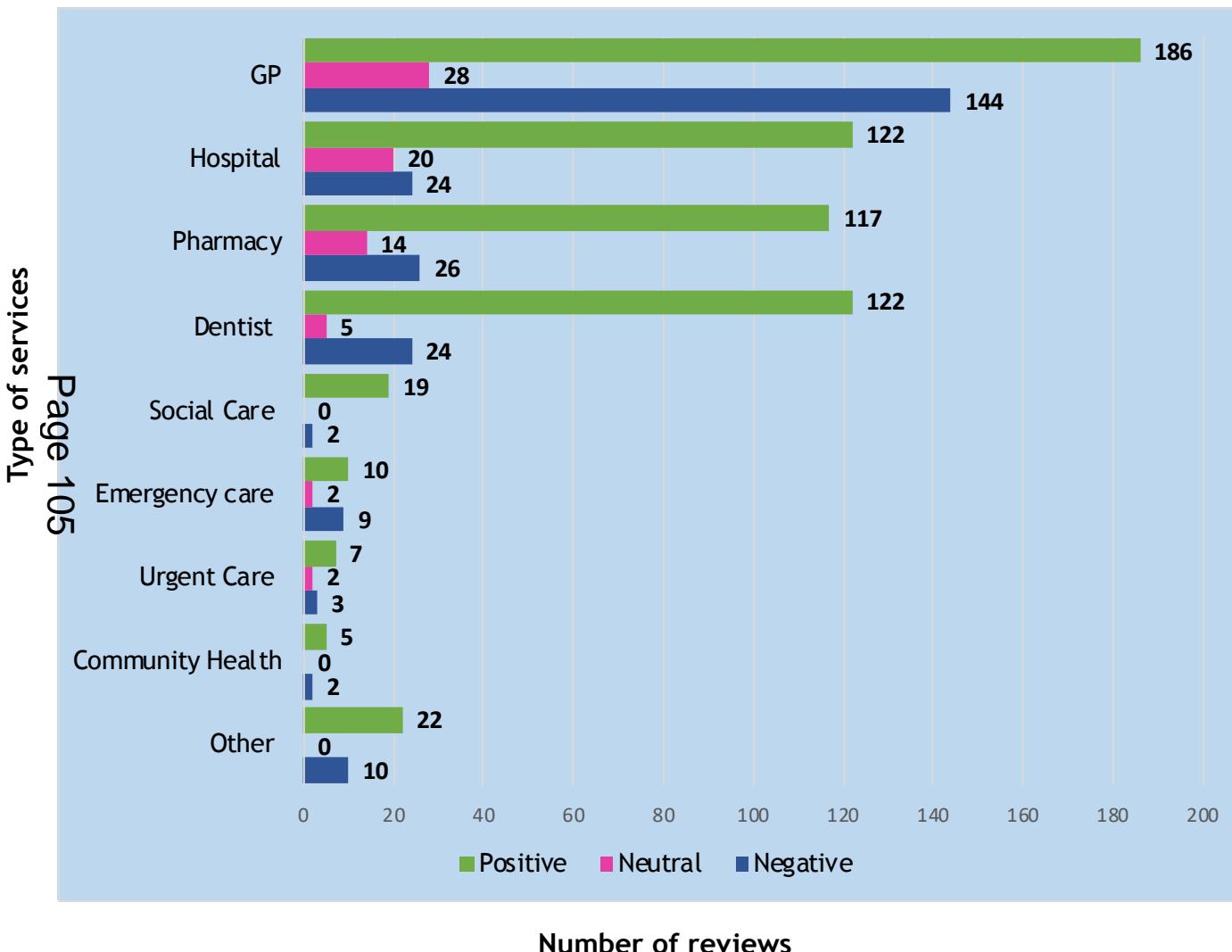
The category with the highest number of reviews recorded is the GPs category (358), followed by Hospitals (166), then Pharmacies (157).

Residents typically tend to give more reviews about primary care services as this is the first point of contact within the healthcare system.

Dentists also received a significant amount of reviews when compared to the last quarter, which is the likely result of dental services re-opening for routine appointments from June.



Distribution of Positive, Neutral & Negative



This bar chart compares the number of positive, neutral and negative reviews for each category. This is based on the overall star rating.

39% of the reviews were about people's experiences of GP services, 18% related to hospitals. While 17% and 16% of reviews focused on pharmacies and dentists respectively.

Other comments were about Social Care, Community Health, Urgent Care, Emergency Care and Others.

If we look at the top 4 services, we see different ratios of positive, negative and neutral reviews. Dentists is the most highly rated service with 81% positivity, followed by pharmacies at 75% positivity and hospitals with 74%.

Experiences of GP services were far more mixed with 52% of all comments being positive and 40% being negative.

Themes and Sub-Themes

This section shows a breakdown of the main themes and sub-themes for those service areas where we received a significant number of reviews. In Q2 these areas were: GPs, Hospitals and Pharmacies.

After asking patients for an overall star rating of the service we ask them to "tell us more about your experience" - see the appendices for examples of our physical and online questionnaires.

Each comment is uploaded to our Online Feedback Centre where up to five themes and subthemes may be applied to the comment (see appendix 3, p47-49, for a full list).

For this reason, the total numbers of themes-counts will differ from the total number of reviews for each service area. For each theme applied to a review, a positive, negative or neutral 'sentiment' is given. The application of themes, sub-themes and sentiment is a manual process and differs to the star rating provided by patients.

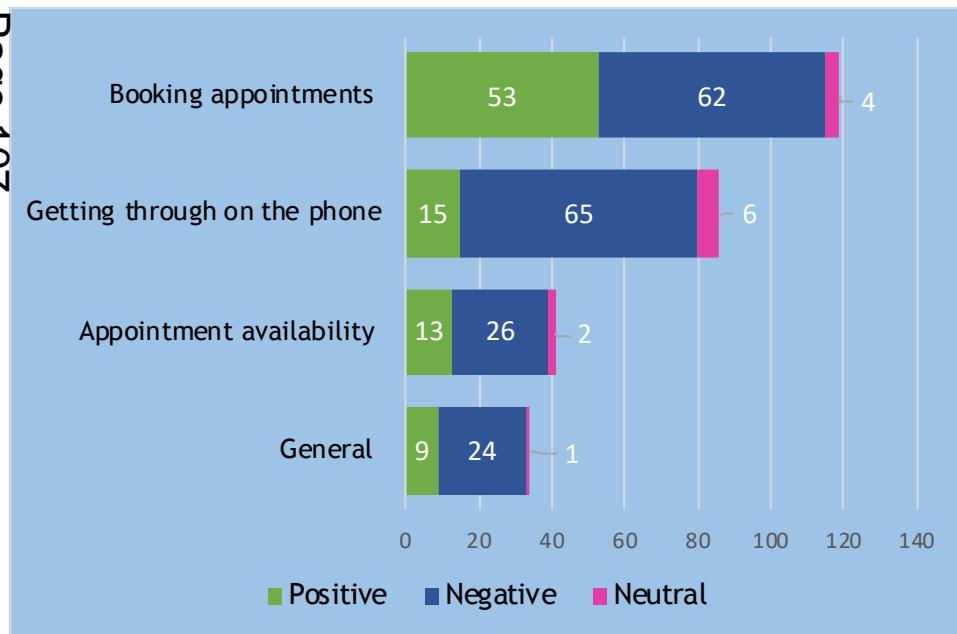
GP Themes and Sub-Themes

Administration was the most applied theme relating to GP services this quarter with 294 counts, which can be broken down into 31% (91) being positive, 4% (12) neutral and 64% (188) being negative. This was caused by many patients expressing their dissatisfaction on how long they had to wait to get through on the phone and their difficulty in booking appointments. The chart below shows the top 3 sub-themes for the Administration theme for GPs.

The Booking appointments sub-theme was mentioned on 119 counts, 45% (53) were of a positive sentiment, 3% (4) neutral and 52% (62) were negative. The negative sentiment was slightly higher than the positive which shows that booking appointments was an issue for patients. This, combined with a 76% (65) negative sentiment for the Getting through on the phone sub-theme highlights significant issues regarding patients communicating with their GP surgery remotely.

Page 107

Top sub-themes for Administration



Positive reviews

“My newborn’s immunisation appointments and check ups have been organised accordingly.”
GP surgery

“I always seem to get an appointment quite easily, if I’m unable to get on the phone in the morning, I can walk in and get an appointment for the same day.”
GP surgery

Negative reviews

“Nobody picks up and you end up in a queue for hours at a time. Often when you get to the end of the queue the line cuts off.”
GP surgery

“Can never get an appointment, got asked by my doctor to book a follow up in March. I haven’t been able to get one since. Appointments are always gone by 8am.”
GP surgery

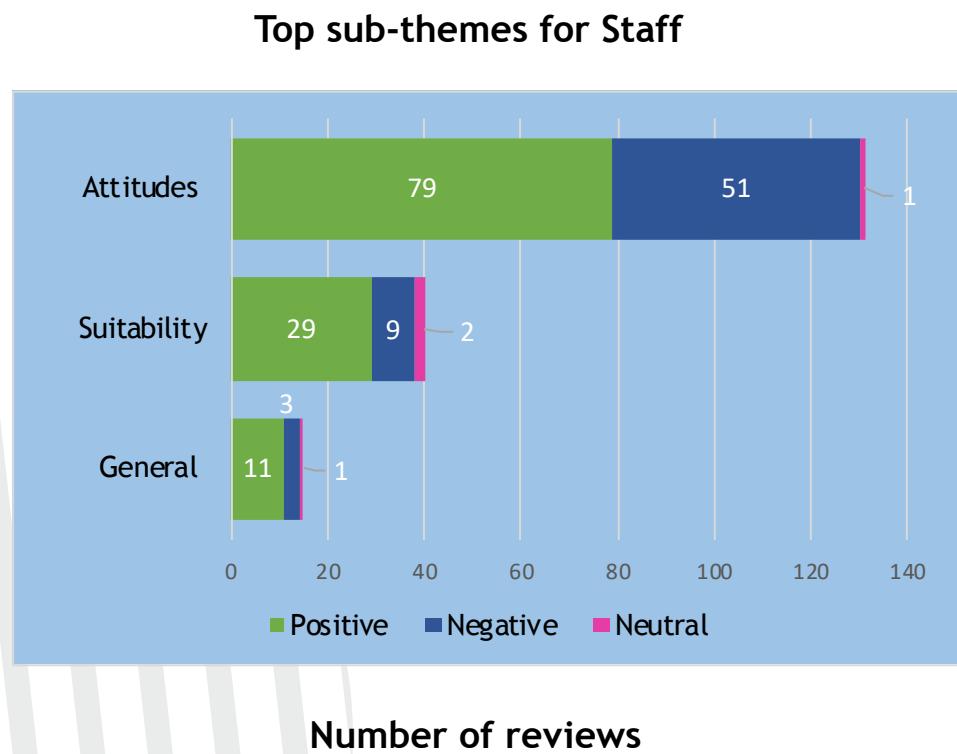
“Cant even get hold of them for an appointment...i've been trying for weeks now.”
GP surgery

GP Themes and Sub-Themes

Staff was the second most applied theme for this quarter, there were 196 counts for this quarter, with 62% (121) being positive, 2% (4) neutral and 36% (71) were negative.

The majority of reviews were relating to **Staff attitudes** with 131 counts, which were mostly positive. Of the reviews, 60% (79) were positive, 1% (1) neutral and 39% (51) negative. Showing that on the whole, patients were pleased with the attitudes of staff at GP surgeries. Traditionally we have seen that most residents are happy when engaging with doctors and nurses but sometimes have issues with receptionists, especially when facing difficulties accessing services.

The chart below shows the top 3 sub-themes for the **Staff** theme for GPs.



Positive reviews

"The doctors are all lovely and are really understanding and helpful."
GP Surgery

"Dr was very empathetic and professional during our consultation, perfect balance explaining technical medical terminology in a efficient and understandable way."
GP Surgery

Neutral/Negative reviews

NEGATIVE: "They are very rude and they never answer the phones.
When they do there is no proper decorum."
GP surgery

NEUTRAL: "The receptionist makes too many mistakes with appointments, data and is very rude. Some of the GP's are excellent and non judgemental, which is wonderful."
GP surgery

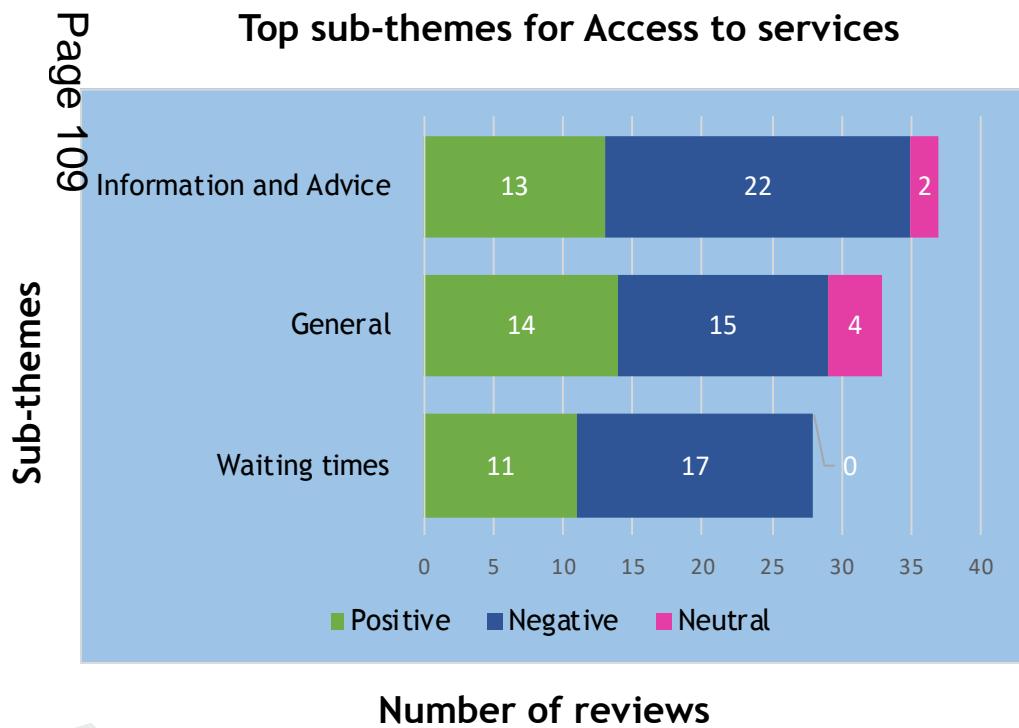
GP Themes and Sub-Themes

Access to services was the third most applied theme for GPs this quarter, the theme was applied on 145 counts to reviews, with 39% (57) of these reviews being positive, 56% (81) negative and 5% (7) being neutral.

The chart below shows the top three sub-themes for the **Access to services** theme.

The sub-theme relating to **Information and advice** was most frequently mentioned. It was applied 37 times, 59% (22) being negative, 35% (13) positive and 5% (2) neutral, caused by patients voicing concerns about the lack of access to information and advice, often worsened by difficulty in getting through on the phone and accessing advice from GPs. Patients also noted the busy nature of GPs during this time which led to a lack of time to explain their situation and be given appropriate detailed advice.

The next frequently applied theme was **General**. It was applied 33 times, 42% (14) being positive, 12% (4) neutral and 45% (15) negative. This was shortly followed by the **Waiting times** sub-theme which was applied on 28 counts and had a higher negative sentiment (61%) than positive (39%). Amongst this, we heard concerns from patients about waiting times for appointments, including blood tests and flu jabs in September.



Positive reviews

“I rang the GP for some advice a couple of weeks ago and they offered to have a doctor ring me back.”

GP surgery

“Because of the situation, they gave a specific time and it was much less busy than normal. It was more efficient and I didn't have to wait long.”

GP surgery

Neutral/Negative reviews

“Never once throughout covid-19 have I received any message from my practice Re. Ways to access the service. I call, no one answers, I email, get told not to email but call.”

GP surgery

NEUTRAL: “It seems to be that practices can only operate under technology now. I wish it was easier to just pass on a message.”

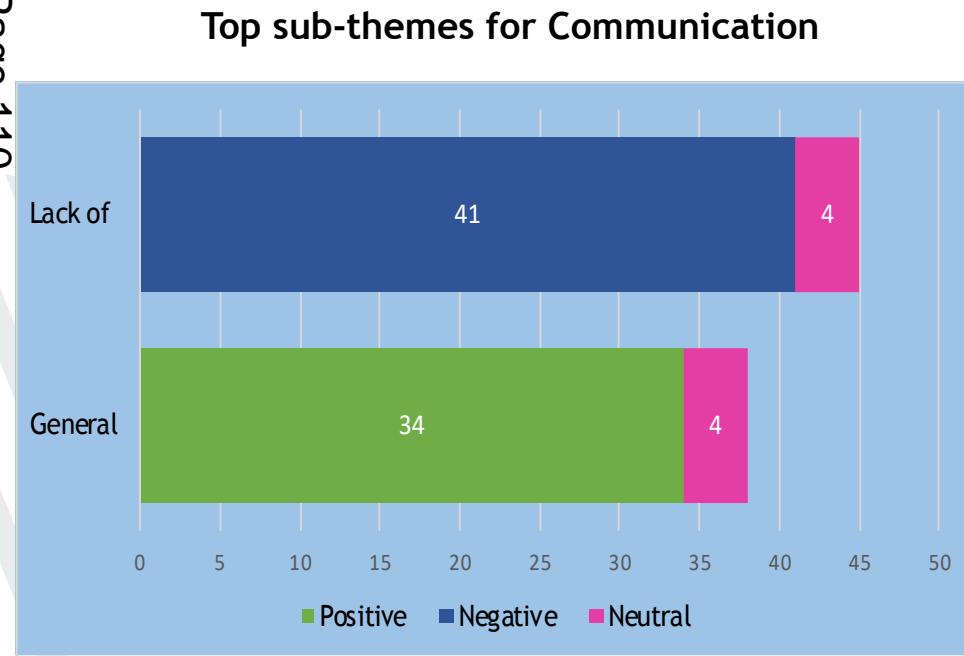
GP surgery

GP Themes and Sub-Themes

Communication was the fourth most applied theme for this quarter, which is largely related to the issues the COVID-19 lockdown has raised. Patients commented on requiring more clarification around guidance, were unaware how their practices were operating and experienced long waiting times to contact their GPs.

The Communication theme was applied on 83 counts, 49% (41) were negative, 10% (8) neutral and 41% (34) positive. All reviews focused on either the **Lack of communication** and **General** sub-themes. The **Lack of communication** sub-theme received 45 counts, 91% (41) were negative and 9% (4) were neutral whereas for **General**, which covered less specific topics relating to communication, 89% (34) were positive and 11% (4) were neutral.

This shows a relatively similar split between those who had a positive experience of communication from GPs, and those which experienced it negatively. This highlights areas for improvement in communication now that patients are increasingly accessing services remotely.



Positive reviews

“Compassionate care and follow up. Good systems in place.”
GP surgery

“Since the lockdown I have been communicating with my GP/surgery through the app and my experience so far has been very positive. This surgery offers a very fast response compared to many others.”
GP surgery

Negative reviews

“...Every time she calls for medication, there is a delay, repeat phone calls are needed, prescriptions are either not complete, or are sent to the wrong pharmacy. They do not tell you which pharmacy to go to. She has made 9 phone calls this week trying to get her medication, and now has to wait until Monday morning so will be without for the weekend...”
GP surgery

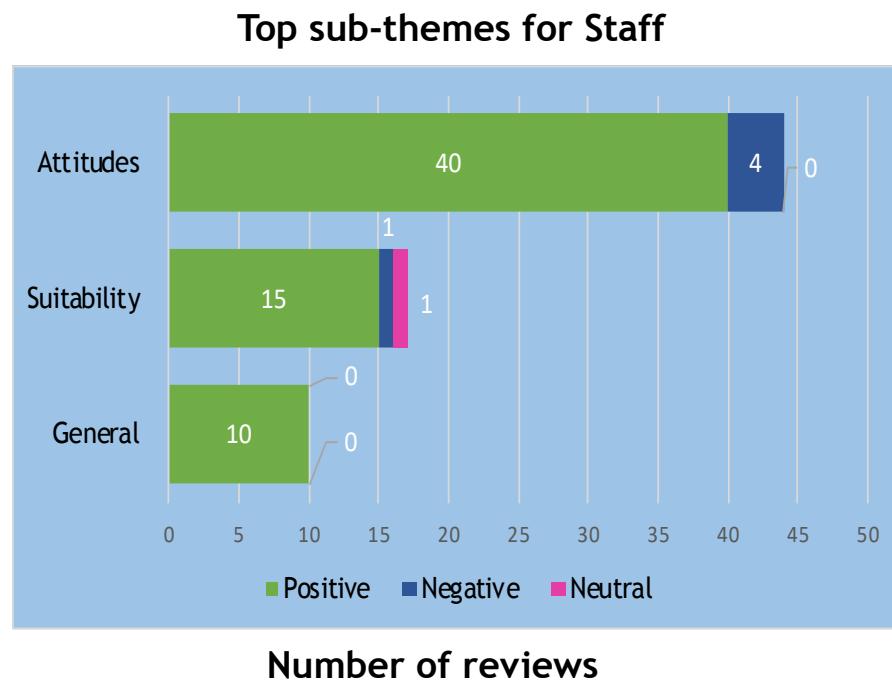
“When I arrived they were rude and sent me away straight away for not having a form from my GP despite nobody (including the people on the phone, or my own GP) telling me I needed one.”
GP surgery

Hospital Themes and Sub-Themes

Hospital services were the second highest reviewed services during Q2 with 166 counts. The **Staff** theme was the most applied theme to hospitals this quarter with 77 counts.

The percentage remained overall positive with 88% (68) being positive. The negative sentiment was 9% (7) this quarter and the neutral sentiment was 3% (2). The chart below shows the top 3 sub-themes for the **Staff** sub-theme this quarter for hospitals in Lewisham.

The sub-theme **Attitudes** received the most counts in this category, applied to reviews on 44 times. Of that number, 91% (40) were positive. This is followed by **Suitability** which received 17 counts which 88% (15) of them were positive. This shows that generally patients were extremely satisfied with the staff they encountered when accessing hospitals, as they helped make them feel reassured during what can be an emotional experience.



Positive reviews

“He was very compassionate and really listened to me.”
Hospital

“Thank you for helping me feel so relaxed, being so friendly and doing everything in your power to help me stay incredibly calm...”
Hospital

“An admin member of staff made my stay exceptionally better when things hadn't initially gone the way I had hoped... Exceptional people skills and really made me feel better.”
Hospital

Negative reviews

“No midwives come to check on patients regularly. Anesthesiologists do not respect your wishes. I would never go back there.”
Hospital

“Receptionist very unhelpful and could clearly see I was distressed...”
Hospital

Hospital Themes and Sub-Themes

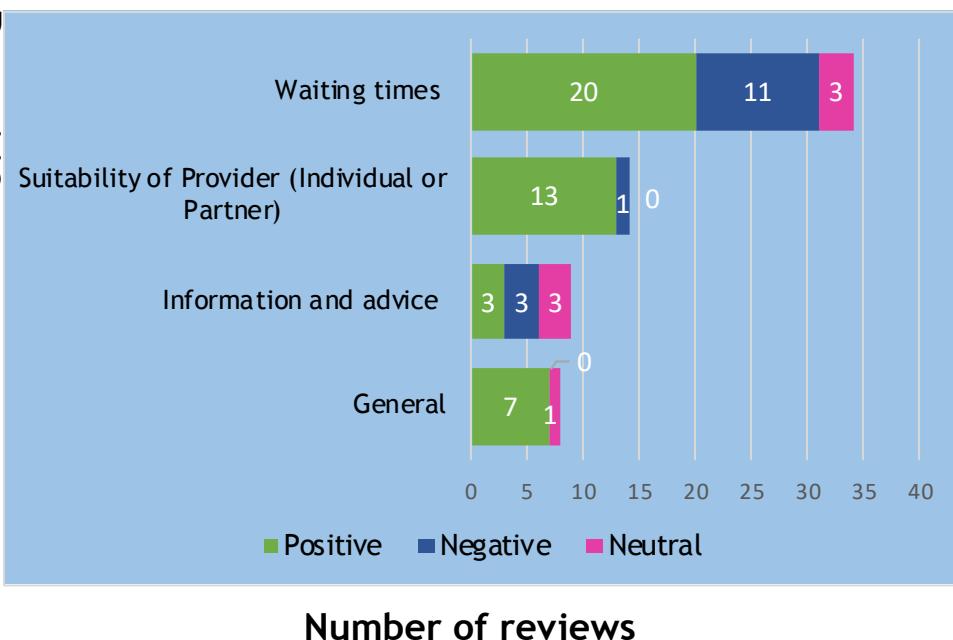
Access to Service was the second most applied theme with 73 counts, of which 63% (46) were positive, 25% (18) were negative and 12% (9) were neutral.

The highest applied sub-theme by a significant amount with 34 counts was the Waiting times sub-theme. Of these reviews, the positive sentiment was highest with 59% (20), followed by 32% (11) negative and 9% (3) neutral. This showed that patients were mostly pleased with the waiting times at the hospital. Waiting times at hospitals has typically been a key concern for Lewisham residents, however, this has changed during the COVID-19 pandemic with patients seeing much quieter services.

The chart below shows the top 4 sub-themes for the Access to Services sub-theme this quarter.

Top sub-themes for Access to services

Sub-themes



Positive reviews

“I had to go down to A&E and I was seen practically straight away because of the severity of the situation and symptoms of tightness in the chest. Very professional and I was surprised how quick I was seen, obviously due to COVID-19 and the lack of people using the hospital.”
Hospital

“I went to the hospital and was seen with ease, I had no issues with the quality of service.”
Hospital

Negative/Neutral reviews

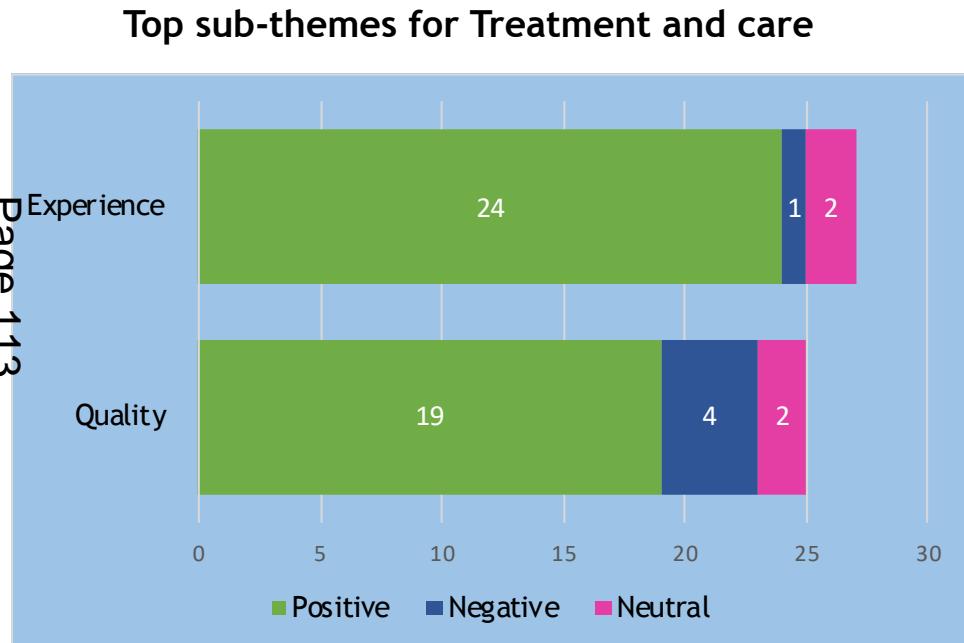
NEGATIVE: “The consultant had no information to share with me about the condition e.g leaflet. Told me to read the internet.”
Hospital

NEUTRAL: “...And even though I was there for a long time and there were some other delays that made me a little anxious, they were all lovely and reassuring.”
Hospital

Hospital Themes and Sub-Themes

Treatment and care was the third highest theme applied this quarter for hospitals with 59 counts. 81% (48) were positive, 12% (7) were negative and 7% (4) were neutral. The chart below shows the top 4 sub-themes for Treatment and care. The feedback was largely positive, and the most frequently mentioned sub-themes were 'Experience' with 27 counts and 'Quality' with 25 counts.

Both of these sub-themes were rated positive, as shown in the below chart. It is evident that patients were extremely happy with the attitudes of staff and quality of treatment they received from hospital services. We have found these themes to directly correlate as opinions of treatment are influenced by how people perceive the staff administering the treatment.



Positive reviews

“I wasn’t upset about this change of plan because he had prepared me for this possibility before I went to theatre.”
Hospital

“The whole experience could not have been better: really clear explanations by the clinicians who treated me and warm, friendly care all round.”
Hospital

“My father is a heart patient, the hospital is good, they treated him well and the quality of care was there.”
Hospital

Negative reviews

“...After care pretty horrendous in my opinion.”
Hospital

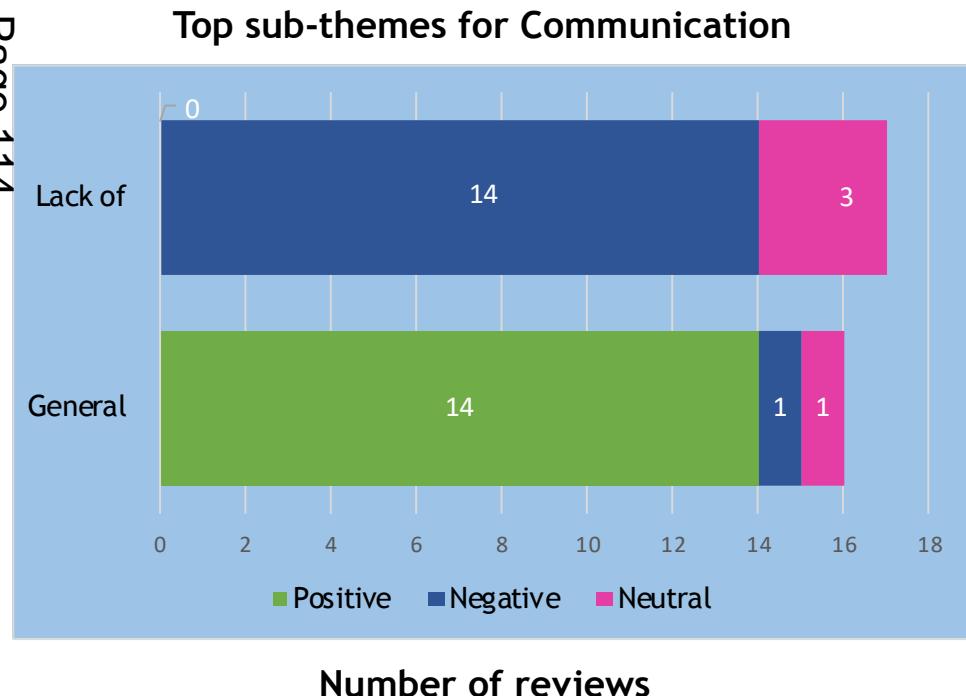
“They took me in for an operation, and they could not help me. They never looked properly before doing the operations. I complained of stomach pains and I was only given tablets.”
Hospital

Hospital Themes and Sub-Themes

Communication was the fourth highest theme applied this quarter with 33 counts. Overall, 42% (14) were positive, 45% (15) were negative and 12% (4) were neutral. The chart below shows the top 2 sub-themes for the Communication theme this quarter.

The **Lack of communication** sub theme received 17 counts, of these, 81% (14) were negative and 19% (3) were neutral. For the **General** sub-theme, there were a total of 16 counts. 88% (14) were positive, 6% (1) were negative and 6% (1) were neutral.

There is generally an even split between positive and negative experiences which shows that there is room for improvement in the way hospitals communicate with patients, particularly concerning follow ups, aftercare, and cancelled or delayed appointments due to COVID-19. Further work must be done by hospitals to ensure all patients are informed of their hospital appointments.



Positive reviews

"They're an outstanding service with an outstanding follow up. I had some suspicious lumps removed and they were really great at following up with a biopsy, appointments/phone calls. They also sent me text reminders before my appointment and are great at communicating."

Hospital

"I was sent a reminder of my appointment, so the process from beginning to end was efficient."

Anticoagulant clinic

"They're good at phoning me when they say they will phone me."

Renal Clinic

Negative reviews

"...He then organised for me to have an ultrasound scan around 3 weeks ago and I have not yet heard anything. The communication isn't there and I feel like us people with existing health conditions are struggling and have no support."

Hospital

"The only problem was the referral, it took a long time, it was not great to have to keep phoning up to check for the appointment."

Hospital

Hospital Themes and Sub-Themes

University Hospital Lewisham

Out of the 166 feedback comments towards hospitals, 71% (118) of reviews were relating directly to University Hospital Lewisham. Below is a brief spotlight on the main themes patients commented on regarding this service.

Overall, 61% of feedback comments had a positive sentiment, 20% were negative, and 19% neutral.

Areas of concern

- » Communication, 52% negative.
- » Administration, 82% negative. More specifically, the 'Getting through on the phone' and 'Booking appointments' sub-themes scored negatively.

Areas of good practice

- » Access to services, 61% positive.
- » Staff, 88% positive.
- » Treatment and care, 85% positive. Including Experience (95%) and Quality (75%) sub-themes which were highly positive.

Pharmacy Themes and Sub-Themes

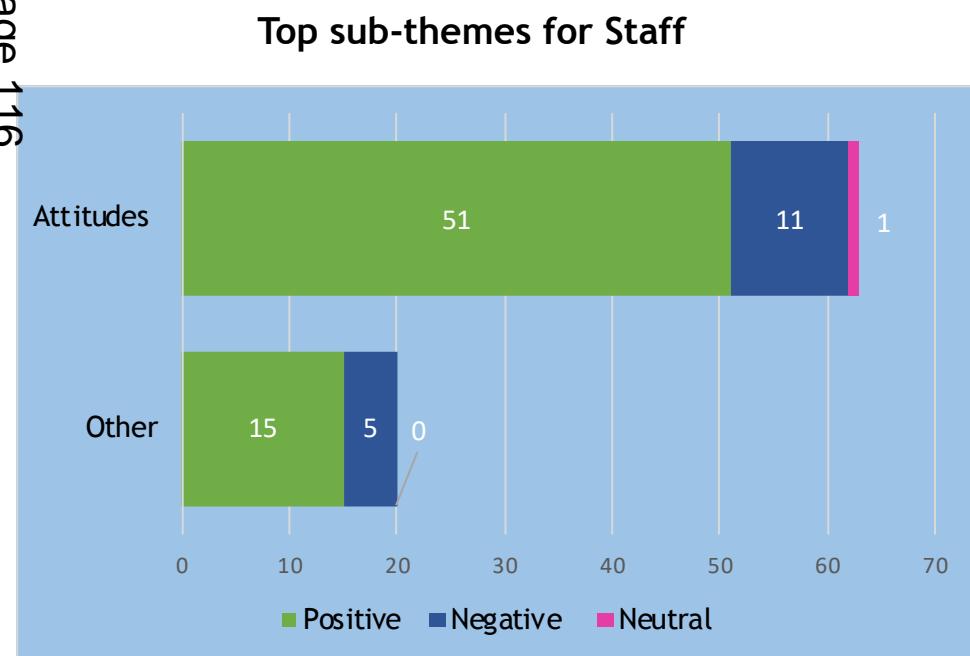
Staff was the highest theme applied for pharmacies this quarter with 83 reviews discussing the theme. Overall, 80% (66) were positive, 19% (16) were negative and 1% (1) were neutral. This shows the overall sentiment towards the staff is positive with a 61% difference between positive and negative. The chart shows that the main sub theme for the **Staff** theme was the **Attitudes** sub-theme.

The majority of comments related to the attitudes of staff, of the 63 experiences which come under this theme, 81% (51) were positive, 17% (11) were negative and 2% (1) were neutral.

The '**Other**' sub-theme is a mix of all other sub-themes as there was not enough to determine a general consensus for each of them. These sub-themes consist of: General (8), Suitability (9), Staffing levels (2) and Training and Development (1). Within this, 75% (15) were positive and only 25% (5) were negative.

Overall, residents continue to be pleased with pharmacy staff and value the support they get from these healthcare professionals. However, it should be noted that some residents found services to be short staffed which impacts on communication with other staff and residents.

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Positive reviews

"In this current crisis, they do everything and are polite, when you phone them they're always polite. They're always welcoming with a smile on their faces."

Pharmacy

"Nice people. Always helpful and kind to everyone."

Pharmacy

"Polite, efficient and very helpful."

Pharmacy

Negative reviews

"This pharmacy is always so busy, and I always have to wait a very long time, they're quite short staffed and it doesn't seem like the staff communicate very well... I think they're just overrun."

Pharmacy

"They're quite short staffed and it doesn't seem like the staff communicate very well."

Pharmacy

Pharmacy Themes and Sub-Themes

Medication was the second highest theme applied this quarter with 71 counts.

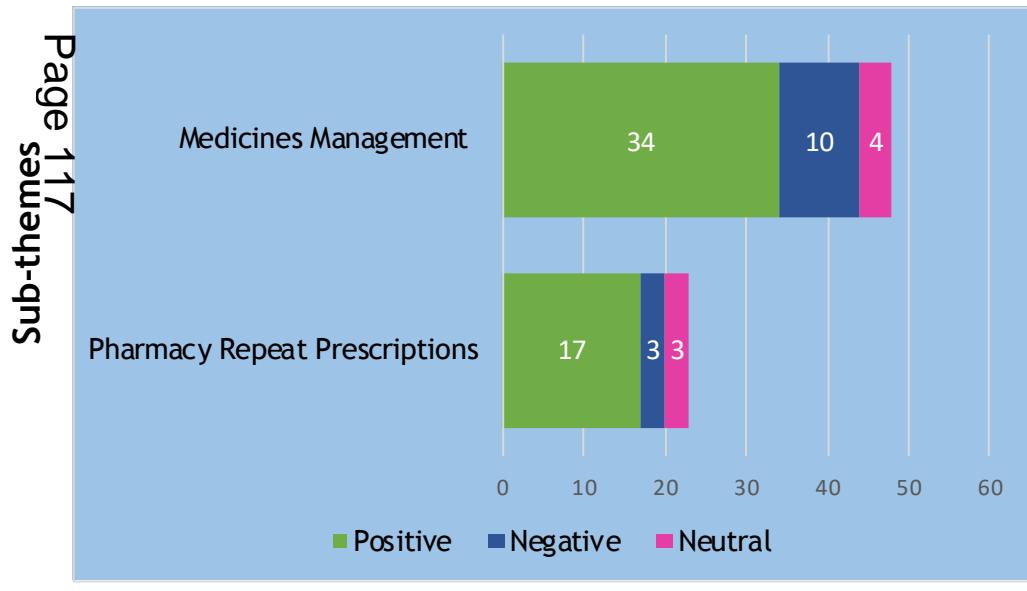
Overall, 72% (51) were positive and 18% (13) were negative and 10% (7) were neutral. This shows the overall sentiment regarding medication was positive with a 54% difference between positive and negative comments.

Most comments covered the **Medicines Management** sub theme which was highlighted in 48 reviews. 71% (34) were positive, 21% (10) were negative and 8% (4) were neutral. **Pharmacy Repeat Prescriptions** was the second most selected sub-theme with 23 counts, 73% (17) were positive, 14% (3) negative and 14% (3) neutral.

Patients, on the whole, found picking up prescriptions from the pharmacy to be an extremely efficient process.

Top sub-themes for Medication

Sub-themes



Number of reviews

Positive reviews

“They always have my prescription ready and are really efficient.”
Pharmacy

“Excellent prescription service.”
Pharmacy

“They're really brilliant, I'm on statins and I collect my medication from the pharmacy. It's all well organised.”
Pharmacy

Negative and Neutral reviews

“You will go in the day after your first visit and no body seems to know anything about the enquiry.”
Pharmacy

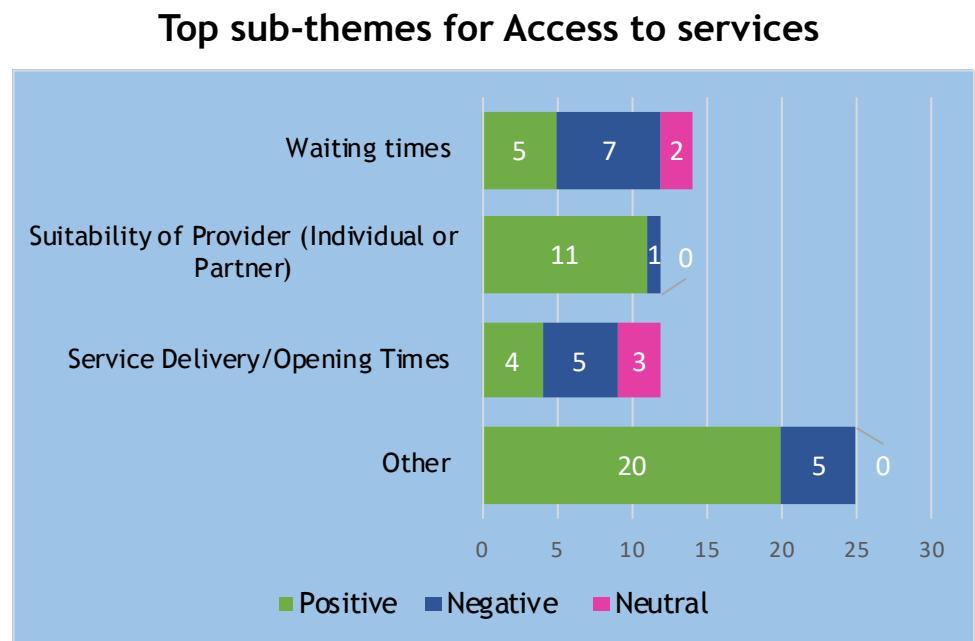
“They constantly mess up my medication every week it's prescribed for me, I suffer from a blood disorder that causes pain. This pharmacy will tell me they don't have any medication for me causing me to run around to find out where my medication is.”
Pharmacy

Pharmacy Themes and Sub-Themes

Access to services was the third most applied theme this quarter with 63 counts. Overall, 63% (40) were positive experiences, 29% (18) were negative and 8% (5) were neutral. This shows the overall sentiment towards Access to services was positive but by combining negative and neutral reviews we can see that there are still areas for improvement.

Most service users commented on the **Waiting times** sub theme, which received 14 counts, of which 50% (7) were negative, 36% (5) were positive and 14% (2) were neutral. Although a small sample size, this indicates that there are mixed experiences when residents are trying to access the service.

The **Other** sub-theme is a mix of sub-themes as there was not enough to determine a general consensus for each of them. These sub-themes consist of: Convenience/Distance to travel (1), Information and advice (9), Lack of (3), General (10), and Suitability of Provider (Organisation) (2).



Positive reviews

" Not just a place to buy medicines etc, they are extremely knowledgeable on a range of conditions & can speak with authority on how best to treat a condition."

Pharmacy

"It was really quick and informative. They went through my travel plans and also didn't try and recommend jabs that weren't needed. Explained in detail about what was essential."

Pharmacy

Negative reviews

"...He refused to help as I wasn't a customer of his."

Pharmacy

"I was hoping the person that served me to give me reassurance and advice on what product to purchase. The staff didn't seem knowledgeable and despite not being able to help me didn't call anyone else for support."

Pharmacy

"Before the pandemic this service was OK, recently it has been difficult to access, the queues are long and the service is really slow."

Pharmacy

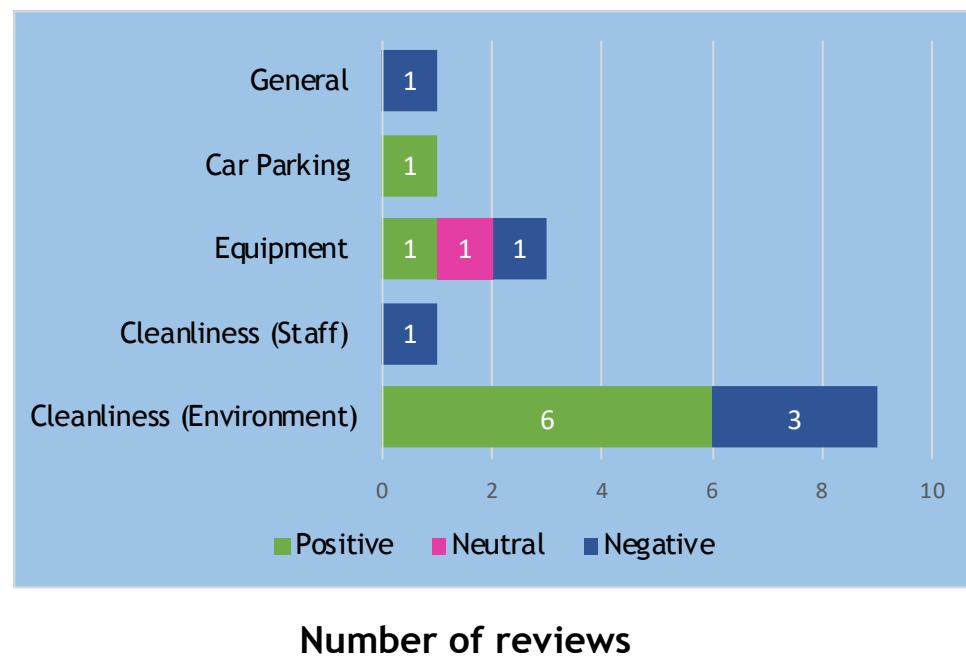
Pharmacy Themes and Sub-Themes

The fourth highest theme applied this quarter with 15 counts was **Facilities and surroundings**.

Overall, 53% (8) were positive, 40% (6) negative and 7% (1) neutral. The majority of these comments were regarding the cleanliness of pharmacies during this period, infection control, the use of PPE and the methods pharmacies had undertaken to keep their service users safe.

Whilst there is limited information regarding this sub-theme, it represents some of the views of residents around the COVID-19 safety measures within pharmacies.

Top sub-themes for Facilities and surroundings



Positive reviews

"My pharmacy is very strict with the social distancing rule which makes me feel safer and want to use service."

Pharmacy

"It's no problem, I like the fact that there is parking available nearby, giving me easy access to the pharmacy."

Pharmacy

"The queues have been regulated; they've picked things up for you because they're wearing PPE."

Pharmacy

Negative reviews

"Rather upsetting to see that mask wearing is unenforced at what is usually a brilliant pharmacy... This policy is irresponsible puts immunocompromised and elderly patients at risk."

Pharmacy

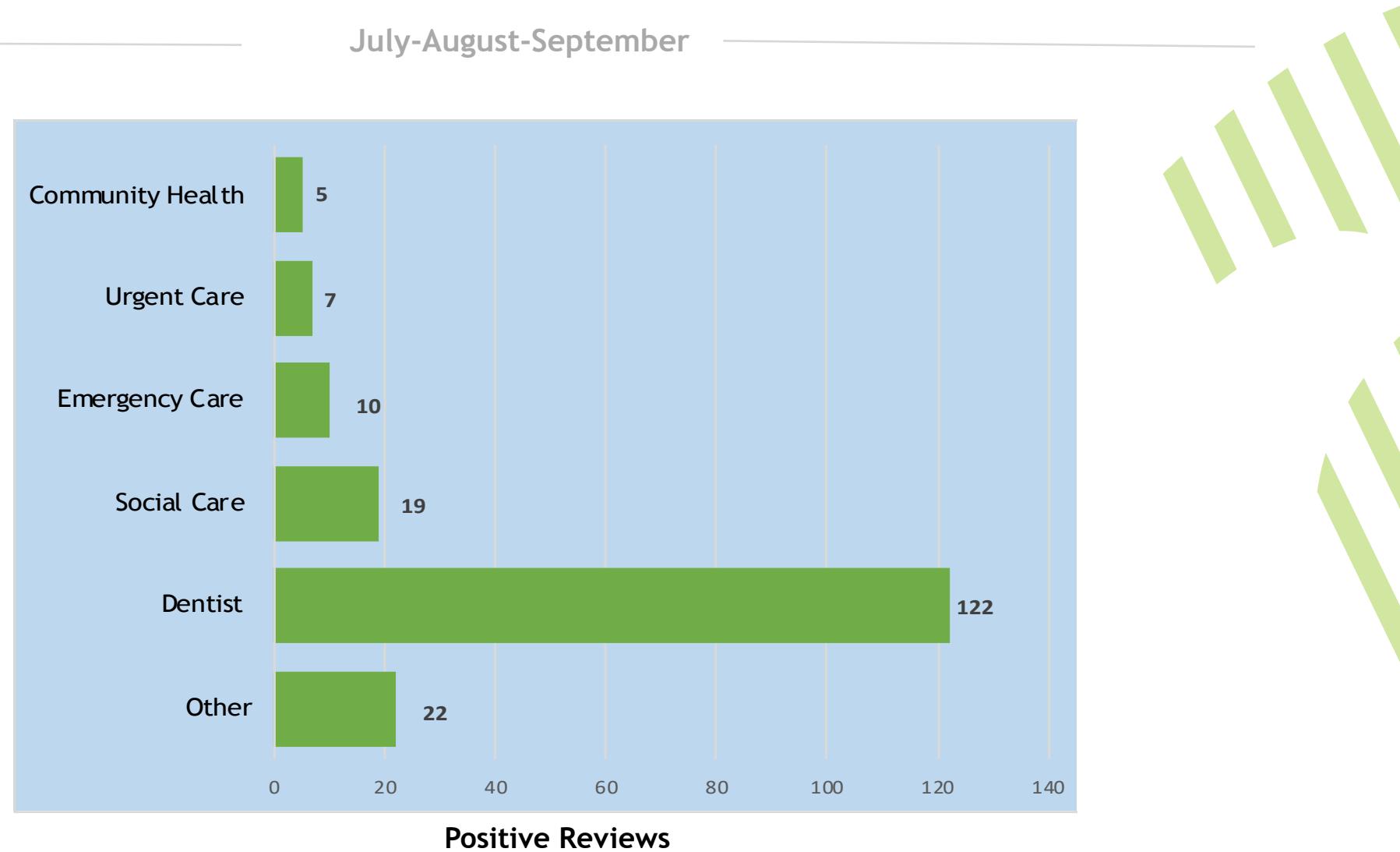
"...A bit more care and COVID-19 procedures should be implemented at this pharmacy, no sanitizer offered on arrival."

Pharmacy

Other Positive Reviews

Looking at the positive reviews we have received allow us to highlight areas where a service is doing well and deserving of praise. This section provides an overview of the number of positive reviews by service area and goes on to give some examples of comments received.

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Social Care

“The team here have done everything they can to make this time as easy as possible. The care and love they have shown have made this period so much easier to manage...”

Care Home

“Very friendly staff. Clean and tidy. The visit was very well organised; careful due to covid-19.”

Care Home

“They remind me of my appointments the day before and always have my medication for my mental health.”

Mental Health



Dentists

“Always punctual, efficient and professional. Good listeners and explainers.”

Dentist

“I suffer with dental phobia and the practice as well as the female dentist I see is very reassuring and make me feel at ease. Everyone in the practice is friendly, helpful and lovely people.”

Dentist

“I was referred there for an emergency tooth extraction. Was such a speedy procedure and pain free.”

Dentist



Urgent Care

“Very quick, friendly and helpful service, thank you very much.”

Urgent Care

“Had a brilliant experience. I was seen in less than 15 minutes, and all staff were polite and thoughtful.”

Urgent Care



Community Health

" Efficient service, easy to access, the test arrived discretely and the results came back very quickly via text message."
Sexual health

"I would never hesitate to refer patients, knowing they would get experienced, high quality advice and care. I would get a very thorough report back, especially if they had been for gait analysis. The best technology being overseen by the best people."

Podiatry

"Friendly and highly professional staff in any department."

Podiatry



Others

"The service has been excellent during this time, when you're in an emergency you can ring them there is always somebody there to speak to, you can always get hold of a doctor."
SELDON

"Very friendly and helpful staff. Very knowledgeable too. You can also book appointments online and recycle your old glasses in store."

Opticians

"...Was able to explain why my eye test results had been different at two different opticians and helped me understand my eyesight and prescription properly."

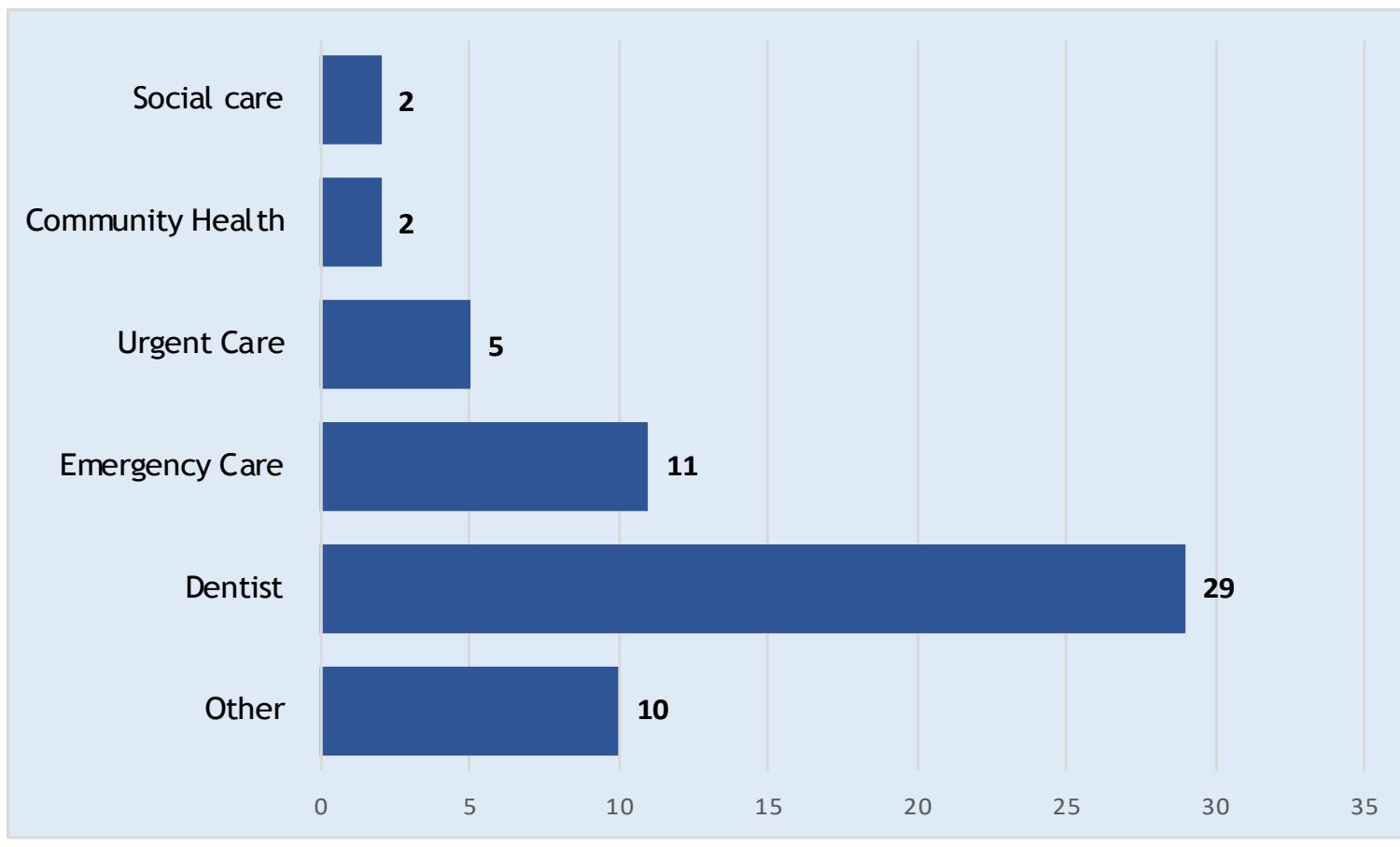
Opticians

Other Negative & Neutral Reviews

By looking at the negative and neutral reviews we received from Lewisham residents each month, we can better understand where a service needs to improve in order to provide an all round positive experience. This section provides an overview of the number of negative and neutral reviews by service area and goes on to give some example of comments received.

Page 123

July-August-September





Urgent Care

"Asking me to disclose personal information over the phone when they called me, without proof that they were from the hospital. No regard for data protection."

Urgent Care

"I've been referred to a gastroenterologist by my GP in early March just before the pandemic. 5 months later I've spoken to my GP on numerous occasions, I asked for my appointment to be chased, contacted PALS, contacted NHS England. The verdict is the same everywhere... It seems the only way to get treatment is when it's too late."

Urgent Care



Community Health

"You get a call once a week - they don't ask how you are coping, they will send you links to AA without considering if you have the confidence to talk to strangers."

Mental Health

"Due to covid-19 we only have phone calls and even after my recent attempt they still only do phone call appointments."

Mental Health



Dentist

"The service provided during this COVID-19 time has been very bad. No one manning the phones, and it's days before calls are return. I had to travel 1 hr to collect meds, only to get there to be told that it was not sent, after calling the Centre to inform them, i received a call back 4 days later. I will be leaving this Dental Centre."

Dentist

"Refused to discuss alternative/more realistic practices in the local area, even private. When I asked I was told to go away and Google it."

Dentist

"Very rude front desk staff."

Dentist



Emergency Care

“I tried to access this service during the pandemic for a non-COVID related issue. The service wasn't very good and took too much time to access. Eventually, I contacted my GP instead.”

Emergency Care

“The service steered me away from going to A&E with my symptoms. It wasn't until the symptoms got really bad that I was encouraged to go. I ended up in hospital for 70 odd days with COVID-19. I was really not happy with this service.”

Emergency Care



Others

“Not really helpful/informative/supportive at all... in my honest opinion, very selective on who they choose to offer help towards.”

Mental health

“Although we still get calls, they don't work the same remotely and with lockdown continuing, the services are still not opening. Whilst they are providing telephone contact, accessing therapy via the phone adds it's own difficulties... COVID has meant that accessing mental health services has either disappeared or moved remotely and this has it's own issues.”

Mental health

“This was a routine check that was 25/30 minutes late...Staff should be proficient, professional manner and hospitality service to help make the buying process and experience fulfilling long lasting and a success.”

Opticians

“Bad experience, I will never return.”

Opticians

Primary Care Network Reviews

The following pages show the number of positive, negative and neutral reviews for each surgery based on an overall star rating. The bar charts reflect the overall star ratings for each service this quarter.

The London Borough of Lewisham is divided into six PCN Network areas: North Lewisham, Lewisham Alliance, Lewisham Care Partnership, Aplos, Modality Lewisham and Sevenfields. The following pages show services within these Network areas.

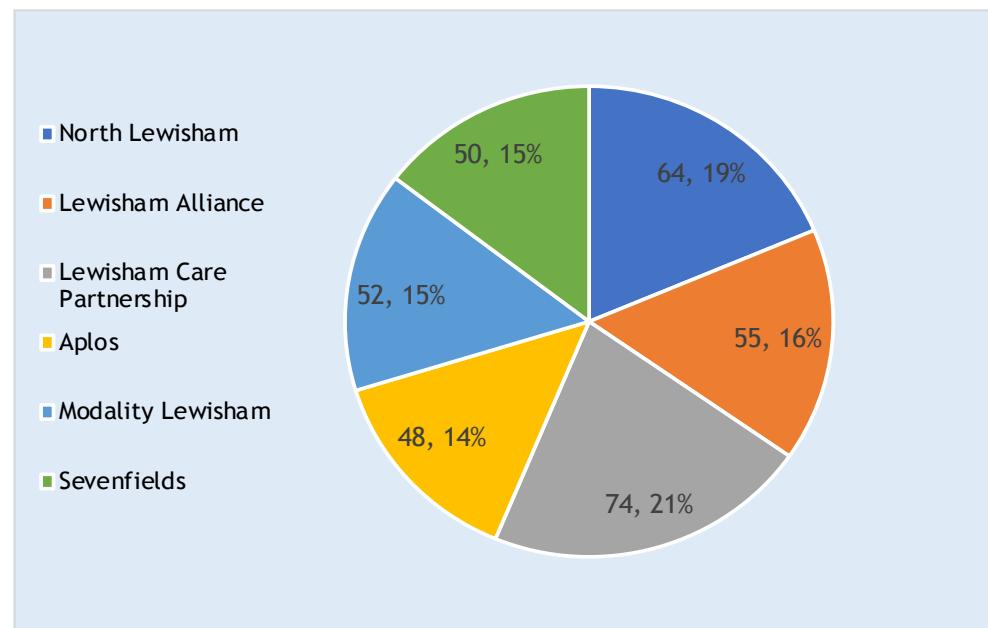
Whilst GP surgeries were the most highly reviewed service category this quarter, the following slides do not show the averages against specific star ratings such as cleanliness, getting through to someone on the phone etc. This is due to the sample size being small and therefore unrepresentative overall. It is not mandatory for residents to complete the specific star ratings and therefore this can cause a gap in data.

Page
126

GP surgeries which received no feedback comments this quarter will not feature on the following slides. We will attempt to increase feedback from those GP surgeries through targeted patient engagement work.

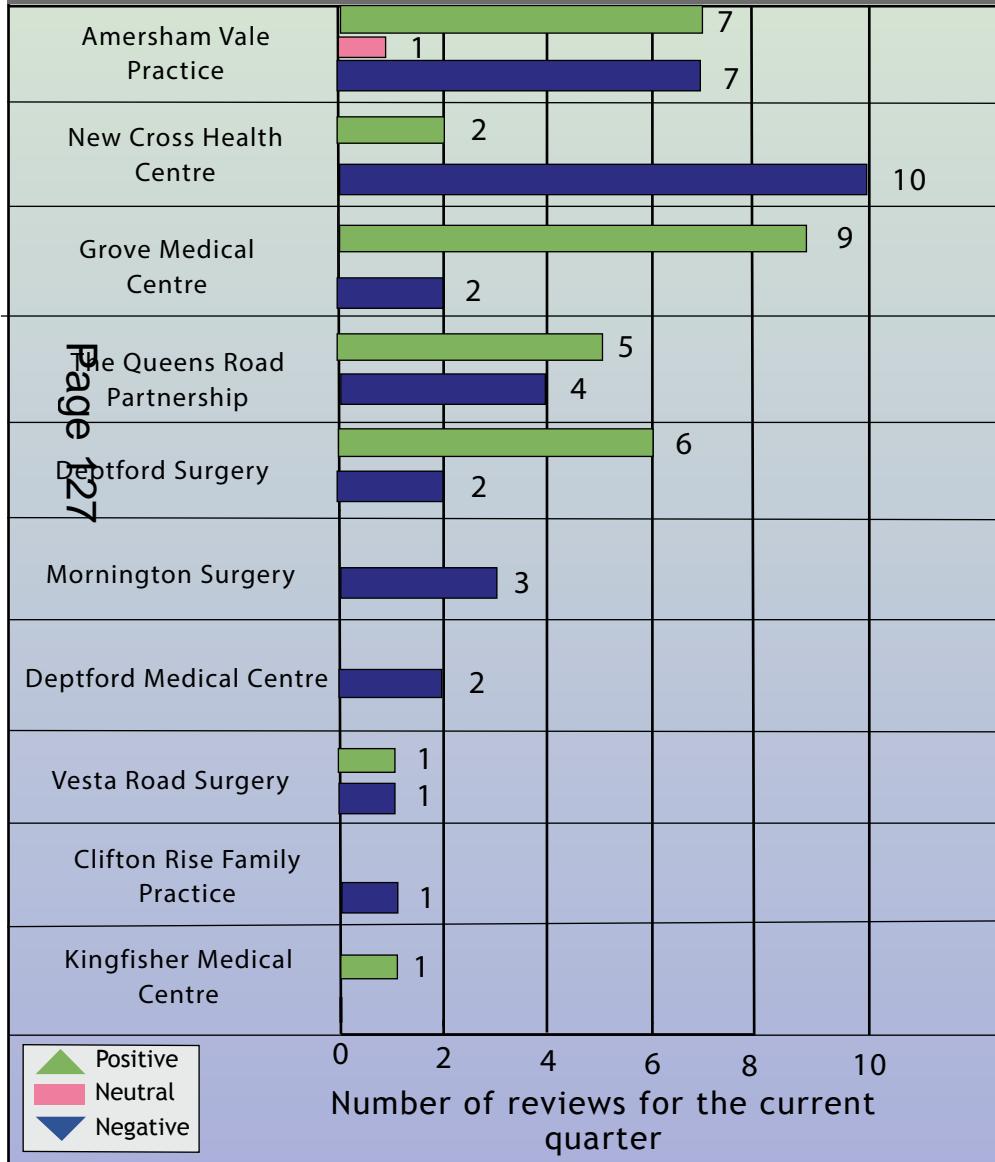
The pie chart on the right shows the number of reviews received in each network area. The highest number of reviews received was in **Lewisham Care Partnership PCN** (74, 21%) followed by the **North Lewisham PCN** (64, 19%).

Whereas **Aplos PCN** received the least reviews this quarter with 48 reviews, shortly followed by **Sevenfields PCN** with 50 reviews.

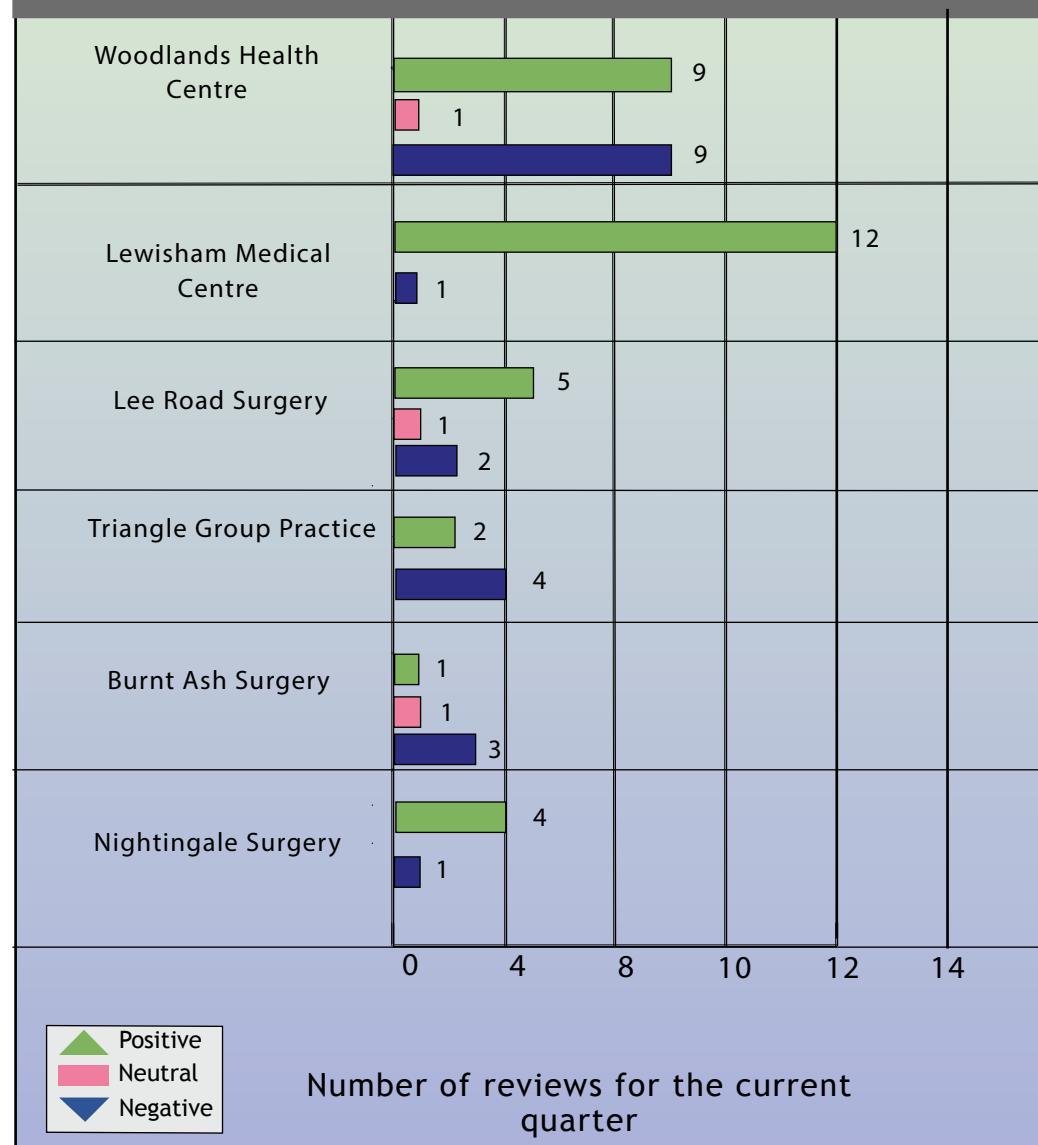


PCN Specific GP Reviews

North Lewisham

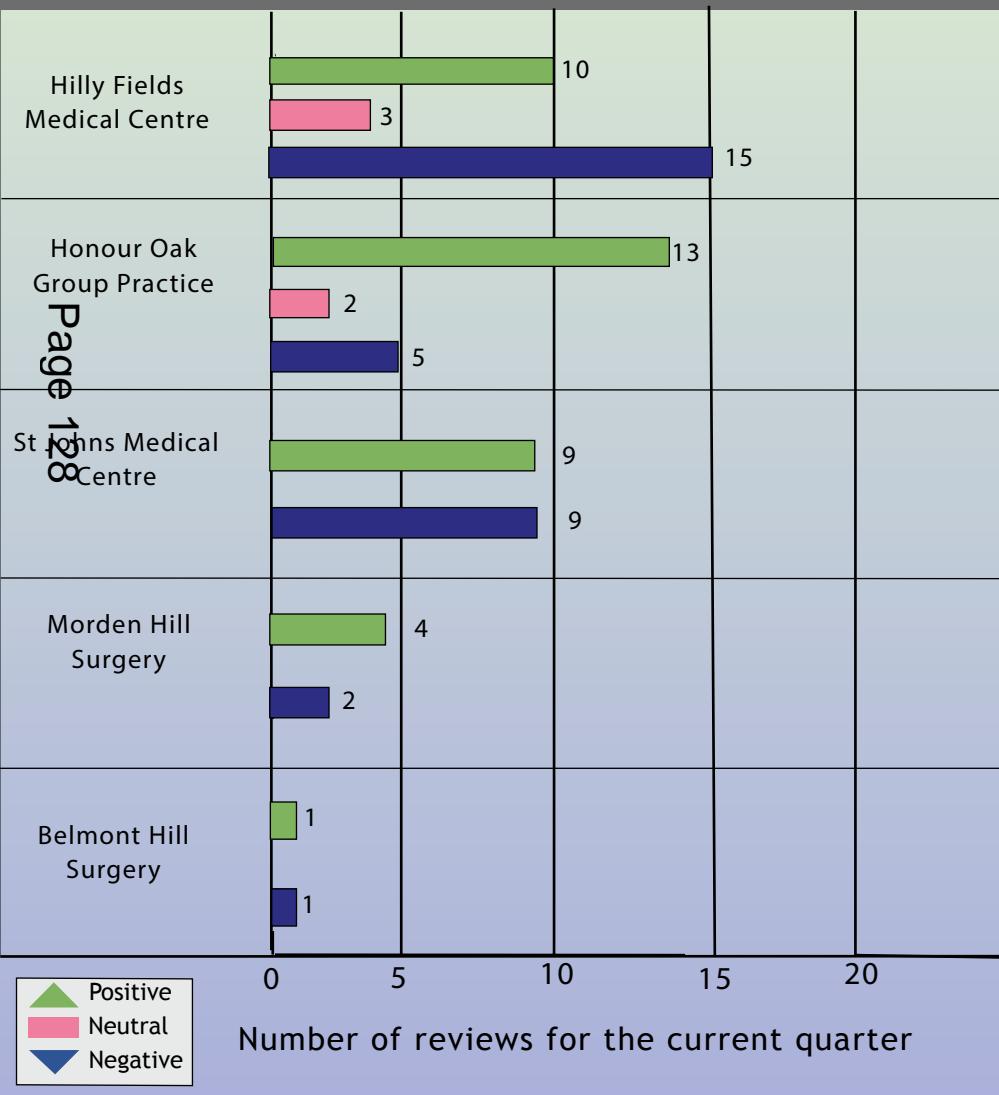


Lewisham Alliance

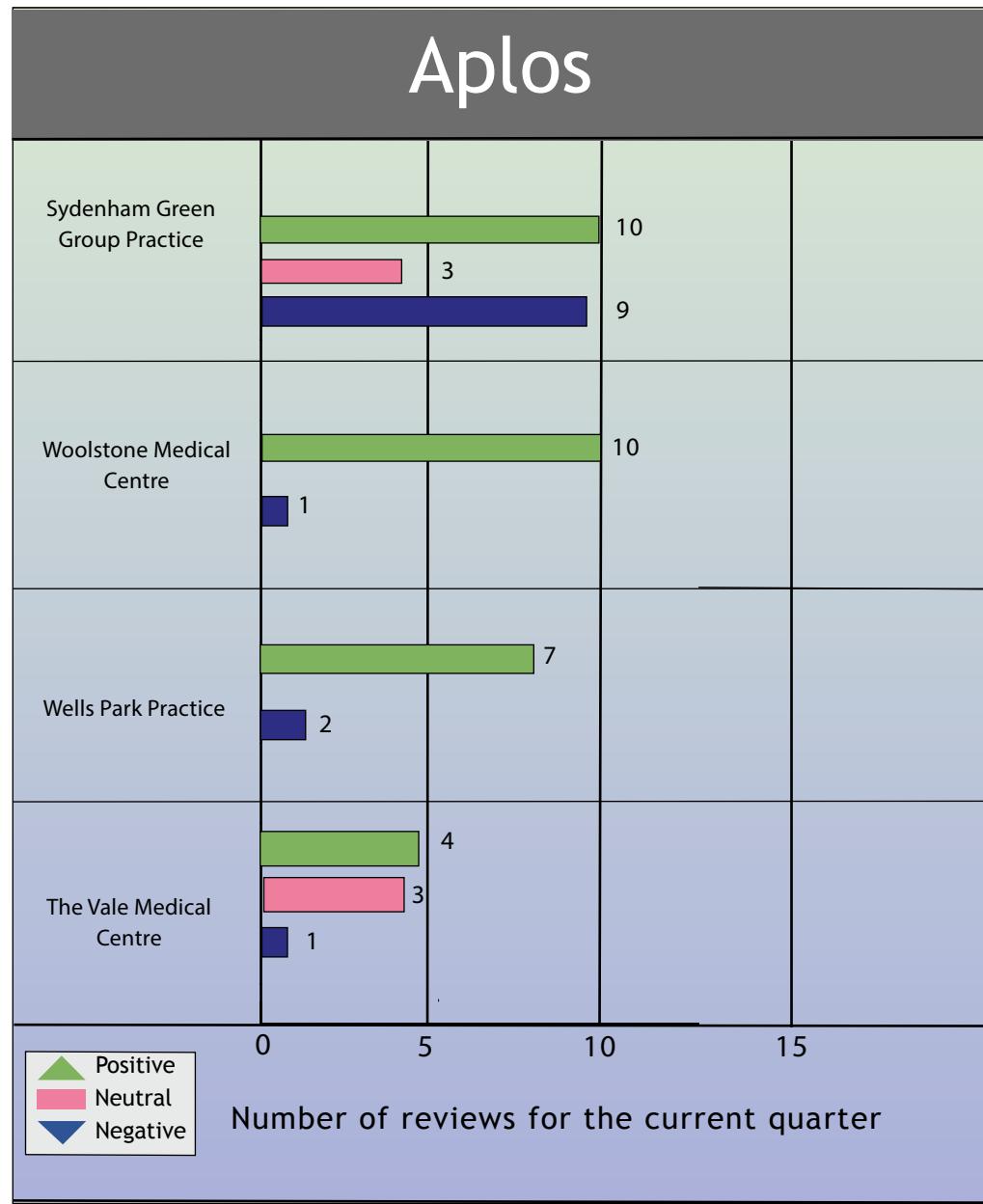


PCN Specific GP Reviews

Lewisham Care Partnership

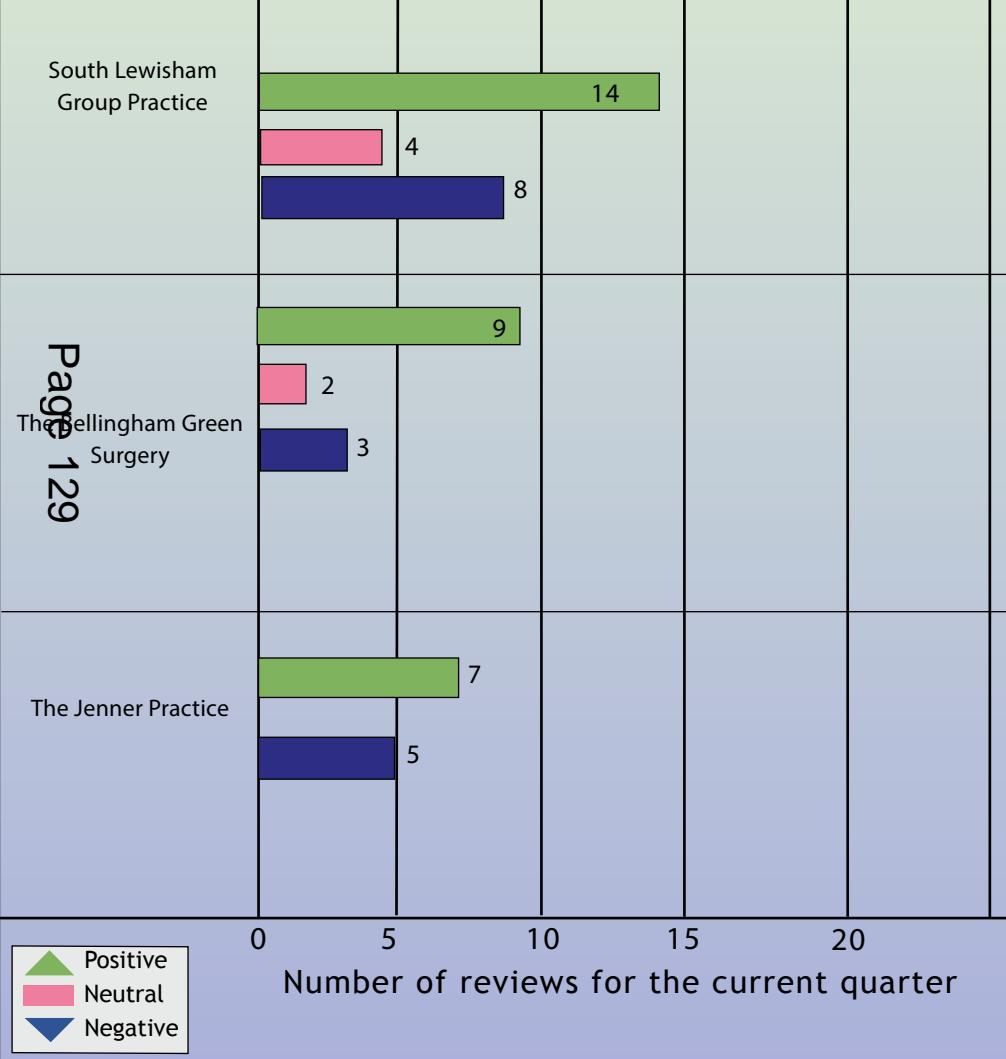


Aplos

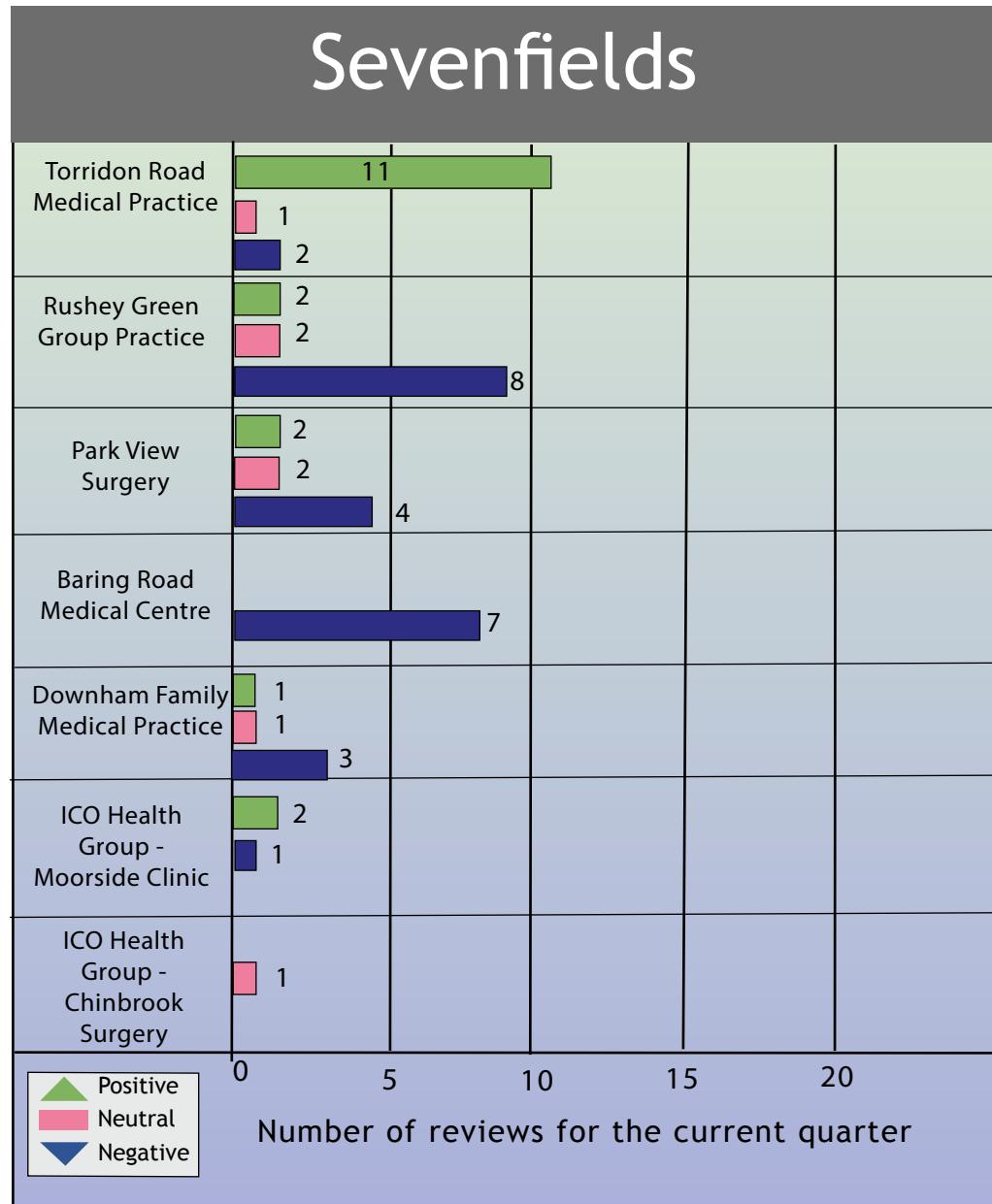


PCN Specific GP Reviews

Modality Lewisham

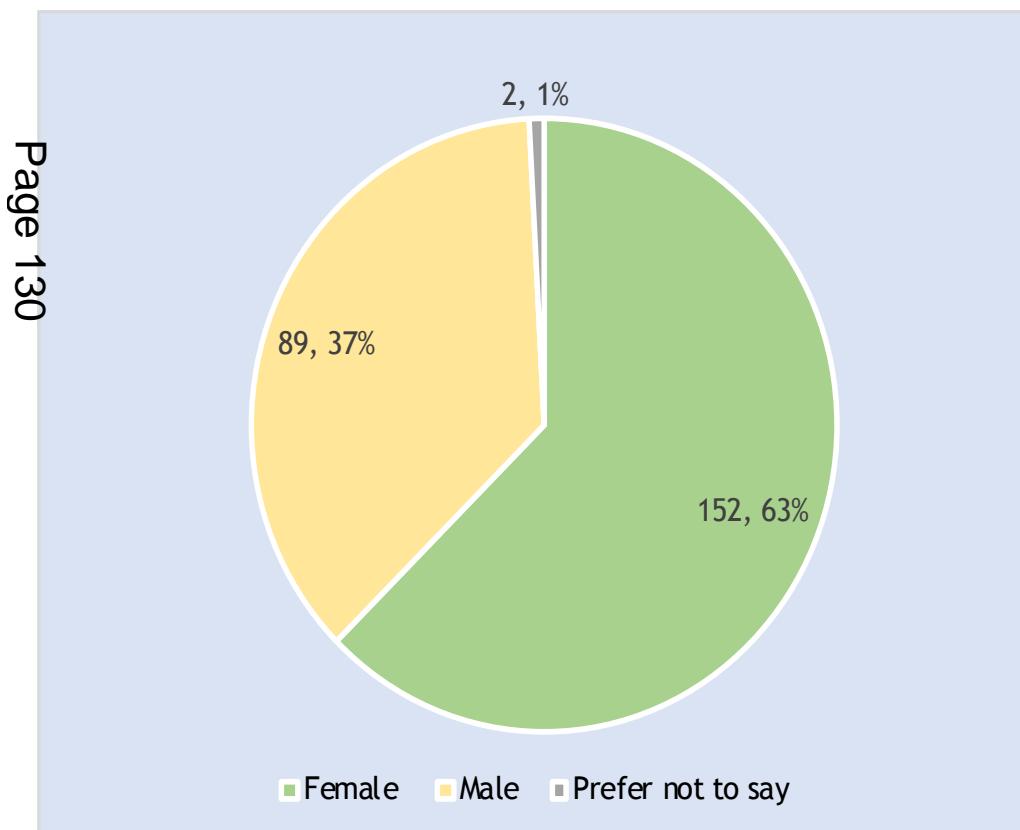


Sevenfields



Demographic information

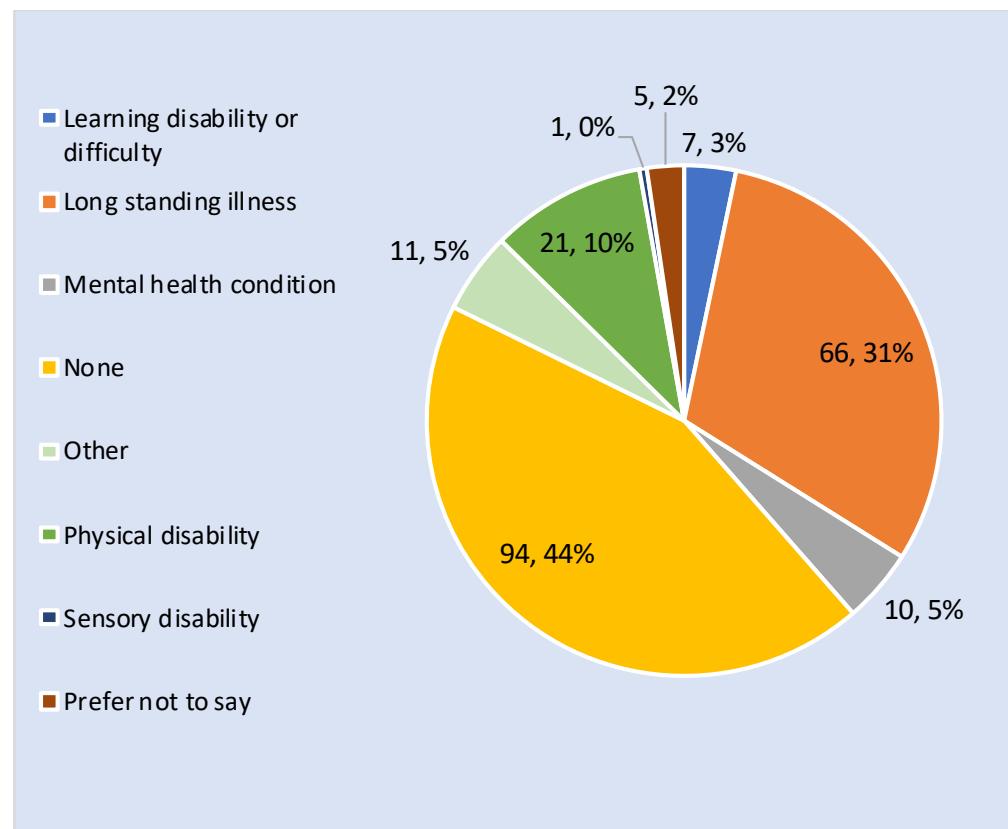
The pie chart below shows the number of reviews received by gender for this quarter. The majority of the reviews we received were from people who identified as female 63% (152), compared with 37% (89) of men, and 1% (2) who preferred not to say. This is representative of a smaller sample within the 925 total this quarter, as only 243 people chose to disclose their gender alongside their feedback comment.



Gender

The graph below represents patients' responses to the question 'Do you consider yourself to have any of the following...?"

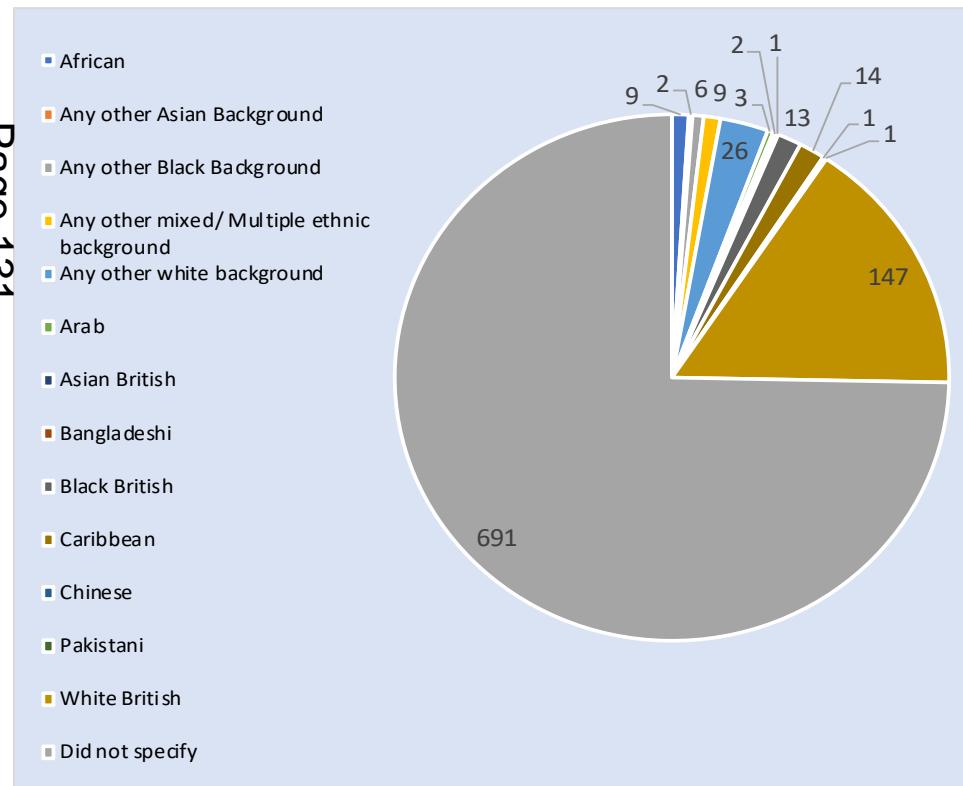
Similar to Gender, 710 patients did not respond to this question. The graph below shows the results of the 215 patients who did. Other than those who answered 'None' (94, 44%), the next common answer was Long standing illness (66, 31%) and then Physical disability (21, 10%)



Long term illness, impairment or mental health condition

Demographic Information

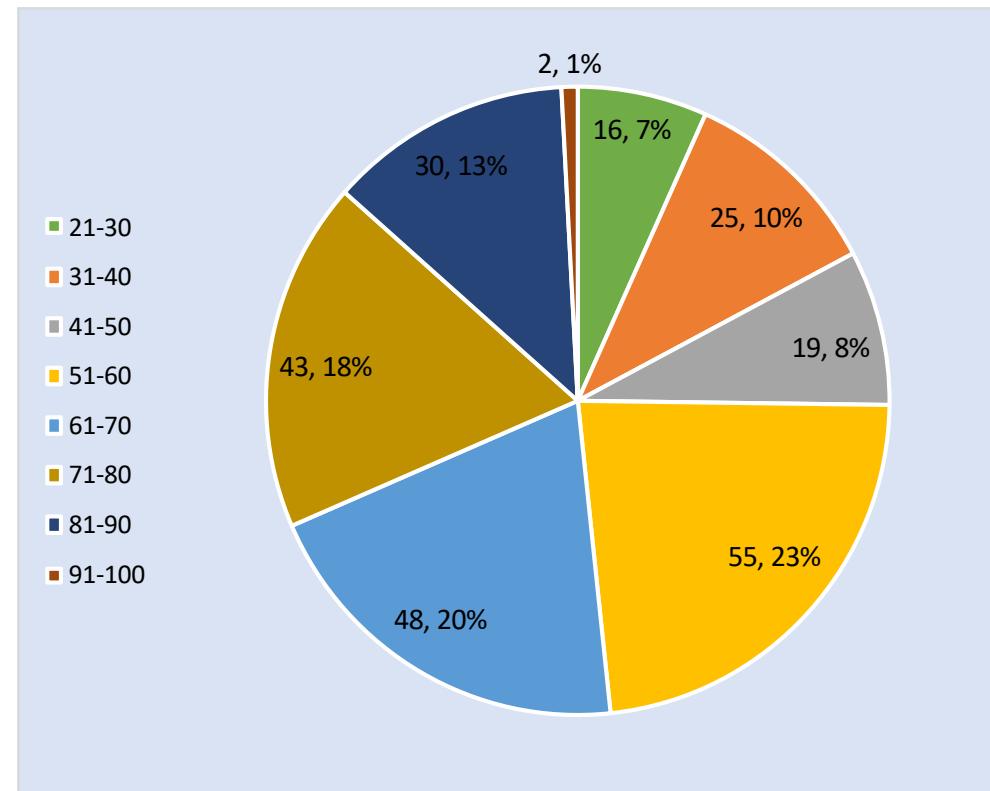
The pie chart below shows the number of reviews received this quarter in terms of ethnicity (234). As seen below, a large proportion of service users (75%, 691) did not disclose their ethnicity. This insight is also impacted by online reviews not providing demographic information. Of the 234 reviews, the majority of comments were from people who identified as White British, (63%, 147). The next highest was Any other white background (11%, 26), Caribbean (6%, 14), and then Black British (6%, 13). This chart does not show percentages due to low numbers from some demographic backgrounds.



Ethnicity of Patients

The pie chart below shows the number of reviews received this quarter from different age groups. Of the 238 feedback comments which gave their age, the majority of feedback came from the 51-60 age group: 23% (55), followed by 61-70, 20% (48). The third highest was 71-80, 18% (43).

Engaging with patients through direct contact (via telephone) allowed us to reach a larger proportion of older patients who may not ordinarily feedback through our online functions. For instance, 123 comments (52%) were from patients between the ages of 61-100.



Age of Patients

Conclusion

Through our Patient Experience Programme, Healthwatch Lewisham was able to capture 925 patient experiences about local health and social care services between July- September. This represents a 78% increase on the previous quarter. The highest proportion of reviews left in our Feedback Centre related to GP services which is regular trend. From analysing the data, we can understand that patients had good experiences when using services with 66% of comments being positive, 26% negative and 8% neutral. A breakdown of specific issues has been provided below.

GP services

- Patients raised concerns about administration issues such as booking appointments, getting through to a receptionist on the telephone and the availability of appointments. People expressed their frustration at being kept in long virtual queues and consequently their inability to contact their surgery to book appointments or ask for advice.
- 56% of comments relating to access to services was negative, with people citing longer waiting times than during the first lockdown. Reviews highlighted long waiting times for appointments, including flu jabs and blood tests.
- Patients had mixed experiences of communication from GP services with 49% being negative and 41% positive; we found that people still weren't always sure about what services were offered by their GP practice. This issue was exacerbated by residents not being able to easily get through when calling their practice.
- 62% of all feedback relating to staff was positive with patients generally being pleased once they were able to have a conversation with health professionals. Feedback was slightly less positive when patients shared experiences of communicating with receptionists which can be linked to the availability of appointments and additional issues people have faced booking appointments.

Hospital Services

- There is mixed experiences of communication from hospital services which shows that there is room for improvement in the way hospitals communicate with patients, particularly concerning follow ups, aftercare, and cancelled or delayed appointments due to COVID-19. Further work must be done by hospitals to ensure all patients are informed of their appointments and any changes/ cancellations.
- Patients were extremely satisfied with the staff they encountered when accessing hospitals as they helped make them feel reassured during what can be an emotional experience. Overall, 76% of people were happy with the quality of the treatment they were receiving.

Conclusion Cont.

Pharmacies

- Overall, residents continue to be pleased with pharmacy staff and value the support they get from these healthcare professionals. However, it should be noted that some residents found services to be short staffed which impacts on internal communication and with patients.
- Patients found picking up prescriptions (especially repeat prescription) from pharmacies to be an extremely efficient process.

Conclusion Cont. - Additional Findings

During Q2, Healthwatch Lewisham continued to hold online Feedback Forums open to members of the public as an additional mechanism for collecting the experiences of service users. The below additional feedback was received during these sessions.

COVID 19 and BAME community

- » There is continued anxiety amongst our BAME communities about catching the coronavirus disease.
- » Confusion between the flu and COVID-19 vaccine was raised as an issue. BAME community members shared with Healthwatch that there are misconceptions circulating in the community which has caused a reluctance towards flu vaccinations amongst residents. One of the myths is that the flu vaccine has been combined with the COVID-19 vaccine.
- » Another concern amongst our BAME communities relates to the Health Secretary asking for volunteers, particularly from the BAME communities, to be involved with the COVID-19 vaccination trials. This has caused enormous suspicion amongst these communities, that they are being used as “guinea pigs”. They want to know why the focus is on volunteers from BAME communities rather than the whole population.
The main priority for our participants was that research must be carried out to understand why people from BAME backgrounds are more vulnerable to the virus.

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Mental Health

- » Carers and family members of people with mental health illness raised issues around the restrictive visiting arrangements which meant they couldn't easily see their loved ones.
- » Participants felt there is a lack of clear plans and/or communication on how local services are going to support Lewisham residents including the BAME community with possible mental health issues as a result of COVID 19 pandemic.
- » Concerns were raised around the constant changes within mental health services in Lewisham which leaves patients confused, not knowing what they are entitled to and what services they can access to address their needs. There is a limited understanding of how the service delivery has changed during the pandemic.

Communication

- » Participants shared the need for clear information about local service provision, they wanted to know what services were available at the different healthcare services and the corresponding waiting times.

Conclusion Cont. - Additional Findings

Access to services

- » There are concerns about the lack of face to face appointments and the limitations of remote consultations. For certain conditions, participants were adamant that a patient must be examined. The need for face to face appointments was also suggested as being necessary for people who do not speak English as their first language. There was a concern that language barriers may limit their ability to describe a condition or symptom via telephone. Being able to show the doctor what is wrong may ensure the right diagnosis and treatment.
- » Carers raised issues about accessing health and social care services during the pandemic including difficulties accessing GP appointments, blood tests, flu jabs and hospital outpatient appointments.

Actions, impact and next steps

Healthwatch Lewisham continues to share the findings contained within this report at various commissioning, provider and local authority led boards and committees. These include:

- Lewisham Borough Based Board
- Lewisham Primary Care Operational Group
- Lewisham Health and Wellbeing Board

As well as these formal meetings, we organise a number of informal meetings with partners in order to discuss the issues of concern and identify actions to take forward.

In April 2020, the six Clinical Commissioning Groups in south east London merged to form the South East London Clinical Commissioning Group (SEL CCG) which has changed local decision-making structures. We will identify opportunities to share our findings within the new Lewisham landscape.

In response to the changes, the six local Healthwatch in south east London have secured representation on the SEL CCG Governing Board through the role of a regional director. All our findings will be communicated with the representative to ensure that the voice and concerns of Lewisham residents will be heard at a regional level.

To ensure we capture a broad and representative sample of patient feedback, and listen to the seldom heard communities, we will continue to develop and grow the Patient Experience Programme and explore ways to remotely engage with service users under the continuing COVID-19 measures.

We will continue to hear the experiences of residents directly through telephone engagement which will be supported by online review collection. In addition, we will promote and organise the distribution of paper forms to community organisations which allows us to reach service users who may be digitally excluded. We will continue to promote feedback through our social media channels, attend community forums, set up online Feedback Forums, and work closely with GP practices in Lewisham.

Actions, impact and next steps

Recommendations

As a result of the findings in this report as well as other recent engagement we identified the following recommendations:

- » Provision of clear communication from health and social care services about their current operating hours, service offer and clear communication of any potential changes which would impact upon residents.
- » Utilise learning and experience gained following the first wave of the pandemic to help improve access to services including GP and outpatient appointments, blood tests, flu jabs and mental health support.
- » Face to face appointments to be considered as an option especially for patients who may not have access to digital equipment that would help with diagnosis. It is vital that residents who might have communication barriers, for example residents who don't speak English as their first language, have equity of access to services including booking appointments.

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Provision of clear, targeted information looking to challenge the misinformation which is being spread within our communities about flu and COVID-19 vaccines, with focus on our BAME communities.

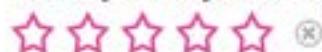
- » Through our engagement, we regularly hear residents praise NHS staff for their caring attitudes and the impact this has on their experiences of services. It is important to ensure staff are notified of positive feedback but for them also to realise the impact a caring attitude can have on a patient who is worried about their health.

Leave feedback

How likely are you to recommend this organisation to friends and family if they needed similar care or treatment?

- Extremely likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

How do you rate your overall experience of this service?*



Summary of your experience* (max 45 characters)

Give a brief description of your experience, or highlight a key observation

Tell us more about your experience*

Expand on your experience here. Why was your experience a good / bad one? List any reasons or specific detail that might help explain

Where do you live? (town/city)

Forest Hill, Lewisham...

Your ratings (select if applicable)

Access to Appointments



Generally how easy is it to get through to someone on the phone?



Cleanliness



Staff Attitude



Waiting Time



Treatment explanation



Communication



Quality of care/treatment



Quality of food



In relation to your comments are you a:

Select one

When did this happen?

Where did you hear about us?

Select one

Would you like information about other local services? *

- No Yes

Do you want to know more about how to make an official complaint?*

- No Yes

About you

Name

Leave feedback anonymously?

Email* (Your email will be kept private and you will not be sent any marketing material)

I accept the [Terms and conditions](#)

I consent to being contacted regarding my feedback by Healthwatch*

- Yes No

I confirm I am over the age of 16*

- Yes No

Subscribe to the newsletter?

If you are willing to provide us with some monitoring information please [click here](#).

Please note: Monitoring information helps us identify trends and gaps in our information gathering, enabling us to provide more detailed evidence to service providers and commissioners about your health and social care services.

Submit feedback >

Only your overall rating, comment and name (if disclosed) will be visible online.

Appendix 2: Healthwatch Lewisham Paper Form

How would you rate your health and care services?

Healthwatch Lewisham wants to hear what you think about local health and social care services. Your experiences are important and allow local services what is working and what needs to be improved.

Whether it is a compliment, concern or complaint, it is easy to tell us about your experience by completing and submitting this form or contacting us on **020 3886 0196** or email info@healthwatchlewisham.co.uk

Name of Service:

**How likely are you to recommend this anyone who needs similar care or treatment?
(Please circle)**

5 = Extremely likely 4 = Likely 3 = Neither likely nor unlikely 2 = Unlikely
1 = Extremely unlikely () Don't know

How do you rate your overall experience?

5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Summary of your experience

.....

Tell us more about your experience

Where do you live? (town/city)

Your ratings (select if applicable)

Access to Appointment

Access to Appointment 5 – Excellent 1 – Good 3 – Okay 2 – Poor 1 – Terrible

Generally how easy is it to get through to someone on the phone?

Generally how easy is it to get through to someone on the phone?
5 – Excellent 4 – Good 3 – Okay 2 – Poor 1 – Terrible

Cleanliness

Cleanliness 1 – Good 3 – Poor 5 – Excellent 2 – Terrible

Staff Attitude

5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Waiting Time

5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Treatment explanation

5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Communication

5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Quality of care/treatment

5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Quality of food

5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

In relation to your comments are you a:

() Patient () Carer () Relative () Carer and Relative

() Service Provider () Visitor () Professional

When did this happen?**Do you know the name of the ward / department? (if applicable)**

Would you like information about other local services? () No () Yes

Do you want to know more about how to make an official complaint? () No () Yes

I consent to being contacted regarding my feedback by Healthwatch () No () Yes

About you

Name.....

Email.....

() Leave feedback anonymously

Monitoring Information

What gender do you identify yourself as:

() Female

() Male

() Other.....

() Prefer not to say

What is your sexual orientation?

() Heterosexual () Gay () Bisexual () Lesbian () Prefer not to say () Other

Which age group are you in?

() 0-10

() 11-20

() 21-30

() 31-40

- 41-50
- 51-60
- 61-70
- 71-80
- 81-90
- 91-99
- 100+
- Prefer not to say

Do you consider yourself to have any of the following?

- Learning disability or difficulty Long standing illness
- Mental Health condition Physical disability Sensory disability
- None Prefer not to say Other

What is your religion?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion None
- Prefer not to say

What is your marital status?

- Civil partnership Cohabiting Divorced Widowed Prefer not to say
- Married Single

What is your ethnicity?

- White**
- English / Welsh / Scottish / Northern Irish / British
 - Gypsy or Irish Traveller
 - Any other white background.....
- Asian / Asian British**
- Bangladeshi Chinese
 - Indian
 - Pakistani
 - Any other Asian background.....
- Black, African, Caribbean, Black British**
- African
 - Caribbean
 - Any other Black, African, Caribbean background.....
- Mixed, Multiple**
- White and Asian
 - White and Black African
 - White and Black Caribbean
 - Any other mixed / multiple background.....
- Other Ethnic Group**
- Arab
 - Any other ethnic group.....

Thank you for sharing your experience

Personal data will be kept in accordance with the General Data Protection Regulation. Your data will only be used so you can receive a response from service providers to your feedback; and to help improve the quality and safety of health and social care services. It will not be used for any other purpose or passed on to any organisation without your consent.

Appendix 3: Healthwatch Lewisham Themes and Sub-themes

Theme	Subthemes
Access to services	Convenience/Distance to travel
Access to services	Inequality
Access to services	Information and Advice
Access to services	Lack of
Access to services	General
Access to services	Patient choice
Access to services	Service Delivery/Opening Times
Access to services	Suitability of Provider (Individual or Partner)
Access to services	Suitability of Provider (Organisation)
Access to services	Waiting times
Administration	Admission Procedure
Administration	Appointment availability
Administration	Booking appointments
Administration	Getting through on the telephone
Administration	Commissioning and provision
Administration	General
Administration	Incident Reporting
Administration	Management of service
Administration	Medical records
Administration	Quality/Risk management
Cancellation	Appointment
Cancellation	Operation/Procedure
Care Home Management	Registered Manager - Absence
Care Home Management	Registered Manager - Suitability
Care Home Management	Registered Manager - Training & Development
Care Home Management	Staffing levels
Care Home Management	Suitability of Staff
Communication	General
Communication	Interpretation Services
Communication	Lack of
Communication	Consent to treatment
Communication	Complaints procedure
Communication	Access to patient record
Continuity and integration of care	
Diagnosis/assessment	General
Diagnosis/assessment	Lack of
Diagnosis/assessment	Late
Diagnosis/assessment	Mis-diagnosis
Diagnosis/assessment	Tests/Results

Dignity and Respect	Confidentiality/Privacy
Dignity and Respect	Consent
Dignity and Respect	Death of a Service User
Dignity and Respect	Death of a Service User (Mental Health Services)
Dignity and Respect	Equality & Inclusion
Dignity and Respect	Involvement & Engagement
Discharge	Coordination of services
Discharge	General
Discharge	Preparation
Discharge	Safety
Discharge	Speed
Facilities and surroundings	Buildings and Infrastructure
Facilities and surroundings	Car parking
Facilities and surroundings	Cleanliness (Infection Control)
Facilities and surroundings	Cleanliness (Environment)
Facilities and surroundings	Cleanliness (Staff)
Facilities and surroundings	Disability Access
Facilities and surroundings	Equipment
Facilities and surroundings	Food & Hydration
Facilities and surroundings	General
Finance	Financial Viability
Finance	Transparency of Fees
Home support	Care
Home support	Co-ordination of Services
Home support	Equipment
Making a complaint	Complaints Management
Making a complaint	General
Making a complaint	PALS/PACT
Medication	Pharmacy Repeat Prescriptions
Medication	Medicine Management
Transport	Patient Transport Service (non NHS)
Transport	Ambulance (Emergency)
Transport	Ambulance (Routine)
Referrals	General

Referrals

Timeliness

Referrals

Waiting times

Safety/Safeguarding/Abuse

Staff

Ambulance Staff/Paramedics

Staff

Attitudes

Staff

Capacity

Staff

District Nurses/Health Visitors

Staff

General

Staff

Midwives

Staff

Staffing levels

Staff

Suitability

Staff

Treatment and care

Effectiveness

Treatment and care

Experience

Treatment and care

Quality

Treatment and care

Safety of Care/Treatment

Treatment and care

Treatment Explanation

Snapshot study: Feedback Forums with Black, Asian and Minority Ethnic Communities in Lewisham during COVID-19

Healthwatch Lewisham held Feedback Forums aiming to understand the experiences of Black, Asian and Minority Ethnic communities in Lewisham during COVID-19. Carried out in June and July 2020, the four engagement sessions focused on a number of themes including access, communication and impact on mental health and emotional wellbeing.

To understand more about these areas we asked local residents the following questions:

THEME	QUESTION
ACCESS	<ul style="list-style-type: none">• How do you feel about not being able to make an appointment directly with a GP without explaining the problem first at reception? Has this affected your access to care? Or deterred you from using services?• Have either yourself or someone in the community experienced any difficulty in registering with a GP since COVID-19?
COMMUNICATION AND INFORMATION	<ul style="list-style-type: none">• Are there any questions which you struggled to gain information for during COVID-19?• Are there any questions which you still want answers to?• How would you like to receive information from services?
MENTAL HEALTH AND WELLBEING	<ul style="list-style-type: none">• Do you feel that COVID-19 has affected your mental health and wellbeing?• Have you been able to access any support for your mental health and wellbeing during this time?

The below text summarises the key themes which were apparent through the discussions at the engagement sessions.

Access

Theme 1: Staff training & Staff attitudes

- Participants were worried that when triage is completed by receptionists, their lack of clinical expertise might cause them to not recognise concerns which would otherwise be seen as a priority to clinicians. Residents were not re-assured that receptionists could accurately judge the severity or urgency of a situation.
- Participants wanted understand the types of training or monitoring receptionists receive for triage, especially around values such as dignity, respect and empathy.
- Where long term health conditions were discussed such as HIV - there was a consensus that patients didn't feel confident that reception staff were trained adequately to respond to their medical needs. Either there were elements of their conversation or language used which did not feel confidential or receptionists didn't have enough knowledge on the condition and therefore couldn't decide the severity of the situation.
- There is a need for health services to provide culturally appropriate services and train staff about stigmatised conditions such as HIV.
- For those with sensory impairments such as blindness or hearing loss, there needs to be consideration for how they can access services. Services must ensure equity of access and ensure patients' accessible communication needs are met.
- Participants explained that it was not always a uniform experience with all receptionists. They tend to have a 'preferred receptionist', and receptionists which they avoid. If someone vulnerable rings and then gets through to someone who doesn't have strong verbal communication, it can deter people from using those services.
- The patients felt that it's necessary for frontline staff to receive training around the differences in expressing mental health in different cultures.
- Participants also spoke of wanting continuity with the same health professional, the current system means that they have to repeat the problem to multiple health professionals and often this links into privacy and confidentiality concerns.

- One participant wanted to understand how residents who have moved into the borough during the pandemic are supported to register with a GP practice if they do not have access to the internet.

Theme 2: Language Barriers

- Participants were unaware of what translating services are available for organisations during the COVID-19 pandemic and how they can provide information for someone who doesn't have written or spoken English skills.
- Participants raised concerns about language barriers that exist for people who have recently moved to the country or where English is not their first language. NHS terminology is complex, and it can be difficult to distinguish the difference between routine appointments, general appointments and emergency appointments. People might not feel that using the word 'emergency appointment' is the correct term because it suggests something is life threatening. There is a need to simplify terminology and provide a clear explanation around the different appointment types.
- Where English is not an individual's first language, but they have some level of English, it is usually spoken and not written. Giving people forms to fill, which require reading and writing skills can create a barrier. GP services must understand the communication needs of their patients.
- Conversations with health professionals can be challenging because of the way people refer to different body parts/pain is varied.
- Participants had not needed to register with a GP but queried whether the current triage system model accommodated for people who cannot read and write English and how do services identify that these people may need support. Similarly, if communication issues arise due to language barriers, how will GP practices support the patient either on the phone or face to face.
- Communicating your conditions or concerns, including mental health, becomes complicated when English isn't a first language. This can lead to misdiagnosis or the severity of the situation being underestimated by staff.
- A patient's culture can cause them to have different perceptions of physical and mental health conditions, which can be negatively influenced by stigma or a lack of knowledge. The influence of culture on health should be taken into account when communicating with patients.
- The NHS App is available in an extensive range of languages; however, the option is not easy to locate. This option needs to be clearly communicated with patients to help them access the translated information.

- There is a need for health services to provide further information about how they support patients with language barriers, especially focusing on the ways staff will interact and communicate with them. Publicising and demonstrating the communication procedures will encourage residents with language barriers to access local services.

Theme 3: Privacy and confidentiality

- Participants noted a lack of privacy in waiting rooms when speaking to a receptionist, being surrounded by other patients they may know personally means they might not describe the issue fully out of fear of someone overhearing them.
- Participants believed it should be a choice what they disclose to reception staff and that they would rather speak directly with a GP.
- Participants were of the opinion that receptionists should not know their diagnosis. Some people explained that they would rather use the online booking system for this reason. However, they told us that the system isn't always easy to access, and confidentiality may be still an issue.
- Training staff to understand the issues of confidentiality and privacy is a pressing priority.

Theme 4: Health concerns

- Participants believed receptionists are put in a position where they're making decisions on patients' health, which they are not qualified to do.
- Where surgeries operate appointments on a first come first served basis in the mornings, participants spoke about not being offered alternatives / advice on where to get support.
- There is a reluctance by participants to use services due to fear of catching or transmitting COVID-19.
- Concerns also arose about the ability for doctors and nurses to fully assess a patient through e-consult, pictures or video calls, and for receptionists to correctly triage over the phone.
- Participants have found it difficult to be seen and get attention for health concerns because COVID-19 has taken priority.

Communication and information

Theme 1: Access to technology

- People found online GP systems difficult to navigate, especially for those not digitally confident or who don't have written and spoken English.
- Participants spoke about the barrier they faced collecting paper forms from their GP practice.
- One participant mentioned that registering children at their GP was difficult because it required registering an email address for their child which is not practical.
- For elderly individuals, who can't get to the GP surgery easily or don't use technology, there is no information delivered to their home about the services on offer. This can lead to digital exclusion and a lack of awareness of the support available.
- Technology can be costly and participants wanted to understand how residents who cannot afford to have internet or data are supported by services.

Theme 2: Lack of information

- Participants wanted more information from their GP practices about their current service model and what support they can provide. Due to the COVID-19 lockdown, people are not aware which services are available.
- Strong and clear communication from services is necessary and for information to be provided early on. Examples included information around shielding and for victims of domestic violence.
- Some people felt there has been a lack of communication from adult social care services during the lockdown.
- Participants noted that while there is a wealth of national information, there is a lack of local news about COVID-19. Any news focusing on London, is not broken down by borough.
- Services must ensure that COVID-19 information is available to those who are excluded, whether it be by language or technology.
- A lack of information around shielding was a reoccurring theme. Some participants classed themselves as being at high risk (due to conditions such as Asthma or diabetes) but have not been told to shield. People wanted further information about how the system ensured all eligible residents for

shielding were receiving support. For example, some participants spoke of older and vulnerable residents who hadn't received a shielding letter. The advice around shielding has not been clear and there wasn't an obvious contact point if people sought advice.

- When signposting and referring patients to a service there needs to be checks made to ensure the service is accessible and fits their needs. This ensures that vulnerable people are using the correct service for them and not being incorrectly signposted.

Theme 3: Complex language

- Participants found information about coronavirus hard to follow due to the changing nature of the guidance and the use of 'confusing' terms such as 'bubbles.' One person stated, "The language which has been used is too complicated, not only us as Black minorities, but even white people are also confused".
- Participants felt bombarded with too much information about the virus which caused anxiety.
- Healthcare staff tend to use medical jargon on the phone, which can be difficult to understand.

Mental health and wellbeing

COVID-19 impact on Mental Health and Wellbeing

- Many participants have experienced loneliness as a result of being isolated at home and a lack of social interaction.
- There are many worries about the present lockdown arrangements (the 'new normal') the future and how peoples' lives will change because of the pandemic.
- Participants mentioned the detrimental impact that the lack of physical contact has had on people with mental health conditions.
- Some people have had to change the way they manage their news intake because of the heavy focus on the number of deaths.
- Many people were affected by the closure of green spaces in Lewisham, which aggravated mental health issues within families and impacts on children's' wellbeing. The closure of green spaces also adds to barriers and heightens the differences in health inequalities because someone with a

garden will cope differently with isolation.

- One participant spoke about being a key worker and the stigma they faced from people living in their shared accommodation. They were being criticised for ‘bringing the virus home’.
- Young people have been experiencing heightened stress and are worried about contracting the disease and transferring it to their parents. These fears have made them more reluctant to go outside.
- In certain cases, lockdown has led to increased arguments between family members.
- Participants have found the following issues to be extremely stressful during lockdown:
 - a) Access to shopping
 - b) Cancelled health appointments and the wait for a rescheduled date
 - c) Lack of communication around shielding eligibility

Accessing mental health support

- Many people felt there was a lack of available information around where to access mental health support.
- Some participants accessed their GP for support, however, most people relied on friends, family and neighbours. They valued support groups and 1-1 conversations rather than accessing services and speaking to a stranger.
- Regarding mental health support, providing support in an individual’s language is helpful, but it should be recognised that people might not always accept the information due to stigma and other cultural reasons.
- Mental health staff need to clearly explain how services will use patient information and ensure it remains confidential. This is particularly important to patients who are not from the United Kingdom.
- Participants are less concerned about initially accessing support services but raised issues of long delays and waiting times following initial contact.
- There was limited understanding on what effect face masks could have on people with mental health conditions
- Participants appreciated digital technology and how they could still connect and interact with people online. However, it was felt that further work is necessary to support those who are digitally excluded to access the technology.

- It was felt that there was limited local information and support for bereavement. The pandemic has brought back painful memories for some participants.

General comments on COVID-19 amongst BAME communities

- Participants recognised that a higher percentage of people from BAME communities are key workers i.e. nurses, health workers, social workers and are more likely to be at high risk of contracting the virus.
- National statistics showing that COVID-19 has a disproportional impact on BAME people has created a greater fear of the disease within Lewisham communities.

Recommendations

Although we engaged with a limited number of residents from BAME communities, a few themes emerged through the different conversations. Using these themes, we have developed a series of recommendations:

1. Provision of public facing information around the following topics:
 - a) The digital triage model with a focus on the role of receptionists
 - b) What health services are available during the COVID-19 training
 - c) How services are supporting residents who are digitally excluded either due to technology or language barriers
 - d) Access to mental health support
 - e) Local bereavement support
 - f) Shielding eligibility
 - g) Translation services on the NHS app
2. Investment by health services to provide culturally appropriate services and the offer of a borough wide training programme to support staff engage with patients with stigmatised conditions such as HIV.
3. Further engagement with Lewisham's BAME communities to understand their experiences during the COVID-19 pandemic.