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HEALTH AND WELLBEING BOARD

Date: WEDNESDAY, 14 DECEMBER 2022 at 3.00 pm

Committee Room 1
Civic Suite
Lewisham Town Hall
London SE6 4RU

Enquiries to: Mark Bursnell
Telephone: 020 8314 3352 (direct line)

MEMBERS

Mayor Damien Egan
Michael Bell
Councillor Paul Bell
Tom Brown
Ross Diamond
Pinaki Ghoshal
Sam Gray
Michael Kerin
Dr Catherine Mbema
Dr Jacqueline McLeod
Dr Simon Parton

Members are summoned to attend this meeting

Kim Wright
Chief Executive
Lewisham Town Hall
Catford
London SE6 4RU
Date: Tuesday, 6 December 2022

ORDER OF BUSINESS – PART 1 AGENDA

MINUTES OF THE LEWISHAM HEALTH AND WELLBEING BOARD

Wednesday 7th September 2022 at 3.00pm

ATTENDANCE

PRESENT: Damien Egan (Mayor of Lewisham) Chair; Cllr Paul Bell (Cabinet Member for Health and Adult Social Care) Vice Chair; Tom Brown (Executive Director for Community Services, LBL); Michael Kerin (Chair, Healthwatch Lewisham); Dr Catherine Mbema (Director of Public Health, LBL); Dr Simon Parton (Lewisham Local Medical Committee); Ceri Jacob (Place Executive Lead at Lewisham, South-East London ICS); Natalie Sutherland (Interim Assistant Director, Adult Integrated Commissioning - South-East London ICS and Lewisham Council); Caroline Hirst (Head of Service, Children & Young People Joint Commissioning LBL) Sarah Wainer (Director of Systems Transformation, Lewisham Health and Care Partners); Cllr Campbell (Cabinet Member for Communities, Refugees and Wellbeing); Cllr Best (Chair of the Healthier Communities Select Committee); Paul Aladenika; Mark Bursnell

APOLOGIES: Sam Hawksley (Chief Executive, Lewisham Local); Sam Gray (South London & Maudsley NHS Trust); and Pinaki Ghoshal (Executive Director for Children and Young People, LBL)

Welcome and introductions

The Chair opened the meeting and invited attendees to introduce themselves.

1. Minutes of the last meeting

1.1 The minutes of the last meeting on 9th March 2022 were agreed 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 CM introduced the report and informed the Board that as of 23rd August 2022 there had been a total of 101,605 confirmed cases of Covid-19 in Lewisham. Since the last Health and Wellbeing Board update in March, there had been an initial decrease in confirmed cases of Covid-19 in Lewisham following the introduction of the 'Living with Covid-19' guidance. A subsequent increase and peak in cases was seen at the end of June 2022 with cases now declining since then.

3.2 People aged 50 years and older, residents in care homes for older people, those aged 5 years and over in a clinical risk group and health and social care staff will be offered a booster of coronavirus (Covid-19) vaccine this autumn. The booster is being offered to those at high risk of the complications of Covid-19 infection, who may have not been boosted for a few months. As the number of Covid-19 infections is likely to increase over

the winter, this booster should help reduce the risk of being admitted to hospital with Covid-19 for those in eligible groups for the autumn booster. Those eligible will be offered an appointment between September and December 2022, with those at highest risk being called in first. Those eligible should have their booster at least 3 months after their last dose of vaccine.

Other communicable diseases

3.3 CM informed the Board that Monkeypox is a rare infectious disease, usually associated with travel to west and central Africa. Since May 2022 there had been an increase in the number of cases within the UK. However, the overall risk to the UK population remains low and there have been no deaths in the UK to date. The World Health Organisation (WHO) has been monitoring the situation and declared the current outbreak a public health emergency of international concern on 23rd July 2022. The implications for the UK strategy to control the outbreak are being reviewed in the light of this announcement but most measures are already in place.

3.4 Monkeypox is caused by a similar virus to smallpox, vaccination against smallpox can be used to provide protection against Monkeypox. The NHS is offering smallpox (MVA) vaccination to people who are most likely to be exposed to Monkeypox and local NHS services will contact those eligible to offer them a vaccine if they are at risk of exposure. Lewisham is working with the UK Health Security Agency (UKHSA) and South East London Integrated Care System (ICS) to ensure that there is a robust local response for any cases and for those eligible for vaccination.

3.5 CM highlighted that because of the success of the polio vaccination programme, there have been no cases of natural polio infection in the UK for over 30 years (the last case was in 1984) and polio was eradicated from the whole of Europe in 2003. The Joint Committee on Vaccination and Immunisation (JCVI) has advised that children aged 1 to 9 years old in London will be offered a dose of polio vaccine, following the discovery of type 2 poliovirus in sewage in north and east London. The number of children vaccinated in London is lower than it should be, so boosting immunity in children should help protect them and reduce the risk of the virus continuing to spread. In Lewisham health partners are working with GPs (who already deliver routine childhood vaccinations including polio vaccination), the hospital and some local pharmacies to support local delivery of the polio booster vaccination programme. Families with eligible children will have received a letter and text message to let them know about the programme.

3.6 Board members raised several points relating to Monkeypox including: the role of the 'community champions' in raising public awareness of the importance of seeking advice and getting the vaccine, if at risk of contracting the disease; reinforcing public messaging and meeting the communications challenge around the importance of accessing local sexual health clinics especially for vulnerable people; and monitoring the take-up of these services to ensure provision is sufficient to meet needs. CM reiterated that at this stage there was no alarm, but that the situation would continue to be closely observed. CM confirmed that more GPs are now making appointments with patients for polio booster vaccinations, as well as children's centres with outreach facilities. The Lewisham and Greenwich Hospital is also running a clinic for three days a week over September to cope with demand.

3.9 **Action:**

The Board noted the content of the report.

4. Mental Health Update for Children & Young People and Adults

4.1 NS and CH introduced the report which provided an overview of the state of mental health in Lewisham throughout the COVID-19 recovery period (2021/22) for children and young people and adults in Lewisham. The report also provided a summary of key work planned for 2022/23. The percentage of secondary age school pupils with social, emotional and mental health needs in Lewisham in 2020 was reported at 1.9%, which is lower than the rate in London (2.6%). Despite this, the estimated number of young people aged between 16 and 24 years with a potential eating disorder in Lewisham is 4,380 or approximately 15% of that age group. Hospital admissions as a result of self-harm aged 10-24 years during 2018/19 were higher in Lewisham (291 per 100,000) than London (195 per 100,000). There had also been a 40% increase in CAMHS referrals in Lewisham between 2021-22. 21.8% of adults in Lewisham had a mental health disorder, a significant increase since the pandemic.

4.2 The report stated that Covid-19 had had a detrimental impact on the mental health and wellbeing of Lewisham residents across the age spectrum. Data produced following the lifting of lockdown restrictions showed a return to pre-Covid-19 levels of demand on services. A great deal of work is underway in the borough to improve services and the support offered within the significant financial constraints public bodies face. The cost of living crisis poses a number of risks related to the level of demand that may be experienced in wellbeing and mental health services over the coming year, as well as the capacity and capability of services to manage growing demand with worsening recruitment and retention of staff. A number of services (including primary care and Improving Access to Psychological Therapies services) are already experiencing difficulties in this respect.

4.3 Prevention and community-focused activity continues to work with the borough's ethnic minority communities to improve access and experience of services, in recognition of the strong inequalities experienced by this population. Following the Covid-19 recovery period, officers have been able to focus again on the strategic needs within the community and a number of strategies and action plans will be launched this autumn. The working groups that underpin these are now back to full capacity. Work will be required to ensure these groups are managed in the most efficient way to ensure a lack of duplication across work-streams. Amongst innovations to help those with a mental health issue, a new community crisis café will go live on 1st December and active steps are being taken to establish crisis homes – one for children and young people and one for adults – offering residential support for local people to be operational by the end of the year.

4.4 Board members raised several issues in relation to the current state of mental health support services in the borough: concerns were raised regarding young people waiting in Emergency Departments for a mental health assessment or an emergency placement - in response the officers said this linked to the work contained in the Placement Sufficiency Strategy and the development of the two crisis houses which should make a positive difference; concerns were also raised regarding the over representation of young black men in crisis presentations at emergency departments, with mental health issues in general and the need to address clear inequalities – the officer response focused on the ongoing BLACHIR equalities work, which should make a big difference to health inequities once the changes introduced have the opportunity to bed in, but in the interim more effective monitoring was needed.

4.5 Further questions included clarification about CAMHS waiting times to include Referral to First Contact and First Contact to Treatment and what support is available to families when a child is on the CAMHS waiting list. In response it was mentioned that CAMHS

data will be shared with partners, along with more information on the CAMHS 'Keeping in touch' programme; better understanding was requested re the impact of delays in assessments from childhood to adulthood and the officer response was that the 'Transition to Adulthood' work programme will pick this up; concerns were raised around the Ladywell Unit and associated developments and the officers responded that SLaM will return to a future meeting to talk through the developments; finally, a question was raised on South London Listens and specifically about the Be Well Hubs and developments including the London Living Wage (LLW). In response it was noted that the Be Well Hubs have taken longer to implement than planned and clarity on the LLW would be sought.

4.6 **Action:**

Members noted the key findings of the report.

5. Final governance arrangements for South-East London ICS

5.1 CJ updated the Board on the governance arrangements for the South-East London ICS which was established on a statutory basis on 1 July 2022. ICSs are partnerships of organisations that come together to plan and deliver joined up health and care services, and improve the lives of people who live and work in their area. The organisation making up the South-East London ICP and the Lewisham Place arrangements are:

South East London Integrated Care Partnership

5.2 The ICP is a broad alliance of leaders from partner organisations across the South East London ICS. The Partnership sets strategic direction, provides leadership and support of key South East London-wide programmes, and holds system partners to account for delivery of the priorities in the ICS strategy. The membership of the ICP includes the Elected leaders or nominated cabinet members of the six local authorities, chairs of NHS provider trusts, a lead director for each of Adult Social Care, Children's Services and public health, and representation from primary care, the voluntary, community and social enterprise (VCSE) sector and Healthwatch. From the Lewisham partnership this includes Cllr Paul Bell as the council representative, Michael Bell as chair of LGT, and Dr Catherine Mbema as lead Director of Public Health.

South East London Integrated Care Board

5.3 The ICB will develop a plan to meet the health needs of the population within south east London and deliver the Integrated Care Partnership's strategy. It will also allocate NHS resource to deliver this plan. The membership of the ICB includes lead executives and non-executive directors of the ICB, and representatives from local authorities, acute services, mental health services community services and primary care. From the Lewisham partnership this includes David Bradley (CEO, SLAM) as mental health provider member and Ceri Jacob (Lewisham Place Executive Lead).

Provider Collaboratives

5.4 Two 'formal' Provider Collaboratives have been established for SEL, one for acute care providers and one for mental health service providers, and a community services providers network. South East London Acute Provider Collaborative (APC) will have delegated responsibility for elective and diagnostic recovery. It is also overseeing the

development of the Community Diagnostic Centre plans on behalf of SEL. The mental health provider collaborative is the South London Partnership Mental Health Services Collaborative (SLP), made up of SLAM, Oxleas and South West London and St Georges NHS Foundation Trust.

The Lewisham Local Care Partnership Strategic Board

5.5 The Lewisham Local Care Partnership Strategic Board was established as a committee of the ICB and held its first formal meeting in July 2002. The Strategic Board is responsible for the overall leadership and development of the Local Care Partnership to ensure it can effectively work as a collective and collaborative partnership and secure its delegated responsibilities.

The Lewisham Place Executive Group

5.6 The Lewisham Place Executive Group has also been established. It is a sub-group of the Strategic Board and its purpose is to drive delivery of the strategic plans and priorities and to hold the programme and project groups to account.

Lewisham LCP Priorities

5.7 CJ confirmed that addressing inequalities will remain a priority for the Lewisham Health & Care Partnership. Issues around inequalities and disparities have been highlighted both as a result of the emergence of an understanding of populations most likely to suffer from Covid-19 and the profile of deprivation in the borough. Addressing inequalities and disparities in risks and outcomes, with a specific focus on the Black, Asian and Minority Ethnic population, will continue to be the overarching priority for the Lewisham LCP. A seminar for the LCP Strategic Board and other senior leaders from the partnership is scheduled for September 2022, which aims to agree shared priorities with a view to developing a specific Lewisham Plan that fits within the overall ICS plans. CJ also stated there will be a strong emphasis on clinical and care professionals leading on community engagement and adopting a co-production approach actively involving grassroots community based organisations in the future design and delivery of services. This philosophy fits neatly into the overall South-East London Strategy to base services on community priorities, focusing on delivery and what has worked before.

5.8 Board members strongly endorsed the approach outlined, but looked forward to seeing more detail in how effective community engagement and co-production would work in practice and be more response to local concerns. Based on the work of Healthwatch Lewisham, involving the elderly and those with a serious long-term health condition such as diabetes, would particularly benefit from a more concerted approach to co-production. The role of the Health and Wellbeing Board should also be defined and reflected more strongly in the new governance arrangements around the LCP and attention should be given as to how its integration contributes to the local health and care partnerships' effectiveness.

5.9 **Action:**

The Board agreed to note the content of the report.

6. Better Care Fund

6.1 SW introduced the report on the Better Care Fund (BCF), a joint health and social care integration fund managed by Lewisham Council and SEL ICB (Lewisham). The Government published the Better Care Fund Policy Framework for 2022/23 in July setting the national conditions, metrics and funding arrangements for the BCF in 2022/23. The BCF 2022/23 plan is being developed by SEL ICB (Lewisham) and the Council and will continue to fund activity in the following areas:

- Prevention and Early Action
- Community based care and Neighbourhood Networks
- Enhanced Care and Support
- Population Health and IT

6.2 In 2022/23 the financial contribution to the BCF from SEL ICB (Lewisham) was £25,971,817. The financial contribution from the Council in 2022/23 was £773,989, in addition to the Disability Funding Grant contribution of £1,518,970. The IBCF grant to Lewisham Council had been pooled into the BCF and totalled £14,941,703. The total BCF pooled budget for 2022/23 was £43,206,479, a 5.6% inflationary uplift on the previous year.

6.3 The main schemes for the planned areas of expenditure within the BCF and IBCF plan for 2022/23 were: Community based schemes (£11.6m); Home and domiciliary care (£5.8m); High impact change model for managing transfer of care (4.6m); Personalised care at home (4.4m) and Residential placements (4.1m). For the first time, the BCF submission requires the development of a local Capacity and Demand plan for intermediate care. This plan must also provide detail on local expenditure on intermediate care, whether this is funded via the BCF or other finance sources.

6.4 Final BCF plans must include ambitions for each of the national metrics. The metrics for 2022/23 have changed slightly and were now:

i.) Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).

ii.) Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.

iii.) Unplanned hospitalisation for chronic ambulatory care sensitive conditions.

iv.) Improving the proportion of people discharged home to their usual place of residence.

6.5 Board members raised the issue of workforce resilience in the light of growing demand pressures on health and care services. SW responded by highlighting the growing deployment of apprenticeships and growing the workforce through internal skills upgrading and more training leading to valuable professional qualifications. It was mentioned that developing the skills base of the local workforce was consistent with the priorities of the Lewisham Strategic Partnership and this work could be synergised in future, to obtain the maximum benefit for the borough.

6.6 **Action:** The Board agreed to:

- Note that the detailed information and data for inclusion in the final plan is currently being collected.
- Delegate final approval of the Better Care Fund Plan to the Chair of the Health and Wellbeing Board before it is submitted to NHSE.
- Note, for information, the Q4 return on the BCF Plan 2021/22 which was made on 27 May 2022.

7. For Information items

Lewisham Sexual & Reproductive Health Local Action Plan

a.) CM introduced the report and highlighted that Lambeth, Southwark and Lewisham (LSL) agreed a shared Sexual and Reproductive Health (SRH) Strategy for 2019-2024 and shared LSL SRH Action Plan, given the three boroughs have a similar demographic profile and share the same sexual health challenges. LSL has a shared Action plan to deliver the LSL SRH Strategy 2019-24, delivering strategic needs assessments and cross-cutting projects to improve sexual and reproductive health across LSL.

b.) Lewisham 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 residents. This was agreed in December 2020. The report set out the progress made in delivering against the Strategy and the Lewisham Local SRH Action Plan. CM highlighted that services had been remodelled and reshaped since the end of the pandemic, towards more contact based provision in clinics and other health care settings.

c.) The Board raised several points in relation to the Action Plan including how unmet demand was recorded, the monitoring of calls and the follow up action taken when clients can't get through to the service, as well as the better promotion of sexual and reproductive health services to improve access. In response, it was recognised that more data needed to be collected to identify gaps in provision and where demand was most acute. The issue of calls not being answered, because lines were busy, will also be investigated further to establish the scope for improving the response rate.

The Health and Wellbeing Board noted the progress made to date in delivering the LSL Sexual Health Strategy

Digital Exclusion and Access to Health Services 2021

a.) MK requested that the Board should not lose sight of Healthwatch's report on Digital Exclusion (which had already been presented to the Board in March) and its recommendations. Healthwatch Lewisham were still pursuing formal responses to the report and wish to pick up any further feedback/responses at the meeting. MK highlighted that as the Board's role was to lead change in the local health and care system more could be done by partners to collaborate and implement the findings of the report.

The project had been cited as an example of good practice as part of the recent community and citizen engagement review commissioned by Lewisham Health & Care partners. The decision by North Lewisham Primary Care Network to develop a Digital Hub to provide guidance and advice to support residents engage with the digital access systems implemented by GP practices, was directly influenced by the Digital Exclusion report. The Board agreed that a concerted effort was needed to address the issues

raised in the report and to act on the recommendations. The initiative led by North Lewisham Primary Care Network should be seen as a catalyst for wider change throughout the system. The report will also be discussed through the Local Care Partnership to look at a joined-up approach. From a Council perspective, the role of using the libraries service as a pilot for widening digital and non-digital access to services for excluded groups will be explored further.

Healthwatch Lewisham Annual Report 2021-22

a.) MK introduced the report and stated that over 2021/22 Healthwatch Lewisham engaged 4,025 people who shared their experiences of health and social care services, helping to raise awareness of issues and improve care. 166 people contacted Healthwatch for clear advice and information about topics such as mental health and Covid-19. 112,888 visits were made to Healthwatch's social media platforms and website.

b.) The major projects worked on over the year were Healthwatch's Youth Board to understand the emotional wellbeing needs of young people and how they would prefer to access support, with the findings presented to the South-East London Quality and Safety Sub Committee. Eight feedback Forums were organised which saw Healthwatch engage with 40 residents. The Forums are a platform for residents to discuss health and social care issues, leave feedback on specific services and seek signposting support. Patient experience data captured was analysed to understand the experiences of Black, Asian and Ethnic Minorities when using local hospital services. 453 people communicated their experience of the COVID-19 vaccination Programme, which was shared with the local vaccination team to help maintain a good quality service.

c.) The Board endorsed the consultation and engagement activities of Healthwatch Lewisham. The scope for a broader consultation with a greater number of local health service users was raised and the benefits of triangulating this feedback with other data sources to get the big picture and use this to improve overall services.

Healthwatch Lewisham Quarter 4 Patient Experience Report

a.) MK introduced the Patient Experience Report for Healthwatch Lewisham, which covered the Quarter 4 period from January to March 2022. The information presented reflected individual patient experiences of health and social care services, to ensure that the genuine observations and commentaries of the community were captured. During this period, the Patient Experience Programme received 1,090 feedback comments. Of these comments, 61% (661) comments had a positive rating, 34% (375) were negative and 5% (54) were neutral. The Board noted the report.

There were no further for information items.

8. Any other business

No other business was raised.
The meeting ended at 16:55pm

Health and Wellbeing Board

Declarations of Interest

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Chief Executive (Director of Law)

Outline and recommendations

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

1. Summary

1.1. Members must declare any personal interest they have in any item on the agenda. There are three types of personal interest referred to in the Council's Member Code of Conduct:

(1) Disclosable pecuniary interests

(2) Other registerable interests

(3) Non-registerable interests.

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

2. Recommendation

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

3. Disclosable pecuniary interests

3.1 These are defined by regulation as:

(a) Employment, trade, profession or vocation of a relevant person* for profit or gain

(b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).

(c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.

(d) Beneficial interests in land in the borough.

(e) Licence to occupy land in the borough for one month or more.

(f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.

(g) Beneficial interest in securities of a body where:

(a) that body to the member's knowledge has a place of business or land in the borough; and

(b) either:

(i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or

(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

4. Other registerable interests

4.1 The Lewisham Member Code of Conduct requires members also to register the following interests:

(a) Membership or position of control or management in a body to which you were appointed or nominated by the Council

(b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party

(c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25.

5. Non registerable interests

5.1. Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

6. Declaration and impact of interest on members' participation

6.1. Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**

6.2. Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph 6.3 below applies.

6.3. Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.

6.4. If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

6.5. Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

7. Sensitive information

7.1. There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

8. Exempt categories

8.1. There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

(a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)

(b) School meals, school transport and travelling expenses; if you are a parent or

guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor

(c) Statutory sick pay; if you are in receipt

(d) Allowances, payment or indemnity for members

(e) Ceremonial honours for members

(f) Setting Council Tax or precept (subject to arrears exception).

9. Report author and contact

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

Health and Wellbeing Board

Report title: Health Protection updates for infectious diseases and outbreak preparedness planning

Date: 14th December 2022

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Aslam Baig, Public Health Strategist; Kerry Lonergan, Consultant in Public Health; 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 on local and relevant health protection concerns.

The Health and Wellbeing Board are recommended to:

- Note the contents of the report
- Agree to revert the role of the Board from being the Local Outbreak Engagement Board to one of assurance that good health protection plans and structures are in place, led by the Director of Public Health.

1. Recommendations

1.1. The purpose of this report is to provide an update to the Lewisham Health and Wellbeing Board and to suggest that the role of the Board revert to assurance that good health protection plans and structures are in place, led by the Director of Public Health.

1.2. The Health and Wellbeing Board are recommended to note the contents of the report and agree their role will revert to one of assurance.

2. Background

2.1. 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 Local Outbreak Management Plan.

2.2. The role of the Director of Public Health at local authority includes accountability for the authority's public health duties. The DPH is a statutory chief officer of the authority with a frontline leadership role on health related matters, which includes health protection.

2.3. This report updates the Board on emerging and existing health protection issues affecting all those living and working in the borough of Lewisham and seeks agreement that their role should revert to assurance.

2.4. The issues are presented in reverse chronological order – the most recent first.

3. Diphtheria in asylum seekers and refugees

3.1. An increase in cases of diphtheria is being reported amongst asylum seekers in England.

3.2. The most recent cases are being identified in new arrivals into two large initial reception centres for asylum seekers (AS) in Kent:

- the Manston Reception facility for adults and families;
- and Kent Intake Unit for Unaccompanied Asylum-seeking children.

3.3. Cases are also being diagnosed further along the asylum seeker pathway as individuals are re-located into hotel accommodation settings across England.

3.4. No cases have been confirmed in staff at these settings.

3.5. The UK Health Security Agency (UKHSA) has recommended mass antibiotics and a single dose of diphtheria containing vaccine for specific groups of asylum seekers who have been through the initial reception centres named above over particular time periods.

3.6. Action across South East London has been initiated to plan and implement the recommended UKHSA actions. Local partnerships within Lewisham are established and a local action plan has been signed off by the Director of Public Health and is ready for use.

4. COVID-19

4.1. **Cases**

We continue to see community and healthcare associated transmission of COVID-19.

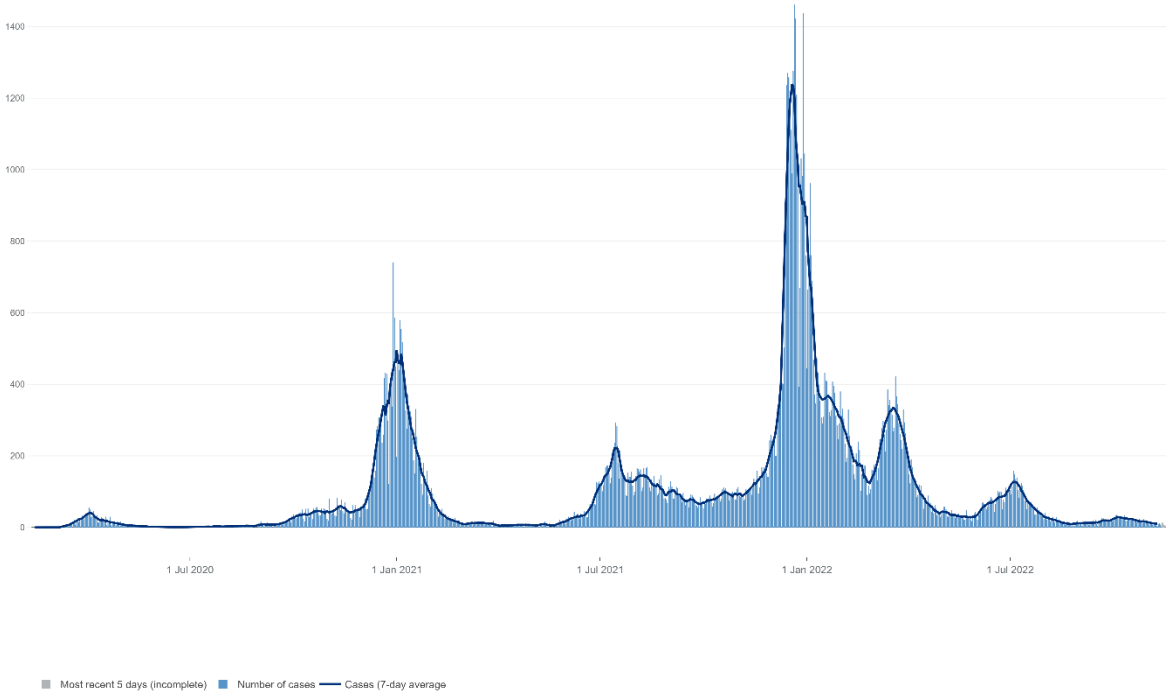
4.2. As of 21st November 2022, there have been a total of 103,042 confirmed cases of COVID-19 in Lewisham, 73 of those in the previous 7 days.

4.3. Figure 1 shows the number of cases, by specimen date in Lewisham since 2020.

4.4. Since the last Health and Wellbeing Board update in September 2022, there have been a number of outbreaks in University Hospital Lewisham. After careful management by the infection prevention team at the hospital, these are have all now ended and there have been no new cases in the last two weeks (as of 21/11/22).

4.5. During October and November 2022, there have been a small number of outbreaks in older adult care homes in the community. They were all managed and resolved with input from UKHSA South London health protection team, the Lewisham public health and commissioning teams.

Figure 1. Daily number of new lab confirmed cases in Lewisham until 21 November 2022



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

4.6. **Lewisham Acute Respiratory Infection (ARI) Plan 2022**

Recent analysis of respiratory communicable diseases has set out the increased risk of influenza this year. Alongside the continued transmission of COVID-19, a Lewisham Acute Respiratory Illness plan has now replaced Lewisham's Local COVID-19 Outbreak Management Plan (LOMP) from October 2022. This plan is attached at appendix 1. The plan will remain interim until updated national and regional guidance from the NHS and UKHSA on pandemic planning have been published.

4.7. The Lewisham ARI plan will be informed by the Council's winter preparedness plan, and the ICS winter pressure planning.

4.8. **COVID-19 autumn booster**

People aged 50 years and older, residents in care homes for older people, those aged 5 years and over in a clinical risk group and health and social care staff have been offered a booster of coronavirus (COVID-19) vaccine this autumn. The autumn booster is being offered to those at high risk of the complications of COVID-19 infection, who may have not been boosted for a few months. This winter it is expected that many respiratory infections, including COVID-19 and flu may be circulating at high levels – this may put increasing pressure on hospitals and other health care services.

4.9. The most recent data suggest that nearly 45,000 people in the borough have taken up the offer of a COVID-19 autumn booster. The majority of whom are over 65 years old.

4.10. Those eligible have been offered an appointment between September and December 2022, with those at highest risk being called in first. Those eligible should have their booster at least 3 months after their last dose of vaccine.

4.11. For more information about the autumn booster please see: https://www.gov.uk/government/publications/covid-19-vaccination-autumn-booster-

resources/a-guide-to-the-covid-19-autumn-booster

5. Influenza

5.1. Seasonal influenza vaccinations are being offered to children up to Year 9, adults over 50, those who are pregnant, who have certain health conditions, are in long-stay residential care, receive a carer's allowance or who live with someone who has a compromised immune system.

Further information on eligibility can be found here Flu vaccine - NHS (www.nhs.uk)

5.2. Vaccinations are available from local GP surgeries, some pharmacies and some maternity services (for those who are pregnant).

You can book a flu vaccination here Flu vaccine - NHS (www.nhs.uk).

5.3. Children in primary school and secondary school years 7, 8 and 9 will be offered a flu vaccination by the school nursing team.

6. Other communicable disease concerns

6.1. **Monkeypox**

6.2. In Lewisham, we are continuing to work with colleagues in UKHSA and South East London Integrated Care System (ICS) to ensure that those eligible for vaccination for monkeypox have access to local vaccination sites.

6.3. The delivery of the Monkey Pox (MPV) vaccine is taking many several forms:

- The delivery of the vaccine in routine sexual and reproductive health appointments within SRH clinics and services.
- Clinic based timed appointments for vaccination only.
- Open access walk-in services.
- Mass vaccination sessions with invited timed appointments.
- A series of 'under-the-radar' (UTR) events where the vaccine is taken to specific cohorts (such as Trans, Asian, homeless and other population groups). These events are specifically designed to address vaccine equity after the first rollout of the vaccine identified limited access to the vaccine by certain groups.

6.4. **Polio**

6.5. Polio is an infection caused by a virus that attacks the nervous system – it can cause permanent paralysis of muscles. Before the polio vaccine was introduced, there were as many as 8,000 cases of polio in the UK in epidemic years. Because of the success of the polio vaccination programme, there have been no cases of natural polio infection in the UK for over 30 years (the last case was in 1984) and polio was eradicated from the whole of Europe in 2003.

6.6. The Joint Committee on Vaccination and Immunisation (JCVI) has advised that children aged 1 to 9 years old in London be offered a dose of polio vaccine, following the discovery of type 2 poliovirus in sewage in north and east London. The number of children vaccinated in London is lower than it should be, so boosting immunity in children should help protect them and reduce the risk of the virus continuing to spread.

6.7. For some children this may be an extra dose on top of their routine vaccinations. In other children it may bring them up to date with their routine vaccinations. This will ensure a high level of protection from any risk of paralysis, though the risks to the general

population are still assessed as low due to high vaccine coverage rates overall.

6.8. For further details please see: https://www.gov.uk/government/publications/polio-booster-campaign-resources/have-your-polio-vaccine-now-information-for-parents

6.9. In Lewisham, there are approximately 2,000 children who are unvaccinated against polio between the ages of 1 and 9 years. We are working with GPs (who already deliver routine childhood vaccinations including polio vaccination), the hospital and some local pharmacies to support local delivery of the polio booster vaccination programme. Families with eligible children will have received a letter and text message to let them know about the programme.

6.10. Whilst the programme to give polio booster vaccinations to children aged 1-9 years in London ends on the 23rd December 2022, in Lewisham we will continue to encourage parents and their children to get up to date with their routine immunisations.

6.11. **Group A Streptococcus (GAS)[1]**

6.12. Group A streptococcus (GAS) is a common bacteria. Lots of us carry it in our throats and on our skin and it doesn't always result in illness. However, GAS does cause a number of infections (such as tonsillitis, pharyngitis, scarlet fever, impetigo and cellulitis) some mild and some more serious.

6.13. The most serious infections linked to GAS come from invasive group A strep, known as iGAS.

6.14. These infections are caused by the bacteria getting into parts of the body where it is not normally found, such as the lungs or bloodstream. In rare cases an iGAS infection can be fatal. Whilst iGAS infections are still uncommon, there has been an increase in cases this year.

6.15. Investigations are underway following reports of an increase in lower respiratory tract Group A Strep infections in children over the past few weeks, which have caused severe illness.

6.16. Currently, there is no evidence that a new strain is circulating. The increase is most likely related to high amounts of circulating bacteria.

6.17. It isn't possible to say for certain what is causing higher than usual rates of these infections. There is likely a combination of factors, including increased social mixing compared to the previous years as well as increases in other respiratory viruses.

6.18. The numbers of cases in South London are being closely monitored by the South London Health Protection Team, which is part of the UK Health Security Agency (UKHSA). Any school outbreaks in Lewisham are managed and monitored by the South London Health Protection Team with updates to the Director of Public Health.

6.19. Information for parents can be found at the following blog from the UKHSA: https://ukhsa.blog.gov.uk/2022/12/05/group-a-strep-what-you-need-to-know/

7. Financial implications

7.1. Resourcing of the ongoing local response to COVID-19 and other communicable diseases will be met from existing public health and Lewisham Local Care Partnership budgets.

[1] https://ukhsa.blog.gov.uk/2022/12/05/group-a-strep-what-you-need-to-know/

8. Legal implications

8.1. There are no legal implications arising for Lewisham Council from this update report.

9. Equalities implications

9.1. 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/attachment_data/file/892085/disparities_review.pdf)
- Beyond the data: understanding the impact of COVID-19 on BAME groups, PHE, 2020(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)

10. Climate change and environmental implications

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

11. Crime and disorder implications

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

12. Health and wellbeing implications

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

13. Report author and contact

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Interim principles and commitments for pandemic planning for Acute Respiratory Infections (ARIs) (including COVID-19)

London Borough of Lewisham

October 2022

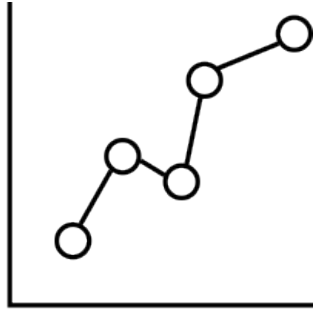
Version Control

Date	Version	Editor(s)	Edits
13/10/2022	V1	Kerry Lonergan Catherine Mbema	Document prepared Dates added and specific wording amended Key roles and responsibilities added Risk assessment added

Introduction

- New and emerging infections can occur at any time.
- Learning from COVID-19 pandemic demonstrated:
  - the impact of a virus on the local population;
  - highlighted the complex social and behavioural challenges within pandemics, and;
  - how existing plans may need to be adapted to take account of the need for flexible and agile responses.
- This plan sets out a series of principles and commitments from the local authority which will underpin our response to any ARI outbreak.
- This plan replaces the previous Lewisham COVID-19 Local Management Plan (LOMP).
- Any local plans will need to align with the national and regional overarching crisis-response strategies when developed and published (not available at time of writing in October 2022).

Assurance of timely detection and reporting of disease



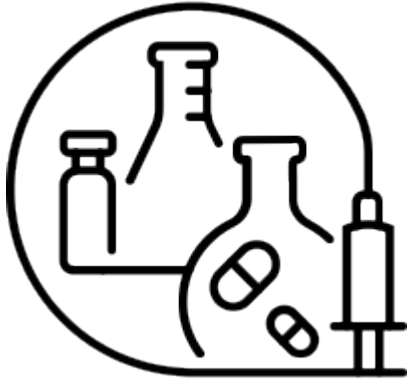
- The local UKHSA health protection teams (HPTs) monitor the numbers of notifiable infectious diseases (NOIDs) within each borough.
- HPTs will identify any unexpected increases in the number of cases of a NOID in the local population. This will include increased vigilance around high risk settings such as care homes, homeless hostels and asylum seeker institutions.
- The severity and the number of cases confirmed will be shared with local Director of Public Health (DPH).
- Pandemics are instigated nationally when a public health emergency of international concern is declared by WHO.
- The DPH may choose to implement early activity to prepare for a pandemic response within the borough.

Assessment of risk from detected increase in cases

- UKHSA likely to alert local authority public health teams to the case/outbreak.
- Efforts to contain the spread will be employed by UKHSA, in partnership with Lewisham Council.
- LDPH will lead assessment of risk to borough – severity, likelihood of risk, vulnerability of population. Appendix A is a template for this assessment.
- Inequalities will be assessed and mitigations planned for.
- Partners will be part of the risk assessment process (integration and cross coordination).
- Communications with the local community will be planned in partnership between UKHSA and the local authority.
- Use and focus of available resources will be determined to manage the risk.

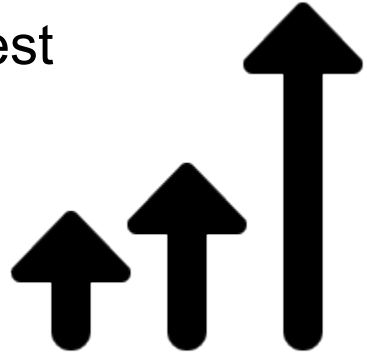
Timely and appropriate treatment for those who are unwell

- Appropriate care and treatment for those who are unwell.
- Offering anti-virals or other medications (where appropriate).
- Encouraging vaccination (if applicable).
- Communicating how services are responding to increasing numbers of patients.
- **Mitigating** against the impact of a pandemic across society, paying particular attention to inequalities.



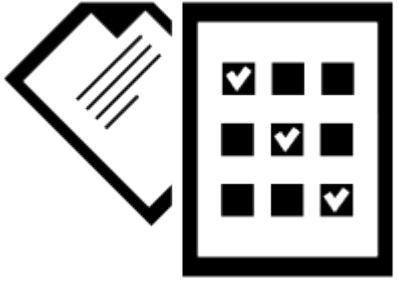
Escalation to additional activities will be taken with partners, based on the best available evidence

- Monitoring and assessing the pressures on services.
- Implementing adjustments to meet demand.
- **Research** will help inform areas of best practice and best models of care.
- Support of the local communities and work with local residents.
- Mechanisms and relationships to mobilise at pace.
- Ensuring resources are distributed **equitably**.



Partners will put in place testing to ensure they are ready to respond

- Scenario testing sessions.
- Check, challenge, stress and strain on the system.
- Support from emergency planning, preparedness and resilience colleagues.
- Sharing learning and updates.



The Council will plan for recovery and returning to business as usual

- Planning for return to business as usual.
- Exit strategies for additional activities.
- Restoring infrastructure and processes.

Key roles and responsibilities

Organisation/Agency	Role
London Borough of Lewisham	Supporting the work of all partners Scenario testing Initial risk assessment and initiation of outbreak management (when required) Providing evidence of best practice Informing and guiding the introduction of additional support measures Supporting development of exit strategies for additional support measures Informing equitable distribution of resources Oversight of the impact of inequalities
UKHSA	Initial identification and monitoring of cases Alerting DPH and Lewisham Council of increased/concerning activity Continued management of outbreaks, with support from LBL
Local VCS	Advice and guidance to Lewisham Council on communicating risk with communities Offering support and guidance on best ways to support the communities Providing feedback on effect of inequalities
Primary Care	Providing treatment to those who are unwell Provision of vaccination if required to population at risk
Acute Trust (Lewisham & Greenwich Trust)	Providing treatment to those who are unwell Provision of vaccination if required to population at risk
Office of Health Inequalities and Disparities	Provision of additional funding Allowing access to data sharing across agencies
NHS England/Improvement	Provision of additional funding Allowing access to data sharing across agencies

Appendix A: Risk assessment

Time	Person	Place
When was the first case?	Who is affected?	Where have the cases appeared?
When was the most recent case?	Are they vulnerable? Do they have any specific vulnerabilities?	Has there been any spread within or between settings?
What are the dates of all cases? (i.e. to identify transmission)	Is there any evidence of inequality?	

- What is the evidence for continued spread?
- Is there particular concern about severity/increased mortality?
- What is the evidence for containing further outbreak?
- Are there any vaccines or treatments for vulnerable population groups?
- Do people have a full understanding of the situation?

South East London Integrated Care System

NHS South East London

Developing our SEL Integrated Care Strategy

Update for Lewisham Health and Wellbeing Board

14th December 2022

Requirements for ICSs to develop an integrated care strategy and a five-year NHS system plan

South East London Integrated Care System

Integrated care strategy

- National requirement for each ICS to develop an integrated care strategy.
- To be overseen by our Integrated Care Partnership (bringing together health and local authority leaders.
- The strategy might cover the following:
- Joining up and integrating care
- Improving outcomes
- Tackling inequalities
- Addresses the wider determinants of health and wellbeing
- **For completion by end of 2022**

NHS System plan

- Alongside the strategy, each ICS is also required to develop a five year NHS system plan
- This will be overseen by our Integrated Care Board
- To explain how our system will meet the needs of the population, responding to the Integrated care strategy.
- To include ensuring NHS services and performance are restored following the pandemic, in line with national operational planning requirements, and that Long Term Plan commitments are met.
- **For completion by end March 2023**

Our ambitions and objectives for our integrated care strategy

South East London Integrated Care System

Our shared ambitions for our strategy

- Our ambition is to develop a strategy that is different to what has gone before.
- We are not trying to replicate what is happening in each borough or provider in our system.
- Instead, we want our strategy to home in on a small number of major opportunities for cross-system change and deliver real impact
- We want to build on broader engagement with staff and communities on strategic priorities, including engagement in 2019.
- Finally, we want to continue developing our strategy in close dialogue with local authority, VCSE partners and our staff and communities and ensure a joint strategy across bodies in our system.

What we want our strategy to contain and do

1. Provide a vision for the future shape of health and care services in South East London;
2. Identify a small number of major priorities for cross system action, where strategic action at South East London level could deliver a step-change in health and care;
3. Establish an overall strategic approach to addressing these big priorities through SEL wide action with realistic outcomes and metrics;
4. Use this process to build our capabilities in partnership and delivering cross system change.

How we think the ICS strategy should be structured

South East London Integrated Care System

1

SEL ICS mission statement - 'Our purpose'

Building on the four statutory purposes of an ICS*, "our mission is to help people in south east London to live the healthiest possible lives. We will do this through: i) helping people to stay healthy and well; ii) providing the right treatment when people become ill; iii) caring for people throughout the course of their lives; iv) taking targeted action to address health inequalities; and v) supporting resilient, happy communities."

2

High level ambitions for the ICS strategy - 'Our strategic vision' [*in development: from engagement so far]*

How we want the nature of care to change, e.g.: Preventing ill-health, particularly by taking a holistic approach to health and care and focusing on wellbeing; integrating services to achieve the best outcomes; working in true partnership with local people

3

Cross-cutting themes for the strategy - 'To take forward across SEL programmes of work' [*in develop.*]

Themes to take forward across all of our work including flagship programmes and in our enabler strategies. For example: 1) Improve health and care outcomes, address health inequalities; 2) Person-centred, integrated and joined-up services which are inclusive, accessible and trusted; 3) Sustainable services, a green system, and support our communities as Anchor organisations; 4) Transformation (of our workforce, our care, digital and data, estate, investment and funding mechanisms); 5) How we will deliver our ambitions, including our culture, capability and capacity.

4

What challenges or opportunities do we prioritise for system-level action over the next 5 years – 'Our strategic priorities' [*in development*]

A small no. of big opportunities to improve health and care as a system in the next 5 years - measurable and outcome oriented.

**1) Improve outcomes in population health and healthcare; 2) Tackle inequalities in outcomes, experience and access; 3) Enhance productivity and value for money; 4) Help the NHS support broader social and economic development*

Our engagement approach

Engagement activity	Target Group	Timescales	Outputs
Face to face SEL wide engagement event	100 system leaders – SEL wide health and care leaders, VCSE leaders, Healthwatch	Second half July 2022	Input into prioritisation process
Two online events for service users and partners	Open events for all interested stakeholders	July 2022	Input into prioritisation process
Local Care Partnerships and Provider discussions	Leaders and staff in Local Care Partnerships and Providers	July – August 2022	Input into prioritisation process
First phase of online engagement	All staff and public	July – August 2022	Input into prioritisation process
Insights from engagement with seldom listened to groups	Specific communities we need to engage more closely with.	July- August and Autumn 2022	Input into prioritisation and strategy development
Strategy development workshops (online and face to face)	Leaders, staff and community members from across our system	November 2022	Input into strategy development / problem solving process
Second phase of online engagement	All staff and public	November – December 2022	Input into strategy development / problem solving
Launch events (details to be determined)	All staff and public	February – March 2023	Awareness raising and mobilisation

Our vision in summary

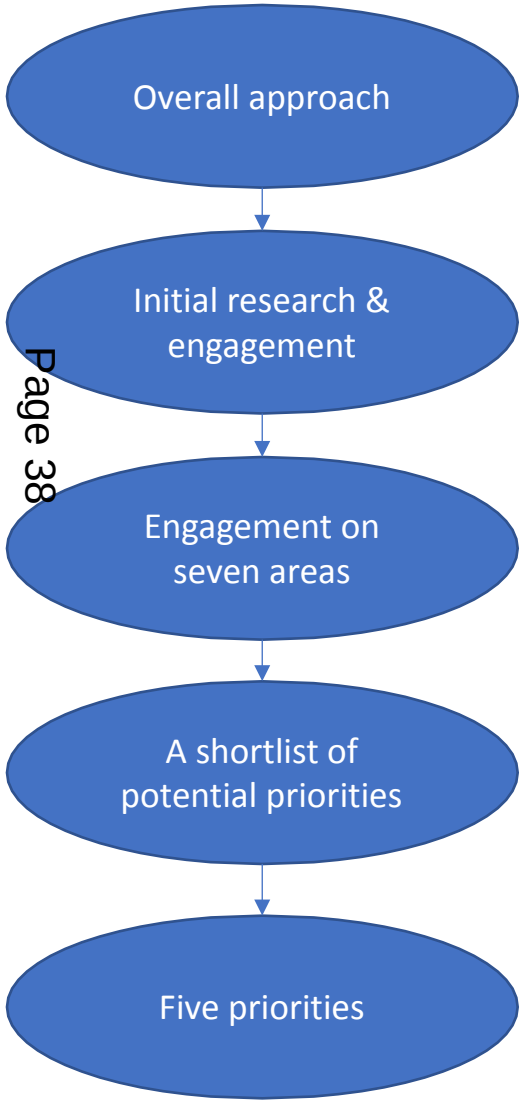
South East London Integrated Care System

Our mission
Our mission is to help people in South East London to live the healthiest possible lives. We will do this through helping people to stay healthy and well, providing the right treatment when people become ill, caring for people throughout their lives, taking targeted action to address health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.

Our draft vision – in summary	
1. Health and wellbeing	We want to become as good at protecting health and wellbeing as treating illness. We will need to invest in more coherent, effective and proactive preventative health services. We will need to work in partnership to create healthier environments and support healthier living.
2. Convenient care	We need to make it as easy as possible for people to interact with our services, tackle the long waiting times for some services and offer more convenient and responsive care.
3. Whole person care	We need to bring together professions and services to deliver coherent team-based care. Local people and carers should be able to rely on a single small team of staff who they know and trust to provide most of their care.
4. Improving care for all our communities	We need to target resources at those most in need to tackle gaps in access, quality of care and health outcomes for different social groups. We also need to develop more tailored and culturally appropriate services to better meet the needs of women, minorities and the most disadvantaged people in South East London.
5. Partnership with our service users	We want to build genuine partnership working between health and care professionals, communities, and service users and carers, where professionals work with service users and their carers to understand what really matters to them and support them in managing their health and care.
6. Empowering our staff	We want to encourage our staff to go out and improve services, without waiting for permission, but to do so in line with these principles: thinking in particular about how we can improve prevention, offer more convenient, whole person care, tailor services for deprived groups, and harness the power of service users and communities.

Our approach and progress so far in identifying potential strategic priorities

South East London Integrated Care System



Early summer 2022	We agreed our overall objectives for our strategy, including identifying a small no. of priorities for cross system action focused directly on concrete opportunities to improve people's care. We also agreed a set of criteria for assessing priorities.
June – July 2022	We reviewed previous SEL strategy engagement, JSNAs, HWB strategies and other strategies and invited comments from the public on potential areas of action. This led to seven initial areas for engagement.
July 2022	We engaged leaders, our staff, partners and the public on broad strategic areas, asking which specific problems / opportunities we should focus on. (We also asked people to tell us what was missing, outside our seven initial themes.)
August – Sept 2022	This engagement provided a longlist potential strategic priorities. We analysed each against our agreed criteria for a good SEL priority (size of opportunity, need for collaboration, feasibility) and identified the strongest candidates.
Sept – Nov 2022	Based on this analysis, we identified a smaller list of five priorities for our strategy. We have held further engagement with the public and system leaders, and are beginning a process of further defining each priority.

Our initial research and engagement to frame our discussion on potential strategic priorities

South East London Integrated Care System

Overall approach

Initial research & engagement

Engagement on seven areas

A longlist of potential priorities

Four themes and potential areas of focus

Population health data

As available, recognising that JSNAs are in the process of being updated.

People's stories through the life course

Based on known experiences from ongoing projects and engagement

Themes from working with people and communities

Themes from engagement across the ICS since 2019.

System performance data

The current system performance position as viewed by the ICB.

Potential themes for discussion

Early engagement on this strategy

We asked partners and the public to tell us what themes they wanted to focus on in our initial online events

Themes from other strategies

Previous engagement and CCG strategies, HWB Strategies, Trust strategies

Our approach to identifying strategic priorities for cross system action

Test 1: **Size of the opportunity**	Would addressing this problem or pursuing this opportunity deliver substantial improvements in health and care for our communities?	For example could we significantly improve outcomes, efficiency and address inequalities?
Test 2: **Need for collaboration**	Is this a problem or opportunity where different parts of our system would really benefit from working together?	For example, are there substantial benefits in pooling knowledge and expertise and joint working? Do different parts of our system need to redesign care together? Do we need to build some shared infrastructure?
Test 3: **Feasibility**	Is it realistic to believe we could make tangible progress on this area within the next 3 to 5 years?	For example, can we envisage a strategic approach that would allow us to make significant progress? Could we find the will, capabilities and resources to implement it?
Test 4: **Strategic coherence**	Put together, do our selected priorities add up to coherent consistent, and coordinated approach?	For example, does one priority support another. Do they add up to more than the sum of their parts?

Our strategic priorities (subject to wording changes)

South East London Integrated Care System

Prevention & wellbeing 	How can we become better at preventing ill-health and helping people to live healthy lives?	Ensuring that everyone in south east London receives convenient and effective care to prevent disease and for early detection of disease, including children and adults from our most deprived groups.
Children and Young People 	How can we ensure that children and young people in South East London get the best possible start in life?	Ensuring that mothers, children and families receive effective prenatal, postnatal and early years support.
Children and Young People 	How can we ensure that children and young people in South East London get the best possible start in life?	Ensuring children and young people can access effective early intervention services for mental health challenges.
Adult mental health 	Ensuring that adults across South East London can access effective support to maintain good mental health and wellbeing.	Ensuring that adults have rapid access to a broad range of effective early intervention services for mental health challenges.
Primary care, long term conditions, complex needs 	How can we deliver convenient primary care and well-coordinated, joined up and whole person care for older people and others with long term conditions and complex needs?	Ensuring that people can access high quality primary care, and people with long term conditions receive high quality, joined-up and convenient care spanning the primary, community and hospital system.

Strategic themes, ways of working and enablers

We have also been engaging with leaders, partners, staff and the public on cross cutting strategic themes for our strategy, including the ways of working, capabilities and enablers we will need to deliver our vision and strategic priorities.

Strategic themes	• We propose to include a set of cross-cutting strategic themes which recognise, within a SEL context, the four purposes of an ICS: improving outcomes, ensuring financial sustainability, addressing health inequalities and supporting socio-economic development. • These themes will act as a lens through which to view delivery of the priorities of our strategy and the broader set of objectives in our five-year NHS system plan.
Ways of working and capabilities	• We propose to set out at a high level how we will work together as a system on our strategic priorities to deliver substantial change. • These are likely to include: our ability to work effectively across boundaries; our innovation capability; and the activities that might take place at different levels in our system. • We will respect both the need for a degree of cross-system collaboration on our priorities and our commitment to respecting subsidiarity.
Enablers	• Separate strategies exist (or are under development) for our enabling infrastructure (e.g., data and digital, workforce and estates). • We do not propose to duplicate that work within this strategy, although we recognise that the enabler strategies will need to be refreshed in light of the Integrated Care Strategy. • For example, we need to support our workforce in playing cross-system leadership roles, leading cross-system transformation and in working in cross-system teams.

Planned next steps

- We are in the process of refining our vision and strategic priorities and develop our cross-cutting strategic themes, ways of working and enablers.

- To feed into this process, alongside in November we held two online public events and two in-person events for system leaders, and continue to meet with key stakeholders including our Health and Wellbeing Boards. We are seeking input into the framing of our strategic priorities, the ambitions and outcomes we should set ourselves and the solutions we should explore.

- We are creating an “Our Priorities” document for submission to NHSE by the end of December 2022. We plan to circulate a draft initial publication to Partnership Members for review in the second week of December.

- In parallel, groups of experts are being set up for each priority; these will include representatives from across the system, including the VCSE and Healthwatch. Taking onboard the outputs from our engagement, these groups will be asked to review the evidence and propose an overall strategic approach and outcomes for their priority. These groups will continue into Spring 2023.

- We propose to develop a more detailed strategy setting out our overall approach to delivering strategic priorities and implementation plans before the end of 2023-24.

South East London
Integrated Care System

Health and Wellbeing Board

Developing the new Lewisham Health and Wellbeing Strategy

Date: 14 December 2022

Key decision: No.

Class: Part 1

Ward(s) affected: All

Contributors: Catherine Mbema, Patricia Duffy

Outline and recommendations

Lewisham's current Health and Wellbeing Strategy is at the end of its lifespan. This report summarises previous Health and Wellbeing Board items on the strategy recommends that the Health and Wellbeing Board consider options to create a new strategy.

Timeline of engagement and decision-making

This item was previously discussed at the March 2018 and March 2020 Health and Wellbeing Boards. Both meetings agredd that a new Health and Wellbeing Stratgey should be developed.

1. Summary

This report gives the Health and Wellbeing Board information to consider how best to develop and proceed with the production of a new Health and Wellbeing Strategy (HWS). Background on the current strategy is given as well as important context, including findings from the Wider Impacts of COVID-19 Joint Strategic Needs Assessment.

2. Recommendations

It is recommended that the Health and Wellbeing Board consider how best to develop a new Health and Wellbeing Strategy, including approach and timelines. This should be seen in context of previous recommendations and the wider impacts of COVID-19.

3. Policy Context

As mandated by the Health and Social Care Act 2012, every Health and Wellbeing Board in England has a statutory responsibility to produce a HWS. This should be informed by the Joint Strategic Needs Assessment (JSNA). Lewisham's last HWS was published in 2013, with a refresh produced in 2015. The JSNA has continued to be updated throughout the duration of the HWS. A Performance Dashboard was developed to support monitoring of the HWS.

4. Background

Lewisham's ten year HWS was published in 2013. It contained three overarching aims:

1) To improve health – by providing a wide range of support and opportunities to help adults and children to keep fit and healthy and reduce preventable ill health.

2) To improve care – by ensuring that services and support are of high quality and accessible to all those who need them, so that they can regain their best health and wellbeing and maintain their independence for as long as possible.

3) To improve efficiency – by improving the way services are delivered; streamlining pathways; integrating services, ensuring that services provide good quality and value for money.

The strategy also identified nine priority areas for action over the 10 years which were largely shaped through the JSNA and various stakeholder engagement activity. These priority areas for Lewisham were as follows:

1) Achieving a healthy weight

2) Increasing the number of people who survive colorectal, breast and lung cancer at 1 and 5 years

3) Improving immunisation uptake

4) Reducing alcohol harm

5) Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking

6) Improving mental health and wellbeing

7) Improving sexual health

8) Delaying and reducing the need for long term care and support

9) Reducing the number of emergency admissions for people with long term conditions

In 2015, the strategy was refreshed following engagement activity with stakeholders and discussions by the Health and Wellbeing Board. Three interdependent broader priorities were identified for 2015-18:

1) To accelerate the integration of adult, children's and young people's care

2) To shift the focus of action and resources to preventing ill health and promoting independence

3) Supporting our communities and families to become healthier and more resilient, including addressing the wider determinants of health

5. Developing the new Lewisham Health and Wellbeing Strategy

5.1. Summary of previous papers on the development of a new strategy

March 2018 Report

In July 2017, the Health and Wellbeing Board agreed to the establishment of a Strategy Review Group to consider the priorities within the HWS and to determine whether the strategy remained fit for purpose. This group produced a report which was presented in March 2018.

This report noted that the current drivers of the Health and Wellbeing agenda nationally, regionally and locally had changed. As such it recommended that a revised HWS consider the following:

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

The report asked that the Health and Wellbeing Board should undertake a series of workshops to inform development of a revised HWS by reviewing the:

- Aims
- Priorities
- Delivery Plan and current monitoring arrangements
- Terms of Reference, Board membership and sub-structures

March 2020 Report

This subsequent report set out updated context and drivers for health and care across the borough and further recommended that members of the Board agreed to the development of a new HWS that reflected local health and care priorities. A programme of local stakeholder engagement to help develop and produce the new strategy was also proposed, as well as the Health and Wellbeing Board to hold a series of workshops to contribute to the development of the new strategy reviewing the aims, priorities and any associated delivery plan. Any approach to developing the revised strategy would need to be both flexible and sustainable i.e. one that remains adaptable to longer-term future changes whilst delivering within tight financial constraints.

Furthermore the report stated that consideration should be given to broadening the strategy's aims and priorities. To promote sustainability in the system, individuals should be encouraged to take greater control and responsibility for their own health and care,

with an emphasis on prevention needed to be reflected in any new strategy.

It also stated that consideration should be given to whether the revised strategy should incorporate the wider contributory factors to a person's overall health and sense of wellbeing such as housing, education, employment (the wider determinants of health), the environment and places residents live.

The report suggested that a new strategy should also reflect the Board's (at that time) focus on the need to address health inequalities in Black, Asian and Minority Ethnic groups, as it remained a locally agreed priority.

5.2. Health and Wellbeing Board Away Session – November 2022

A Board Away session facilitated by Local Government Association (LGA) colleagues was held on 17th November 2022 to begin discussions about the future strategic priorities of the Board following previous discussions about developing a new Health and Wellbeing strategy.

Discussions echoed previous considerations of a strategy that focused on the wider determinants of health. A new strategy should also align with other emerging plans for health and care in the borough including the Local Care Partnership priorities and South East London Integrated Care System Strategy.

A follow up session supported by the LGA is being planned for January/February 2023 to take forward planning for the new Health and Wellbeing Strategy.

5.3. High Level Findings from the Wider COVID-19 Joint Strategic Needs Assessment (JSNA)

The summary below describes broad findings from the Wider COVID-19 JSNA Topic Assessment. The JSNA Steering Group are in the process of reviewing the full report to finalise recommendations.

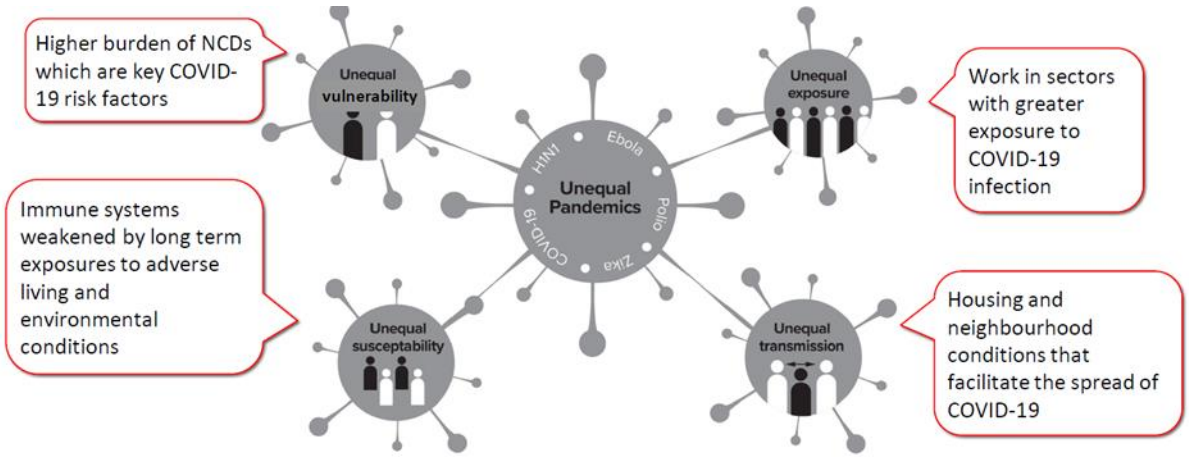
Scope

The purpose of this needs assessment was to understand both the direct and in-direct impacts of COVID-19 within Lewisham, as well as seeking to identify any impact on health inequalities. The overall number of cases, deaths and vaccine uptake are summarised, followed by analysis of a variety of data and indicators to understand 'knock-on' effects of COVID-19, for example waiting lists for treatment and uptake of preventative measures such as (other than COVID-19) vaccines and cancer screening. Due to the magnitude of the pandemic all impacts of COVID-19 must be considered to help inform the new HWS.

Findings - Direct Impacts of COVID-19

Whilst the older population and those with certain underlying health conditions were widely seen to be more vulnerable to the COVID-19 virus itself, further inequalities were seen, in that characteristics including but not exclusive to a person's ethnicity, living conditions or the type of work they did, impacted how likely they were to contract COVID-19 and how likely they were to become seriously ill. This is well summarised in 'The Unequal Pandemic: Health Inequalities' (Figure 1 below).

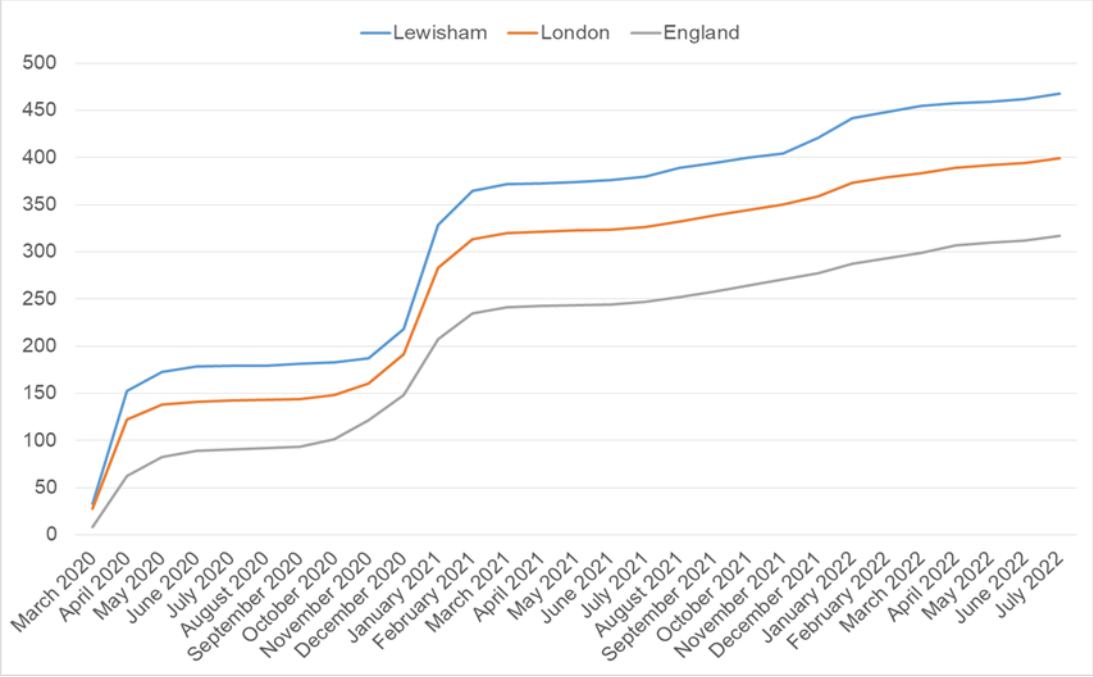
Figure 1: Pathways to Inequalities in COVID-19



(Source: The Unequal Pandemic: COVID-19 and Health Inequalities)

As Figure 2 below highlights, Lewisham's population saw a higher age-standardised COVID-19 mortality rate than both the regional and national average. This age-standardisation is important, particularly for an area like Lewisham which has a younger population bias.

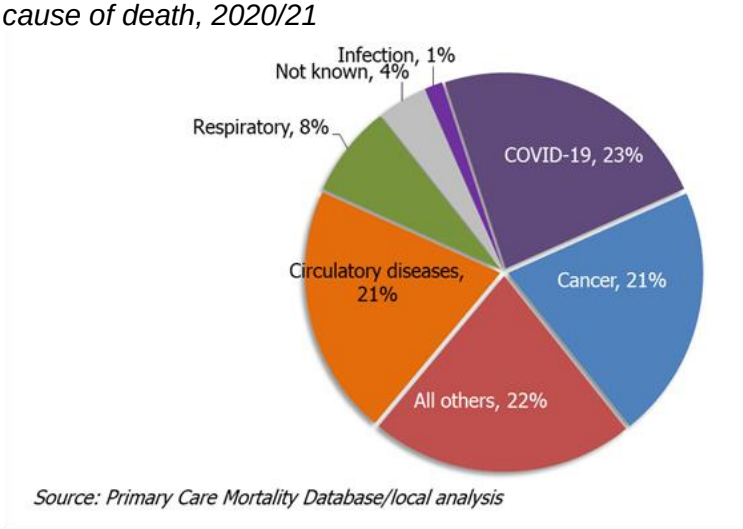
Figure 2: Cumulative age-standardised COVID-19 Mortality Rate per 100,000 population (March 2020 - July 2022)



(Source: CHIME Tool, OHID)

There were 2,341 deaths recorded in Lewisham in the financial year 2020/21, this was an increase from 1,874 in 2019/20. Figure 3 (below), shows the underlying cause of death by proportion for Lewisham residents who died in 2020/21. 547 (23%) deaths were due to COVID-19 and 490 (21%) due to cancer. Pre-pandemic cancer was the biggest cause of death, (538 of the total 1,874 deaths in 2019/20).

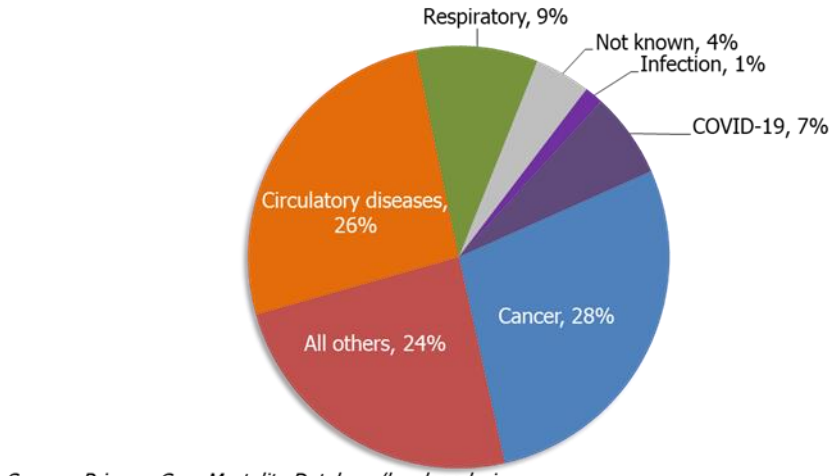
Figure 3: Proportion (%) of Deaths of Lewisham residents of all ages by underlying cause of death, 2020/21



Source: Primary Care Mortality Database/local analysis

In 2021/22 there were far fewer deaths (1,257) in Lewisham. Figure 4 (below) illustrates that 82 (7%) of deaths were due to COVID-19, and 354 (28%) were due to cancer. Cancer was once again the most common cause of death. Both the number of deaths due to COVID-19 and the total number of deaths in Lewisham in the second year of the pandemic were significantly reduced. Pre-pandemic the typical number of deaths per year in the borough was closer to 2,000.

Figure 4: Proportion (%) of Deaths of Lewisham residents of all ages by underlying cause of death, 2021/22



Source: Primary Care Mortality Database/local analysis

Due to the age bias of COVID-19 mortality, analysis by ethnicity was deferred to national data, analysed by OHID. At the start of the pandemic, people from a Black ethnic group

had the highest mortality rate. In the second wave, it was then people from an Asian ethnic group. What was consistent was that people from a White ethnic group saw the lowest COVID-19 mortality rate throughout the pandemic.

In terms of COVID-19 related hospital admissions at University Hospital Lewisham, the 'second wave' of COVID-19 accounted for more admissions per month than the 'first wave'. However despite the extremely high COVID-19 infection rate in December 2021 and January 2022, this did not translate into hospital admissions in the same way as previous infection peaks. This later Omicron wave occured after the mass vaccination roll out.

Findings - Long COVID

Long COVID is a broad term to describe the signs and symptoms that continue or develop after initial acute COVID-19 infection. The first cases of Long COVID were reported in May 2020 and since then, over 50 Long COVID symptoms have been described. Common symptoms include fatigue, shortness of breath, cough, smell or taste dysfunction, cognitive impairment, and muscle pain. The cause of Long COVID is, as yet, poorly understood and the subject of major international research.

ONS data estimated that in May 2022, 2 million people in the UK were experiencing self-reported Long COVID symptoms - 3.1% of the total population. Whilst national GP records for England looking at data between February 2020 and March 2022 found that 0.28% of the registered population had received a Long COVID diagnosis. In Lewisham, analysis of the local Population Health Management System showed that between May 2020 and May 2022, 1,332 people had been given a Long COVID diagnosis (0.38% of registered patients). This makes the local diagnosed Long COVID rate significantly higher than the England rate.

Those of working age saw higher rates of Long COVID, (peaking within 40-49 year olds). Women were twice as likely to be diagnosed as men. The ethnic group most diagnosed with Long COVID in Lewisham was Black Caribbean. The rate was significantly higher than those from a White or Black African ethnic group.

Findings - Wider Impacts of COVID-19

The wider impacts of COVID-19 have been felt right through the entire population. Issues in difficulty accessing healthcare both during lockdowns and subsequent delays and extended waiting lists have been extensive. However those who were already in poorer health have been disproportionately impacted by this. Delays in accessing healthcare are continuing and waiting times and targets are frequently not meeting operational standards.

The full needs assessment looks at a number of services but key findings to note include:

• *Cancer screening*: Rates of both cervical and breast cancer screening are yet to return to pre-pandemic levels. This is particularly concerning given Lewisham's levels were already significantly lower than the national average before COVID-19.

• *Immunisations*: Childhood immunisation levels are also yet to return to pre-pandemic levels. Whilst Lewisham has better uptake than many similar areas, overall uptake is significantly lower than the national average, therefore any drop leaves a greater proportion of the population exposed to illness and potential outbreaks.

• *Hospital Treatment Waiting Times*: Fewer LGT patients are being seen within the Operational Standard Waiting Time of 18 weeks to start treatment year on year since 2019. Whilst the proportion seen in January 2020 was lower than 2019 (pre-pandemic), the gap between the LGT level and the operational standard has increased much more significantly in both 2021 and 2022.

• *Two Week Wait Cancer Referrals*: Lewisham has been seen to have a notably higher rate of Two week wait urgent cancer referrals than other similar areas (and the national average) for some time. With the additional pressures of COVID-19 on the NHS, the % of patients seen within two weeks has fallen both well below the operational standard and further away from the England average

• *Surgery*: Within LGT the number of in-patient procedures dropped significantly during the 1st lockdown and then again between Jan-Mar 2021. Whilst levels have since returned to that seen in the last quarter before the pandemic, there does not appear to be any excess to account for those missed in the biggest waves

• *Child and Adolescent Mental Health Service*: The Lewisham service saw over a 40% increase in the number of referrals between 2020/21 to 2021/22. Around 7 in 10 referrals were accepted in both years, meaning that caseloads have increased. The increase in demand for services coupled with challenges around recruitment and retention of staff that is being felt nationally, has contributed to increased waiting times.

Although the needs assessment has strived to understand the breadth of effects of COVID-19, it is highly likely some of the wider impacts of the pandemic will not be fully understood for years to come. Some services now appear to have activity levels similar to before COVID-19 (such as surgery and Sexual Health), however in cases where services were temporarily halted or reduced, it is not clear how backlogs are being caught up with.

For other services, including uptake of preventative healthcare such as NHS Health Checks, immunisations and certain cancer screening we are still yet to return to pre-pandemic levels. This is more concerning in Lewisham, which even prior to COVID-19 was already seeing lower uptake and saw long standing health inequalities such as notable differences in life expectancy depending on the area of the borough a resident lived.

Mental health is another key area that will need to be monitored closely post-pandemic, particularly in light of the figures shared by the CAMHS service above.

6. Financial implications

There are no specific financial implications at this stage. If further discussions take place on commissioning and developing services in the future the financial implications will be considered at that point.

7. Legal implications

8. A Health and Wellbeing Strategy is a statutory responsibility of the Health and Wellbeing Board introduced by the Health and Social Care Act 2012, which amended the Local Government and Public Involvement in Health Act 2007, to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

9. Equalities implications

An integral part of any HWS should be to reduce health inequalities, both in terms of access to healthcare and outcomes for individuals. As a new HWS is developed health inequalities will be considered at every stage.

10. Climate change and environmental implications

There are now climate change and enviornmental implications from this report.

11. Crime and disorder implications

There are no crime and disorder implciations from this report.

12. Health and wellbeing implications

Yes, the core purpose of the HWS is to improve the health and wellbeing of residents.

13. Background papers

Health and Wellbeing Strategy Review Item at March 2018 meeting of the Health and Wellbeing Board

Developing a new Health and Wellbeing Strategy 2021-26 Item at March 2020 meeting of the Health and Wellbeing Board

Lewisham Health and Wellbeing Strategy

14. Glossary

Term	Definition
HWS	Health and Wellbeing Strategy

15. Report author(s) and contact

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Provide the name of the author of the financial implications.

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

Abdul Kayoum

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

Melanie Dawson

Health and Wellbeing Board

Report title: Birmingham and Lewisham African Caribbean Health Inequalities Review/Lewisham Health Inequalities and Health Equity Programme - Update

Date: 14th December 2022

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham; Dr Naheed Rana, Interim Consultant in Public Health; Tim Hughes, Health Inequalities Programme Manager in Public Health; Lisa Fannon, Training and Development Manager in Public Health; Livia Royle, Interim Consultant in Public Health

Outline and recommendations

This report provides an update to the Board on the Lewisham Health Inequalities. The report includes updates on:

- Launch and implementation of the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR).
- Implementation of the Lewisham Health Inequalities and Health Equity Plan for 2022-24.

Members of the Health and Wellbeing Board are recommended to:

- Note the contents of the report and progress made with the Health Inequalities and Health Equity Plan.

Timeline of engagement and decision-making

BLACHIR Report Launch and Roadshow events

7th June – Lewisham BLACHIR report launch

12th July - Health and Social Care Leaders

16th July – Lewisham People's Day

19th July – Working Together Main Grants and NCIL funded VCS event

22nd September – Children and Young People's Directorate

6th October – Lewisham Primary Care Black Minority Care Network

12th October – Lewisham Council Black, Asian Minority Ethnic Professional Network

20th October - Parliamentary Launch of BLACHIR Report

24th October – An audience with Dr Julius Garvey event

25th October - Phoenix Community Housing event including launch of cultural nutrition resources

1. Summary

2. Recommendations

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

- Note the contents of the report and progress made with the Health Inequalities and Health Equity Plan.

3. Background and Overview

3.1. The Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) has been a two year partnership between Lewisham Council and Birmingham City Council, to gather insights on health inequalities within Black African and Caribbean communities in Birmingham and Lewisham.

3.2. Both Birmingham and Lewisham shared a joint aspiration to undertake this ground breaking approach to improve ethnic inequalities, through an increased understanding, appreciation, and engagement with specific ethnic communities. This resulted in a collaboration between the two local authorities to share knowledge and resources through a review process. The aim has been to enable a more detailed and culturally sensitive approach to understanding inequalities and their drivers with a culturally intelligent approach.

3.3. A significant percentage of the Borough of Lewisham's Black African and Caribbean residents 23% (ONS 2011) represent just under a quarter of all ethnic identities in the population. Therefore, we have been uniquely placed to take on this project to improve the health and wellbeing of our communities.

3.4. BLACHIR has undertaken a 'deep dive' into available data, academic evidence, professional and lived experience of residents of Black African and Black Caribbean heritage in Lewisham and Birmingham with respect to health inequalities. The review

has enabled the development of practical opportunities for action to address systemic inequalities with the ambition of breaking decades of inequality in sustainable ways that will lead to a better future for residents.

3.5. Seven key themes have been outlined for action alongside 39 opportunities for action. The seven key themes include:

- Fairness, inclusion and respect
- Trust and transparency
- Better data
- Early interventions
- Health checks and campaigns
- Healthier behaviours
- Health literacy

3.6. A detailed implementation process has been co-developed and formally initiated at a wider stakeholder engagement event as part of the BLACHIR report launch.

3.7. The Health Inequalities and Health Equity Programme 2022 – 24 is the vehicle for delivery of the opportunities for action identified in the BLACHIR report.

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

4.1. A series of BLACHIR report launch events have taken place to engage with a range of stakeholders from across the Lewisham health and care partnership.

4.2. 7th June 2022 -The BLACHIR final report was launched in Lewisham. The launch event was hosted by Cllr Juliet Campbell, the Cabinet member for Communities, Refugees and Wellbeing with an opening address from Lewisham Mayor Damien Egan. Approximately 42 community and statutory stakeholders were in attendance to receive a copy of the final report and discuss the report's findings.

4.3. Community and VCS organisations have been engaged to ensure implementation plans and solutions are co-produced with the communities affected by the review and the local voice of lived experience is driving this work.

4.4. There has been strong support from community organisations and key stakeholders both locally and nationally, with a commitment from NHS England to take the report forward through the emerging inequalities regional network boards for action.

4.5. 20th October 2022 – The BLACHIR Report received an official Parliamentary Launch with MPs, Peers and policy makers in attendance to support the implementation of recommended actions from the review and help tackle health inequalities at both national and local level.

4.6. Locally each Council has now moved into the implementation phase to turn the report's findings into action, some of this work has already commenced and in Lewisham this has included:

4.7. A Black led third sector organisation, KINARAA CIC, has brought their own expertise and understanding of the needs of the communities to 'check and challenge' the findings and recommendations to date of the review. This local organisation has engaged people from Black African and Black Caribbean communities on issues related to the determinants of health, wellbeing and health inequalities to ensure the lived experience and co-creation of actionable solutions are realised.

4.8. A tier 2 adult weight management services for Black residents has been delivered in Lewisham since spring 2022. Coproduction with community representatives has resulted

in the development of the Up!Up! weight management service which includes culturally appropriate interventions to support weight management for Black African and Black Caribbean communities.

4.9. Lewisham Public Health has developed a cultural nutritional resource for Black African and Black Caribbean communities which has been co designed with local residents. This resource was launched at a Phoenix Community Housing Black History Month event in October 2022.

4.10. Implementation of targeted and tailored mental health awareness and suicide prevention training for African and Caribbean communities.

4.11. Over the next two years, the themes and opportunities for action identified in the BLACHIR report will be addressed and solutions delivered through the Health Inequalities and Health Equity Programme 2022 – 24.

5. Lewisham Health Inequalities and Health Equity Plan 2022-24

5.1. The Lewisham Health Inequalities and Health Equity Programme (2022-24) aims to strengthen local health & wellbeing partnerships across the system and communities to enable equitable access, experience and outcomes for Lewisham residents, particularly those from Black and other racially minoritised communities.

5.2. The key objectives of the Programme are:

- System leadership, understanding, action and accountability for health equity
- Empowered communities at the heart of decision making and delivery
- Identifying and scaling-up what works
- Establish foundation for new Lewisham Health and Wellbeing Strategy
- Prioritisation and implementation of specific opportunities for action from Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

5.3. Eight workstreams have been established to ensure that we meet the aims and objectives of this crucial programme, which in the first instance will operate for a two-year period with the ambition of embedding itself longer term.

5.4. The governance and membership of the Programme is critical, not only to ensure reporting and accountability but to facilitate community and system wider ownership and collaboration. Whilst the eight workstreams will operate through their own membership and Terms of Reference (TOR), there will be overall alignment with the programme and elements within workstreams that will intersect more closely. Furthermore, the overall programme aligns with strategic priorities.

5.5. There are eight concurrent and intersecting workstreams:

1) Equitable preventative, community and acute physical and mental health services
2) Health equity teams
3) Community development
4) Communities of practice
5) Workforce toolbox
6) Maximising data
7) Evaluation
8) Programme enablement and oversight

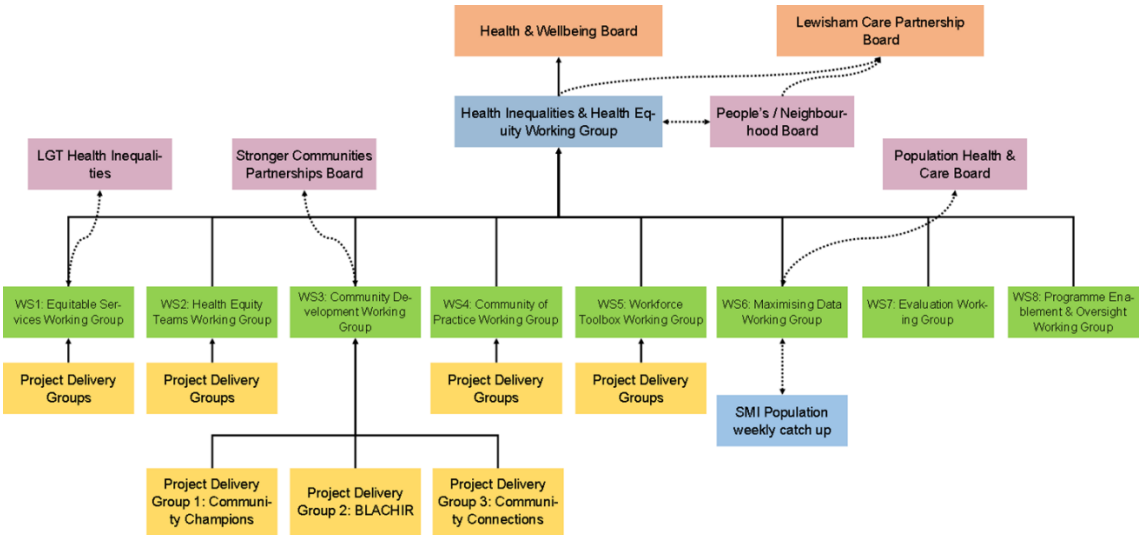
5.6. It is important to highlight, that the prioritisation and implementation of specific opportunities for action and recommendations from Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) will have a fundamental thread throughout the Lewisham Health Inequalities and Health Equity Programme 2022 - 24. More specifically, key workstreams will oversee the implementation of the BLACHIR

themes and delivery of specific opportunities for action. Whilst BLACHIR is “everybody’s business”, we will commit to implementing as many recommendations as we can and create further opportunities for communities to become involved.

5.7. Oversight and enablement of the Programme is led by a Consultant in Public Health and Programme Manager, with the support of a Project Officer.

5.8. The Lewisham Health Inequality and Health Equity Working Group is the main oversight group for the programme and reports into the Health and Wellbeing Board (H&WB) and Lewisham Care Partnership (LCP) Board. A communications and engagement strategy will be developed to enable effective feedback to residents and stakeholders in the community on progress.

5.9. The following organogram gives an overview of the governance for the Programme:



5.10. The eight workstreams have been established and are progressing well, and at pace with membership agreed, ToRs drafted, logic models drafted and regular meetings underway. The workstreams are all benefitting from a structured process to prioritise and focus the efforts of members to a “delivery” mindset. Tools, including decision trees, criteria setting and logic models have been introduced and will be utilised heavily to ensure effective and focused activities to deliver the aims and objectives of the Programme.

5.11. There is a strong focus on delivery and making demonstrable impact in the two year period. This is why workstreams 6 (Maximising Data), 7 (Evaluation) and 8 (Programme enablement and Oversight) are crucially connected to all the workstreams. The Programme enablement workstream will produce regular highlight reports and reporting to the H&WB / LCP will take place through the Health Inequalities & Health Equity Working Group Chair.

5.12. Workstreams 1, 2, 3 and 5 have moved to a project delivery group (PDG) model as they shift their focus to delivering specific projects and initiatives. The PDGs will meet on a more regular basis (fortnightly) and the workstream working groups will meet on a 6-weekly basis. This will create impetus and allow for more action-focused work to take place in between workstream meetings. Each PDG will have distinct membership and the PDGs will report into the workstream meetings.

5.13. **Workstream 1: Equitable preventative, community and acute physical and mental health services**

The aim is to design, test and scale up new models of service provision that achieve equitable access, experience and outcomes for all.

The objectives are:

- Equity and community voice within service review, design and development
- Identifying and scaling-up what works

The projects to be delivered by this workstream are:

1) South East London (SEL) Health Inequalities (HI) Funded Projects (x4)
    - Health education for England (HEE) Population Health Fellows - addressing inequalities in clinical outcomes
    - Addressing inequalities in elective surgery waiting list
    - Improving recording of special category data
    - Specialist Smoke Free Pregnancy Midwife
2) Piloting / identifying and scaling up solutions 'that work' – e.g.:
    - Up! Up! Tailored weight management service for Black African and Black Caribbean residents
    - Targeted cardiovascular health checks
3) Implementation of BLACHIR opportunities for action

The following progress has been made in this workstream to date:

- System wide members have been confirmed and the ToR agreed.
- Governance and assurance arrangements underway.
- Decision criteria and prioritisation for projects have been agreed.
- A logic model has been drafted in collaboration with the working group.
- Strategic alignment to LCP priorities are being mapped.
- The workstream has moved to the project delivery group (PDG) model to deliver the projects listed above. The PDGs will meet on a fortnightly basis and the workstream meeting will occur on a 6 weekly basis.
- Pilot evaluation results of Up! Up! Tailored weight management service for Black African and Black Caribbean residents (Please see Appendix 1 for further details).

  The following BLACHIR opportunities for action will be addressed by this workstream: 11, 18, 19, 22 and 35.

5.14. **Workstream 2: Health Equity Teams**

The aim is to create place-based teams to provide leadership for system change and community-led action.

The objectives are:

- Primary Care Network (PCN) leadership and accountability for health equity.
- Understanding and determining neighbourhood and community needs and priorities (informed by data alongside community engagement as per BLACHIR work).
- Empowering communities to participate in service design and delivery.

5.14.1. The projects to be delivered by this workstream are:

South East London (SEL) HI Funded Project - Lewisham Health Equity Fellowship Programme to develop clinical leadership to address health inequalities:

1) The two-year Primary Care Network (PCN) Health Equity Fellowship Programme will develop local system leaders to address health inequalities. This development journey will involve in-house training and masters-level modular training by King's College London.
2) A local network of six clinicians to lead neighbourhood-level community

engagement (community development, prevention, and health promotion). Individual projects will be identified, co-designed and implemented from October 2022.

5.14.2. The following progress has been made to date:

The Health Equity Fellowship (HEF) programme is progressing well and in line with agreed time scales and expected outcomes.

Four Health Equity Fellows have been recruited and have commenced participating in the Lewisham in-house educational programme (Semester 1 October to December 2022).

Recruited:

- Aplos PCN– Jen McGeown, Advanced Nurse Practitioner
- North Lewisham PCN – Dr Cami Hirons, GP
- The Lewisham Care Partnership – Dr Michelle Williams, GP
- Lewisham Alliance – Dr Ngozi Uduku, GP

King's College London will provide the educational offer during Semester 2 (January to May 2023) and Semester 3 (September to December 2023) and this will include:

a) Element 1 - Modules from existing campus Master of Public Health
b) Element 2 - Bespoke Tutorial Offer

In-house evaluation of the HEF programme has commenced. Early reflections include:

- Having an overview of Core20PLUS5, Marmot principles, and BLACHIR has helped Fellows to back up the planned programs of work.
- Fellows are demonstrating increasing their health equity vocabulary and crystallising the concepts to be able to use the right terms when socialising with others.
- Fellows are very positive about their learning experience and have started to formulate their local community-facing projects.

There is felt to be potential in this initiative, beyond that expected at the outset of the programme.

5.15. **Workstream 3: Community Development**

The aim is to develop infrastructure to empower communities and delivery community-led service design and delivery.

The objectives are:

- Sustained community voice and lived-experience input to service review and design
- Communities empowered and skilled in service design and delivery
- Building synergy between existing community development efforts across Lewisham system

5.15.1. The projects to be delivered by this workstream are:

1) SEL HI Funded Projects
    - Community based preventative health outreach programme. Establish a programme of preventative outreach in Lewisham that will focus on libraries and faith settings in the first year of implementation.
    - Implementation of opportunities for action from the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

- Community Connections Lewisham (CCL) Community Facilitators x 2

2) Community Champions

5.15.2. The following progress has been made to date:

- System wide members have been identified and the ToR agreed.
- Governance and assurance arrangements underway.
- Mapping of current projects and initiatives is complete.
- Agreed decision criteria and prioritisation for potential projects.
- Mapping of 39 BLACHIR opportunities to identify gaps and synergies is complete.
- Logic model drafted in collaboration with the working group.
- The workstream has moved to the project delivery group model to deliver the projects listed above. The PDGs will meet on a fortnightly basis and the workstream meeting will occur on a 6 weekly basis.
- Role profiles and job descriptions are being developed for a Community Development Lead role and a Community Champions Administrator role.

The following BLACHIR opportunities for action will be addressed by this workstream: 25, 29 and 35.

5.16. **Workstream 4: Community of Practice**

The aim is to share synergies across Health Equity Teams, workforces and communities.

The objectives are:

- Identification and collaboration on common priorities
- Sharing promising practice and resources

5.16.1. The project to be delivered by this workstream is:

- Lewisham Health Inequalities Forum: a forum for all stakeholders of the Health Inequalities and Health Equity Programme to collaborate and share best practice with regards to Health Inequalities.

5.16.2. The following progress has been made to date:

- Governance and assurance arrangements underway.
- Provisional date for inaugural Lewisham Health Inequalities Forum to be scheduled for 2023.
- This workstream will be supported by the Health Equity Fellows who have recently started their roles.

The following BLACHIR opportunity for action will be addressed by this workstream: 35.

5.17. **Workstream 5: Workforce Toolbox**

The aim is to increase awareness and capacity for health equity within practice.

The objectives are:

- Develop resources for staff, volunteers and others to develop knowledge and skills for health equity.
- Support upskilling of workforce on capability, opportunities and motivations.

5.17.1. The projects to be delivered by this workstream are:

1) Racial inequalities training
2) Lewisham Ethnicity Allyship Model
3) Lewisham Health Inequalities Toolkit
4) Trauma-informed care guidance
5) Implementation of BLACHIR opportunities for action

5.17.2. The following progress has been made to date:

- System wide members have been identified and the ToR agreed.
- Governance and assurance arrangements underway.
- Mapping of current training offer of partners underway to identify strengths and any gaps in provision.
- The Council Learning and Development team are presenting at the next workstream meeting to give an overview of equalities-related training offer and equalities-related projects being undertaken by the Learning and Development Team.
- Logic model has been drafted in collaboration with the working group.
- The workstream has moved to the project delivery group model to deliver the projects listed above. The PDGs will meet on a fortnightly basis and the workstream meeting will occur on a 6 weekly basis.

  The following BLACHIR opportunities for action will be addressed by this workstream: 4, 12, 23, 24, 25 and 26.

5.18. **Workstream 6: Maximising Data**

The aim is to maximise the use of data, including Population Health platform, to understand and take action on health inequalities.

The objectives are:

- Ensure interventions are informed and supported by robust data interrogation
- Improve data collection in relation to all disproportionately impacted and PHE health inclusion groups
- Ensure lived experience evidence considered

5.18.1. The projects to be delivered by this workstream are:

1) Identification of health inequality hotspots
2) Matrix Core20PLUS5 for Lewisham
3) Implementation of BLACHIR opportunities for action

5.18.2. The following progress has been made to date:

- Members have been identified and the ToR agreed.
- Governance and assurance arrangements underway.
- Meetings have taken place to explore synergies with the Population Health Board and related working groups.
- Logic models and outcome measures that are being defined in workstreams 1, 2, 3 and 5 will determine the data collection requirements.
- Maximising the use of data has been identified as a key requirement in each of the logic models.

  The following BLACHIR opportunity for action will be addressed by this workstream: 7.

5.19. **Workstream 7: Evaluation**

The aim is to evaluate within and across programme to identify what does and doesn't work towards achieving vision.

The objectives are:

- Develop an evaluation approach to understand what works / doesn't towards achieving vision.
- Ensure consideration of behaviour change in professional practice.
- Ensure community voice and relevance.
- Ensure early alignment with logic model and outcomes.

5.19.1. The projects to be delivered by this workstream are:

1) Develop/commission evaluation where feasible for workstreams and the overall Programme
2) Implementation of BLACHIR opportunities for action

5.19.2. The following progress has been made to date:

- Governance and assurance arrangements underway.
- The logic models and outcome measures that are being developed in workstreams 1, 2, 3 and 5 will form the basis of the evaluation.
- The workstream 2 (Health Equity Fellows) working group in particular has been discussing the approach to evaluation for the workstream as a whole as well as for the individual projects per PCN. Reflective surveys are being used to capture the learning and progress being made as a result of each education day.
- Discussions focussed on evaluation have also taken place in workstreams 1, 3 and 5, with emphasis around the soft intelligence, insights, outcomes and lessons learned.
- Discussions are underway to determine the approach to evaluation of the Programme. It is likely that an external partner will be needed to evaluate the Programme and if so a commissioning process will be followed to determine the most suitable.

  The following BLACHIR opportunity for action will be addressed by this workstream: 33.

5.20. **Workstream 8: Programme Enablement and Oversight**

The aim is to support and coordinate overall across Lewisham PCNs.

The objectives are:

- Leadership & support for PCN Equity Teams
- Coordination of PCN community engagement activities
- Network governance

5.20.1. The project to be delivered by this workstream is:

1) Community-led governance

5.20.2. The following progress has been made to date:

- Members have been identified and the ToR agreed.
- Governance and assurance arrangements underway.
- Fortnightly meetings taking place.
- The programme team are supporting, enabling and overseeing all workstreams across the entirety of the Programme.
- There is a strong focus on delivery and making demonstrable impact in the two year period. This is why workstreams 6, 7 and 8 are crucially connected to all

the workstreams. The Programme enablement and oversight workstream will produce regular highlight reports and reporting to the H&WB and LCP will take place through the Health Inequalities & Health Equity Working Group Chair.

- A Project Officer role advert went live on 7th November and closed on the 20th of November. Shortlisting is currently taking place with interviews set to take place on the 8th of December.

6. Financial implications

6.1. The resourcing of the health inequalities and health equity plan has been identified from contributions from Health and Wellbeing Board partners, namely South East London CCG and Lewisham Council, over a 2 year period.

7. Legal implications

7.1. There are no legal implications arising for Lewisham Council from this update report.

8. Climate change and environmental implications

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

9. Crime and disorder implications

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

10. Health and wellbeing implications

10.1. 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 the progress made with health inequalities work in Lewisham.

11. Report author and contact

11.1. Tim Hughes, Health Inequalities Programme Manager in Public Health - Timothy.Hughes@lewisham.gov.uk

Appendix 1

Up!Up! Living Lighter the African and Caribbean Way

Adult tier 2 behavioural weight management service

Background

Up!Up! Living Lighter the African and Caribbean Way is a weight management service co-designed by researchers and health professionals from King's College London and Guy's and St. Thomas' Hospital, together with Food for Purpose CIC, commissioners, local residents and community leaders. The programme content and delivery is tailored for Lewisham's Black African and Caribbean communities. This contrasts to existing Tier 2 interventions delivered by commercial providers such as Slimming World and Weight Watchers.

Development of Up!Up! used an existing Tier 2 intervention delivered in the neighbouring borough of Southwark as a weight management service model. Incorporated in the service design were key lessons learned from the approach taken with African and Caribbean communities in the Health Eating and Active Lifestyles for Diabetes (HEAL-D) type 2 diabetes self-management programme, insights from the community organisation Food for Purpose, and collaboration with community members and leaders, commissioners, service providers and community organisations. Focus groups, interviews and co-production workshops were used to facilitate shared decision making regarding service structure, format and content.

Intervention

An initial assessment appointment with a programme facilitator aims to assign participants to the best programme to meet their needs. This might include signposting them to a different service entirely if Up!Up! is not suitable. Participants enrol in a face-to-face or virtual programme comprised of around 15 participants. Face-to-face sessions are held in community centres in those wards in Lewisham with the highest percentage of residents from the Black ethnic backgrounds.

Virtual sessions are held on the video conferencing platform 'BlueJeans'. The one hour long group sessions run weekly for 12 weeks. The curriculum alternates between six nutrition education sessions and six physical activity sessions. Participants are provided with a programme handbook, which has been designed with culturally salient branding, as well as an exercise band. Nutrition sessions use evidence-based behaviour change techniques to support achievement of healthy eating goals, focus on traditional African and Caribbean foods and health beliefs, and physical activity sessions use traditional music to encourage movement and exercise.

Facilitators are themselves of African or Caribbean heritage, and employ an ethos of collectivism, enjoyment, and support to create a community environment. Participants can opt in to guided walking groups run on Saturdays by a local Black grass roots organisation. Participants also participate in a 'cook and taste' session in a community kitchen facility where traditional African and Caribbean recipes are adapted to contain less salt, sugar and fat, and

more wholegrains and vegetables. Participants are followed up at 6 and 12 months to provide ongoing support, and can continue to opt in to the Saturday guided walking groups.

Referral Process

It was identified that up to 25% of Lewisham's Black residents are not registered with Primary Care. In order to maximise inclusion, a self-referral pathway was created in addition to referral from more traditional Primary Care routes. Those self-referring must provide their NHS number as assurance they are eligible for free healthcare. Referral forms are produced using the same distinct branding developed for marketing materials. A central enquiries email address and telephone number is provided on referral forms and all promotional material.

Referrals are received by the pathway coordinating administrative team at Guy's & St. Thomas'. Following patient registration, appointments are generated.

Marketing

Local GPs and healthcare stakeholders have been contacted directly, provided with materials, and informed of both the self-referral and e-referral process. Lewisham community groups were contacted, and service details were circulated via a Community Champions network, Lewisham Public Health Communications Team, community centres, and at face-to-face events.

Evaluation

A pilot evaluation of Up!Up! commenced in April 2022, covering 6 programmes, 3 using face-to-face and 3 using virtual delivery.

98 referrals were received; 63% were self-referrals, the remaining were via primary care; referents were registered with 30 different GP practices in the borough of Lewisham.

92% of referrals were from females, 8% males. The mean age of referrals was 53 years. 54% of referrals were for individuals of Black Caribbean ethnicity, 21% Black African, 17% Black-British and 8% mixed race.

85% of referents attended an initial assessment appointment.

Attendance data:

- 92% attended at least one Up!Up! programme session.
- 56% attended 6 sessions or more.
- 37% completed the programme (attendance at ≥8 sessions).
- 60% of face to face versus 17% of virtual attendees completed the programme.

Outcome data at week 12:

- Mean weight change: -4.4 kg / 4.5%
- Mean BMI change: -1.9 kg/m^2 / 5.3%
- Mean waist circumference change: -4.7 cm / 4.4%

Patient evaluation:

- 89% agreed/strongly agreed that the programme helped them learn to manage their diet and lifestyle.
- 93% agreed/strongly agreed that they had learned practical skills that they will apply to their daily life.
- 89% agreed/strongly agreed that their physical health had improved since going to Up!Up!.
- 57% agreed or strongly agreed that their emotional health had improved since going to Up!Up!

Testimonials/quotes

Participant A:

"I've been waiting for this all my life".

Participant B:

"This is an important local resource targeting the African Caribbean Communities because it's a safe and confidential space with like-minded group members. The support network of walking groups, the quality of discussion and the efforts to collectively find solutions for everyday issues and concerns are important".

Participant C:

"It was a life changing journey. I never knew exercise could be such fun. Thank you for helping us on our journey to a healthier life".

Service Provider:

"How many providers can say that 96% of participants would strongly recommend the programme to others?"

Key learning

The importance of using co-design methods to develop the intervention

Our co-design methods enabled us to gain a deep understanding of cultural barriers to engagement with existing weight management services and to understand the needs of the target communities. The co-design work also enabled us to work in partnership with our target communities, and in doing so, overcome issues of distrust.

Working in partnership

It was clear from the co-design that local communities did not want a large organisation to arrive in Lewisham, take over, and deliver an intervention, without local organisations being central to the process. Local grass roots organisations were not set up to develop business plans or to bid for complex tenders for projects. We aimed to work in partnership with local

organisations, using our expertise to support their growth and development, and we strongly encourage others to adopt this approach.

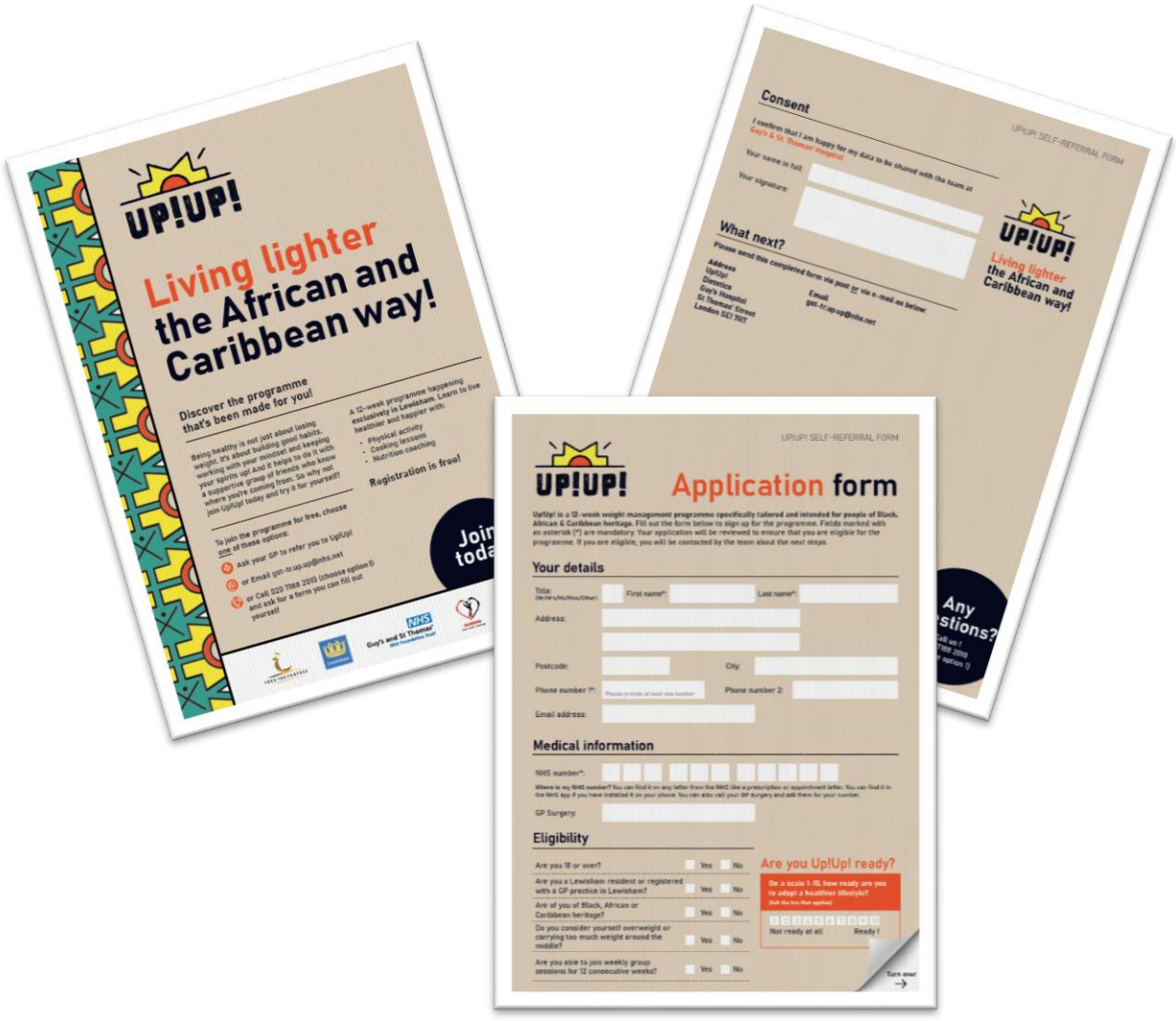
UpUp Flyer_PDF v1.pdf

UpUp Form Editable v1.pdf

UpUp WhatsApp Advert v2.png

Up!Up! video: https://www.youtube.com/watch?v=EPr9HHBuVyc&t=4s

Up!Up! Flyer & Self-Referral Form



Health and Wellbeing Board

Report title: General Practice access and Safe Surgeries update

Date: 14th December 2022

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Ashley O'Shaughnessy, Associate Director Primary Care (Lewisham); Chima Olugh, Primary Care Commissioning Manager (Lewisham) - NHS South East London, South East London Integrated Care System (ICS)

Outline and recommendations

The purpose of this report is to provide an update to the Lewisham Health and Wellbeing Board on General Practice access and also the Safe Surgeries programme.

The Health and Wellbeing Board are recommended to:

- Note the contents of the report

Timeline of engagement and decision-making

N/A

1. Summary

1.1. As requested by the members of the Health and Wellbeing Board, this paper provides an update on General Practice access and also the Safe Surgeries programme.

2. Recommendations

2.1. Members of the Health and Wellbeing Board are recommended to note this update report.

3. General Practice access

3.1. **Background**

3.1.1. Access to General Practice remains a high priority and focus for patients, the ICS and local system partners alike.

3.1.2. Demand for GP services is at an all-time high and every day, practices in Lewisham are in touch with hundreds of patients to assist with their different needs, requests, and health concerns. The need for care continues to increase, both for one-off episodes of care and for long-term complex conditions.

3.1.3. Practices are facing numerous challenges including:

- Recruitment and retention of staff. Due to the national shortage of doctors and nurses, primary care is changing. To ensure GPs can focus on the most complex patients, practice teams now include other healthcare professionals who can, together, meet the varied needs of patients. New roles include clinically trained physician associates, clinical pharmacists, nurse specialists, physiotherapists, mental health practitioners and social prescribers. However, many of our practices are managing significant vacancies and whilst they are being supported to help fill those vacancies, the turnover of staff is high, including in the new roles within the primary care team.
- Ageing population with more complex needs. The expansion of the practice team with other allied health professionals enables GPs to focus on those with more complex and long-term needs. Demand and acuity however continues to increase.
- Wide range of responsibilities in GP practices: In addition to patient appointments, there is a wide and varied range of work undertaken in GP practices to support patient care. Much of this work is unseen and includes prescriptions, medication reviews, chronic disease reviews, staff training, referrals, safeguarding, reviewing results, coroner reports, population health management, actioning hospital discharge management plans and viewing hospital letters etc. General practice and primary care teams also continue to have a critical role in delivering the flu, covid and most recently, polio booster vaccination programmes, with 1000s of vaccinations being delivered across the borough every week.

3.2. **Summary of initiatives / support**

3.2.1. There are several initiatives in place to support our practices to review and seek to continually improve access including:

- Telephony: Financial support has been provided to practices to upgrade their telephony systems appreciating that this is still by far the most common way that patients interact with their practice. This includes cloud based telephony systems which provide flexibility in how calls are routed and managed and also call management analytics so practices can better understand demand and so try and match their resources to peak times etc.

- Practice websites: All Lewisham practices are being supported to review and update their websites to level 3 standardisation ensuring that a consistent set of information is available to support patients to get the best out of their practice and other local services.
- Online services: Practices continue to offer a range of ways for patients to digitally interact with them including booking, appointments, requesting repeat prescriptions, reviewing medical records and undertaking Online Consultations. We are fully aware however that digital services may be difficult for some patients to fully utilise and so have developed a primary care digital inclusion plan which builds on the recommendations of the Healthwatch "Digital exclusion and access to health services 2021" report. It is intended that this will form the basis of a much wider digital inclusion plan across all local partners.
- Enhanced Access: All Lewisham practices have signed up to the national enhanced access service contract which offers additional appointments on weekday evenings 6.30pm-8pm and on Saturdays 9am-5pm. This additional access should be particularly helpful for patients who may not be able to access General Practices during the core opening hours of Monday – Friday, 8am-6.30pm.
- Home Visiting service: The Lewisham GP Federation has been commissioned to provide a dedicated Home Visiting service for housebound patients. This allows home visit requests to be addressed in a timely manner which evidence shows reduces the risk of complications and A&E attendance and emergency admissions. It also releases GP capacity within practices.
- Pharmacy: Close working with local community pharmacy continues including through both informal and more formal referral routes from general practice. Community pharmacy are also undertaking an increasing number of services such as immunisations, NHS Health Checks and Blood pressure checks.
- Informing and educating the public on how primary care is working: A SEL wide primary care campaign launched in October 2022 and aims to ensure that everyone in south east London gets the help and professional support they need. The campaign explains how the expanded primary care team is working – see https://selprimarycare.co.uk/.

3.3. **National "appointments in General Practice" report**

3.3.1. On 24 November 2022, NHS Digital published GP data by practice covering access, complaints, and payments made to primary care. Publication of the data is part of the Secretary of State for Health and Social Care's 'Our Plan for Patients' to enable patients to have more information available to choose the right practice for them.

3.3.2. It is available at https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/appointments-in-general-practice and includes:

- Number of appointments delivered by each practice per 1,000 patients
- How long people wait between booking an appointment and receiving one.
- How the patient was seen (telephone or in person etc)
- Who the patient was seen by (GP, Nurse, other health care professional)

3.3.3. This new GP access data is experimental and as a result has many limitations. For example, it only records details of appointments that are recorded in the GP appointments system, rather than the total number of interactions. It does not include all appointments from online requests as they are often managed using a different IT system or all enhanced access evening and weekend appointments.

3.3.4. Therefore, it is not a complete view of general practice activity so is not a measure of

practice quality or patient care. It cannot be used as an accurate representation of workload and capacity. There is an ongoing programme of work to improve the quality of GP appointment data, and bring information collected by different IT systems together, however there are still issues which mean that any ranking of practices based on appointment numbers will not be a fair or appropriate reflection of either work carried out in general practice or patients' experience of access at specific practices.

3.3.5. Local work is underway to get a more accurate assessment of GP access data which can then be used to help inform and target interventions.

4. Safe surgeries

4.1. Background

4.1.1. Everyone is eligible to register with a GP and receive primary care services free of charge, regardless of immigration status. In November 2017, NHS England published its Primary Medical Care Policy and Guidance Manual, which states that if a patient says that they live in the practice area but cannot produce proof of address or ID, they should not be refused registration on that basis.

4.1.2. Similarly, patients are not obliged to provide information on their immigration status if they do not want to. Everyone living in England, regardless of their immigration status, is entitled to free primary care and to register with a GP.

4.2. Safe Surgeries Initiative

4.2.1. Safe surgeries is a Doctors of the World (DOTW) initiative which supports GP practices to tackle the barriers to healthcare faced by people in vulnerable circumstances, especially migrants, people seeking sanctuary and refugees.

4.2.2. A Safe Surgery is a GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. At a minimum, this means declaring the GP practice a 'Safe Surgery' for everyone and ensuring that lack of ID or proof of address, immigration status or language are not barriers to patient registration.

4.2.3. The safe surgery initiative provides training to increase awareness, improve knowledge of these issues among clinical and non-clinical staff, and looks at how practices can make small changes to reduce barriers. The Safe Surgeries initiative also provides resources, training, and support for GP practices on how to ensure their services (and registration processes) are accessible to everyone in the community, including refugees, asylum seekers and migrants.

4.3. Local Support

4.3.1. In December 2017 NHS Lewisham CCG started discussions with DOTW about the numbers of people they were supporting to register in Lewisham. Even with the support of a DOTW advocate some very vulnerable people were unsuccessful in registering at a GP practice. This was often because they were being asked for documents they did not have or asked about their immigration status.

4.3.2. The CCG and the local community education provider network worked with DOTW to coproduce training materials and resources for GP practice reception staff to update their knowledge of the practical aspects of supporting vulnerable people to overcome barriers to registration. The training package was made available to all practices.

4.3.3. Practices were also encouraged to sign up to the safer surgeries initiative. By signing up practices demonstrated their willingness to support all Lewisham residents in accessing the healthcare they are entitled to.

4.3.4. The primary care team have been working closely with practices to ensure that sign up and are able to access the necessary training and support resources made available by DOTW.

4.3.5. To support the initiative, in June 2021 Lewisham Councillors wrote to all Lewisham GP practices around practice policy which supports the safeguarding of vulnerable people and access to primary health care for all our population in Lewisham. The letter encouraged all practices to sign up to the safe surgeries initiative and help make the borough the first where all GP practices are safe surgeries.

4.3.6. Currently, 24 of the 27 Lewisham practices have signed up to the initiative. Contact has been made with the outstanding 3 practices to encourage and support them to also sign up to the initiative (capacity to fully engage with the programme is the major reason cited by these practices for not yet signing up).

4.3.7. The primary care team has committed to visit all Lewisham GPs practices between October and December 2022 and will use the opportunity to establish what practices are doing as part of the initiative and if any further support might be necessary.

4.4. **Access to health services for asylum seekers**

4.4.1. There are currently two contingency intermediate accommodation hotels for asylum seekers in the borough, in Lee and Deptford Bridge. Officers have worked with local GP practices and other local providers to ensure all asylum seekers are registered with a practice and receive enhanced support, have access to other mainstream NHS services required during their stay and their medical and social care needs are managed efficiently i.e. vaccinations.

5. Next Steps

5.1. A more detailed update on GP access will be taken to a future Health and Wellbeing Board meeting.

6. Financial implications

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

7. Legal implications

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

8. Equalities implications

8.1. The referenced primary care digital inclusion plan will seek to identify and mitigate any inequalities associated with digital exclusion.

8.2. The Safer Surgeries initiative looks to directly address inequalities that might be experienced by migrants, people seeking sanctuary and refugees when seeking healthcare.

9. Climate change and environmental implications

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

10. Crime and disorder implications

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

11. Health and wellbeing implications

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

12. Background papers

12.1. None

13. Report author and contact

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Health and Wellbeing Board

Report title: Lewisham Suicide Prevention Strategy and Action Plan

Date: 14th December 2022

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Kerry Lonergan, Consultant in Public Health, Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham

Outline and recommendations

The purpose of this report is to update the Lewisham Health and Wellbeing Board on the work that has been completed to create the Lewisham suicide prevention strategy.

The Health and Wellbeing Board are recommended to:

- Note the contents of the report
- Note the findings from the Suicide Audit
- Agree the strategy and action plan for the borough from 2022-2025

Timeline of engagement and decision-making

Initial meeting of the suicide prevention task and finish group – 4th November 2021

Public consultation with Lewisham residents of knowledge of suicide prevention approaches – 9th May – 10th June 2022

Final meeting of the suicide prevention working group and sign off of action plan and audit – July 2022 (virtual)

1. Recommendations

1.1. The purpose of this report is to update the Lewisham Health and Wellbeing Board on the work that has been completed to create the Lewisham suicide prevention strategy.

1.2. The Health and Wellbeing Board are recommended to:

- Note the contents of the report
- Note the findings from the Suicide Audit
- Agree the strategy and action plan for the borough from 2022-2025

2. Summary

2.1. In 2019, Lewisham Council launched its two year suicide prevention strategy, to lead a system-wide approach to reducing suicide by working collaboratively with partners.

2.2. The COVID-19 pandemic interrupted activity related to this public health crisis.

2.3. Late in 2021, the suicide prevention task and finish group were convened to consider progress against the 2019 strategy, oversee a suicide audit and develop a strategy and action plan.

2.4. The task and finish group consulted the local community to understand their experiences of suicide prevention, held focus groups to seek the views of those who have experienced the services and support around suicide and suicide prevention, and considered and interpreted the data that was presented in a suicide audit.

2.5. The task and finish group were able to produce an action plan and strategy based on the feedback gained from the activities described in section 2.4.

3. Background

3.1. In 2019, the Health and Wellbeing Board agreed the Lewisham Suicide Prevention Strategy 2019-2021. It was approved with a drive for collective action to:

- Contribute to a national 10% reduction in the suicide rate by 2021
- Provide better support for those affected by suicide in Lewisham
- Raise awareness of suicide prevention in Lewisham among the frontline workforce and wider community

3.2. Progress since the 2019 strategy and action plan has been slower than planned, but has seen important developments:

- The Council's public health team has access to anonymised data from the Police and Thrive London on those who are recently bereaved by suicide – the real time surveillance system (RTSS). This allows partners to respond rapidly to support those who may be at risk of suicide themselves after suffering bereavement.
- The rates of suicide declined as a result of the pandemic, although the reasons for this remain unclear.
- The importance of mental health and responding to poor mental health as a risk factor for suicide has become a priority for the government since the pandemic.
- University Hospital Lewisham's emergency department has a RedThread youth worker embedded in the setting as a link for those young people who are attending for a range of reasons, including self-harm which is a risk factor for suicide in younger people.

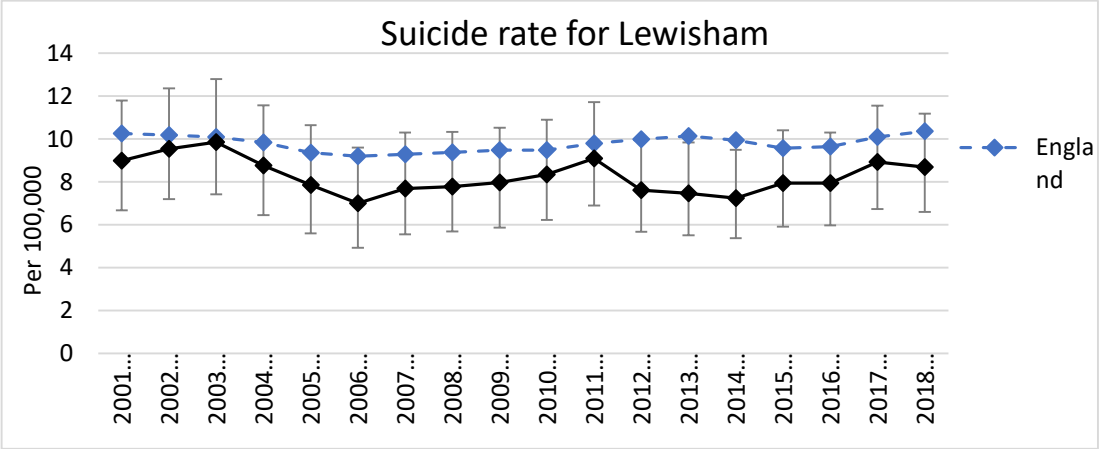
4. Findings from the Lewisham Suicide Audit 2022

4.1. A suicide audit was performed to inform the development of the Lewisham Suicide Prevention Strategy for the next four years. The audit looked at data from 2019 to 2021 (where available) from the primary care mortality database (PCMD and real time surveillance system (RTSS). The findings of the audit are summarised as follows:

4.2. Lewisham has lower suicide rates in comparison to rates for England. Although lower

overall, since 2014/16 the rate has been steadily increasing, with a minor decline during 2020/21 which may be as a direct impact of COVID.

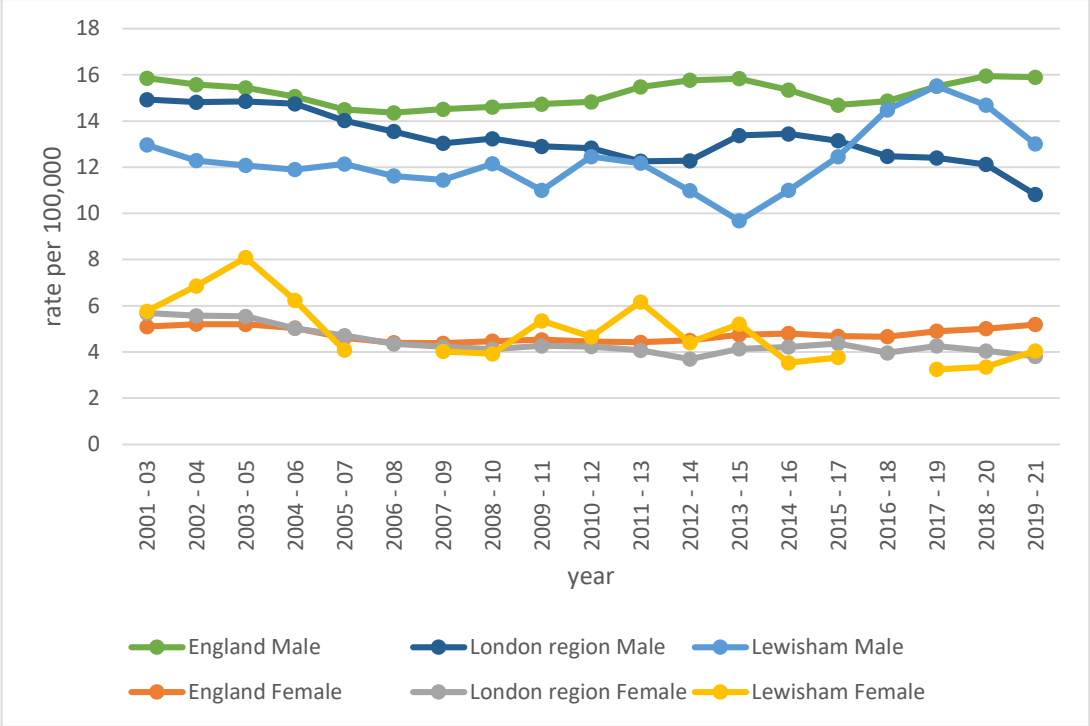
4.3. Figure 1: Suicide rate for Lewisham



Source: PHE Fingertips

4.4. Suicide rates by gender in Lewisham follow the same pattern as London and England patterns. Males experience a higher rate of death from suicide in comparison to females (see Figure 2).

4.5. Figure 2 Suicide rate by gender in Lewisham compared to England



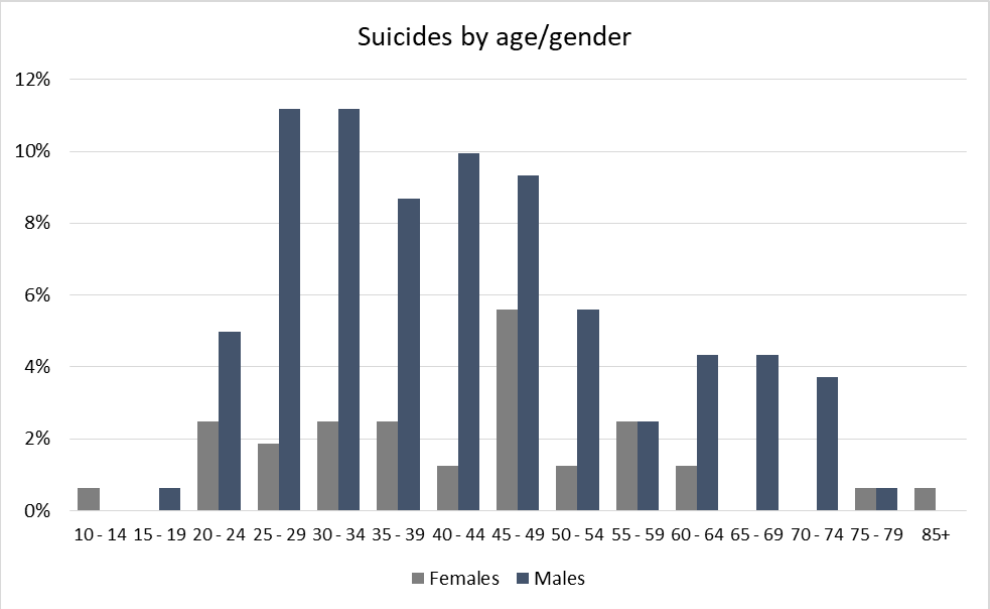
please note gaps in Lewisham female data relate to gaps in data from the source (i.e. figure not know)

Source: PHE Fingertips

4.6. The national strategy identifies middle aged men and children and young people as

having the highest risk of death by suicide. In Lewisham, the highest rates are in males aged between 25 and 49 years old.

4.7. Figure 3 Suicide by age and gender in Lewisham



Source: PCMD

4.8. Further detailed information can be found in the Suicide Audit attached at Appendix 1.

5. Suicide Prevention Strategy 2022-25

5.1. The strategy was developed with key stakeholders who were part of a task and finish group. The group discussed findings from the most recent suicide audit, evidence based practice and expert feedback from those working locally with Lewisham communities. A public consultation and focus group were conducted over the summer of 2022 to enrich and enhance the evidence and data gathered.

5.2. Every death by suicide in Lewisham is one too many. Suicide is a preventable cause of death with devastating impacts. The vision for the strategy is that no one in Lewisham takes their own life.

5.3. During the spring of 2022 (9th May to 10th June 2022) the Council ran an online consultation for the residents asking questions about knowledge of suicide prevention interventions and training. The consultation received a total of 89 responses, two thirds of respondents were female (66%), and the majority self-reported as white ethnicity (84%).

5.4. Respondents felt we could do more by having promotional material available, and by running prevention sessions in community spaces, free of charge, for residents to attend. There was a feeling that in order to create more open discussion about suicide in the community, there needed to be more mental health support, including recruiting and training allies, faster access to services, early identification of escalating mental health concerns, and removing stigma to have the conversations.

5.5. During a focus group with those who have been bereaved by suicide, there were a number of times when they could see that their family member needed help and support, but didn't feel there was a strong and impactful intervention that really helped to tackle the underlying reasons.

5.6. The full strategy can be read at Appendix 2.

6. Suicide Prevention Action Plan

6.1. The vision that no one in Lewisham will take their own life is ambitious but underpinned by an action plan with a series of objectives:

6.2. **Objective 1**: Borough wide leadership for suicide prevention - establishing a multi-agency strategic group to oversee delivery of the strategy and linked action plan, advocating for everyone to play their part in reducing rates of self-harm and death by suicide.

6.3. **Objective 2**: Reduce the risk of suicide in key high-risk groups - data and evidence tell us there are common factors that put people at risk of dying by suicide. It's important to recognise the risk to these groups and to offer them additional support to tackle the underlying reasons for the risk.

6.4. **Objective 3**: Increasing the availability and importance of protective factors to improve mental health and reducing social isolation - it's important to ensure that partner organisations and the health system embed approaches to improve resilience and contributions to improved mental health within their offers and services.

6.5. **Objective 4**: Removing the access to means of suicide - our ambition of zero suicide has to be supported by partners and organisations who will work with us to reduce and remove access to the means people use to attempt suicide in the borough.

6.6. **Objective 5**: Support research, data collection and monitoring - we should continue to build on and learn from existing research evidence, reinforcing the relevance by using and applying local data and learning.

6.7. **Objective 6**: Provide information and support to those bereaved or affected by suicide - we know from our focus group with service users that those who have experienced the trauma of losing a loved one to suicide find it difficult to reach out, and may not know who to reach out to. Using real time data and feedback in the borough will link the right service to those in need at the right time.

6.8. Further details can be found in the action plan at appendix 3.

7. Governance, Monitoring, Delivery and Evaluation

7.1. The Suicide Prevention task and finish group reports into the Lewisham Crisis Collaborative, which is a sub group of the Mental Health Alliance. The Alliance brings together those working across mental health services in the borough to tackle issues within the system.

7.2. In the future, the task and finish group will become the Suicide Prevention Operational Group with strategic oversight provided by the Crisis Collaborative.

7.3. The Council's Health and Wellbeing Board will have final sign off for the Strategy, Action Plan and Audit. Annual updates and audits will be shared with the Health and Wellbeing Board to ensure local councillors are kept up to date on progress against the objectives and vision of zero suicide set out in the strategy and action plan.

7.4. A South East London (SEL) suicide prevention group coordinates activity across the six SEL boroughs, ensuring consistency and cooperation between boroughs and organisations to tackle similar and overarching issues. The work of the Lewisham operational group will be shared with the SEL group by operational and alliance group members.

7.5. Residents are an important element of the suicide prevention group. The consultation across May and June 2022 will be followed up with a You Said, We Did update which will give detail on how the consultation feedback has been incorporated into the action plan. This will be published when agreement has been given by the Health and Wellbeing Board.

8. Financial implications

8.1. Resourcing of suicide prevention activity within Lewisham will be met from existing public health budgets.

9. Legal implications

9.1. There are no legal implications arising for Lewisham Council from this report.

10. Equalities implications

10.1. The differences in the impact of death by suicide for population groups in Lewisham have been highlighted in the suicide audit report in Appendix 1.

11. Climate change and environmental implications

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

12. Crime and disorder implications

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

13. Health and wellbeing implications

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

14. Report author and contact

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Lewisham Suicide Audit 2022

Contents

Public Health
LONDON BOROUGH OF LEWISHAM

Table of figures

Introduction

Lewisham's original suicide prevention strategy was developed in 2016, in line with national guidance. This guidance recommended that local authorities carry out an annual suicide audit.

Previous suicide audits were carried out in 2016 and 2019. This most recent audit takes account of data from 2019 to 2021 (where available). This larger data set offers more reliable figures to base future local prevention strategies. Data have been pulled from the primary care mortality database (PCMD) and real time surveillance system (RTSS) data via Thrive. Data were sought from the local coroner but were not available at the time of publication. Further work will be done to ensure coroner's data is available to support the findings from PCMD and RTSS data.

Definitions of suicide

The National Statistics definition of suicide includes deaths with an underlying cause of intentional self-harm (ages 10 years and over) and deaths with an underlying cause of undetermined intent (ages 15 years and over) (Office of National Statistics, 2022). The underlying cause of death is coded by the Office of National Statistics using World Health Organisations International Classification of Diseases codes (ICD-10) X60-84 and Y10-34. These are based on death certificates. These are the codes used in the Primary Care Mortality Database which has been used to analyse the data.

The national policy context

In March 2021, the government released its fifth progress report of the Suicide Prevention Strategy for England and detailed the steps taken to reduce deaths by suicide since January 2019.

The COVID pandemic brought challenges and changes to lives, and for some this led to feelings of worry, anxiety, frustration and loneliness. National and local mental health services remained open throughout the pandemic, the UKHSA (previously Public Health England) launched their Every Mind Matters campaign and the DHSC funded the Better Mental Health Fund. The Suicide Prevention Cross-Government Work plan commits to tackling some of the mental health impacts of the pandemic and will form the foundation of policy development and delivery.

The progress report found that, nationally, between 2014 and 2017 there was a steady decline in the number of registered suicide deaths, but sadly the numbers increased in 2018 and 2019. Early data from 2020 do not suggest a rise in the average number of suicides.

High Risk Groups

National data suggests there are four vulnerable groups (HM Government, 2021):

1. **Middle-aged men** – the most recent ONS report shows that the group with the highest rate of suicide is men aged 45-49 years.
2. **People who self-harm** – evidence suggests that 50% of people who die by suicide have previously self-harmed.
3. **Children and young people** – during 2019 there were 565 suicides registered to those aged under 25 years old, and steepest in females.

4. **People with a mental illness** – There is an approximate 10 fold increase in risk of suicide for people under mental health care for mental illness.

Cross government action

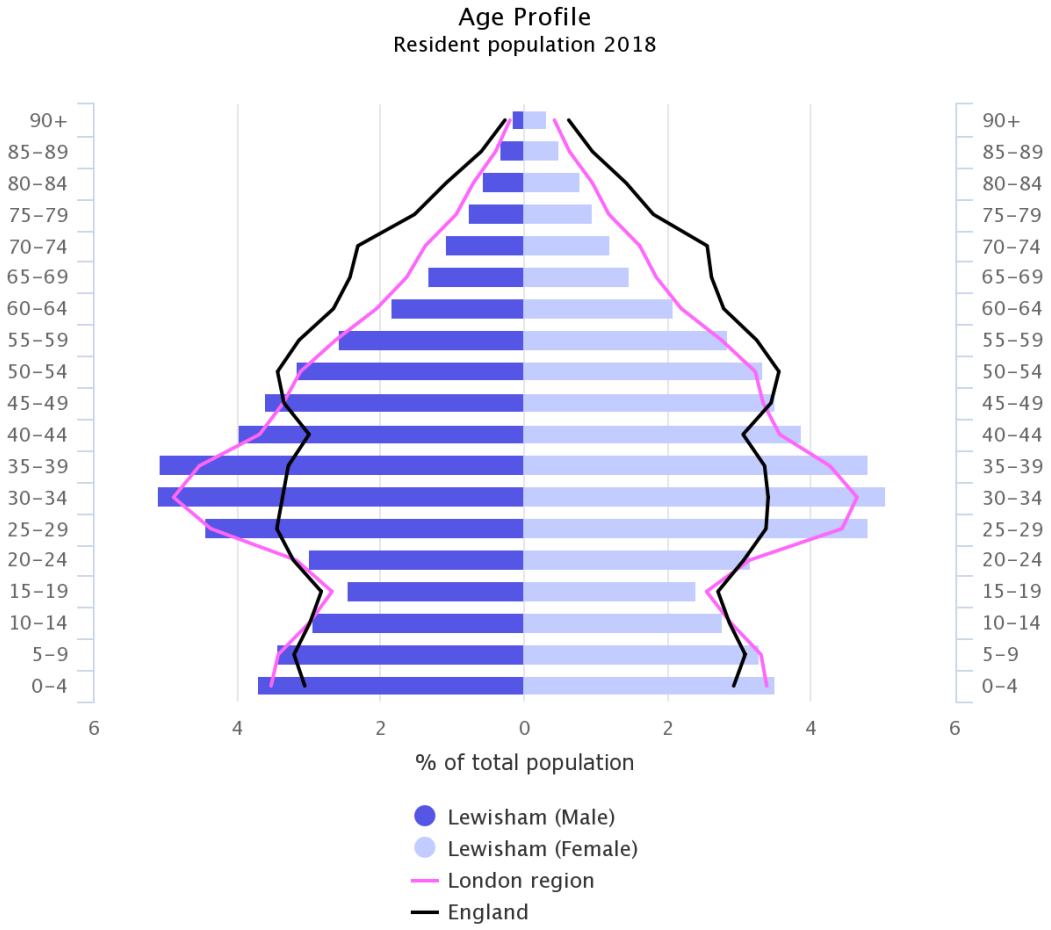
The national progress report sets out the importance in the wider determinants for mental health and direct and indirect impacts of these on suicide and self-harm. They categorise two main risk factors as;

1. **Economic** – unemployment, financial stressors, debt, pensions, & gambling
2. **Social** – rough sleeping, criminal activity, substance misuse, domestic abuse, poor mental health, secure accommodation, loneliness & social isolation

National Comparison

Lewisham's age profile has a significantly younger population compared with national averages, with larger numbers of people aged between 25 and 44. There are also correspondingly smaller populations of those aged 65+. London has a similar age demographic to Lewisham.

Figure 1- PHE Fingertips



Methodology

Data source

Anonymised data was extracted from the Primary Care Mortality Database (PCMD). The data set ran from April 2011/12 to March 2020/21, a total of 10 financial years. This data included age, gender, cause and location of death and country of origin. Data from the real time surveillance system was sought to complement the PCMOD data but this was only available for 2021/22. Although a different time frame, the data still gave insight into the suicides in the borough. Supplementary data from the coroner's office was unavailable, and this is a priority for future local audits.

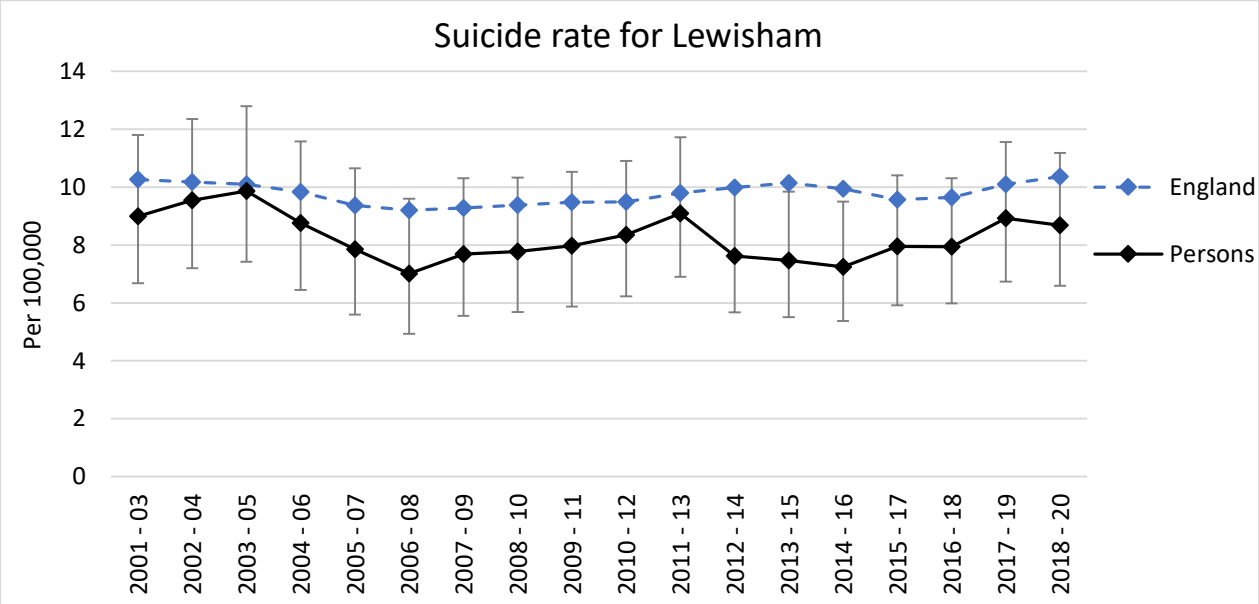
Analysis

The extracted data have been reviewed and presented in various ways. Frequency of suicides per year, month, age, gender, method of suicide, location of suicide and country of birth were used.

Results

Looking at the overall rates of suicide in Lewisham compared with the rate in England (Figure 2 Suicide rate for Lewisham), Lewisham has lower rates than the national rate. Although lower overall, since 2014/16 the rate has been steadily increasing.

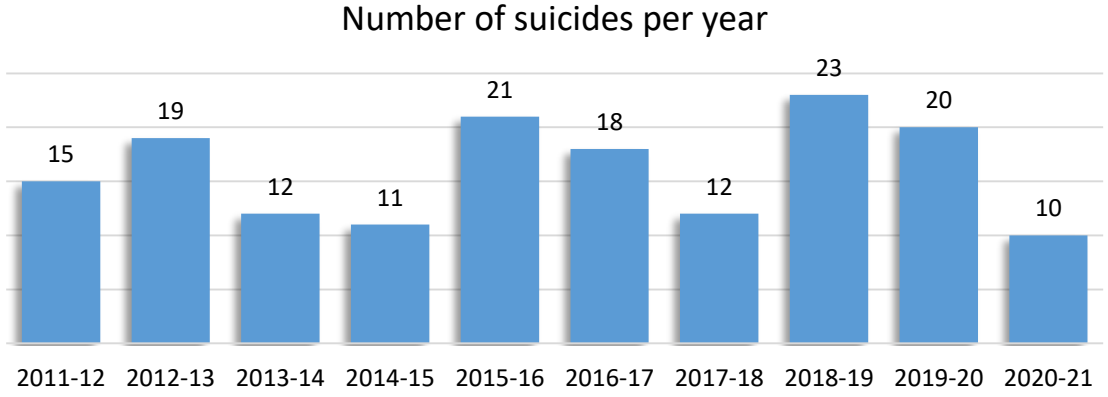
Figure 2 Suicide rate for Lewisham



Source: PHE Fingertips

Looking at the number of suicides per year in Figure 3 below, you can see that numbers have declined during 2020/21 which may be as a direct impact of COVID. The lock down and restricted movement of the population during the pandemic meant there were was less means and opportunity for people to end their lives by suicide.

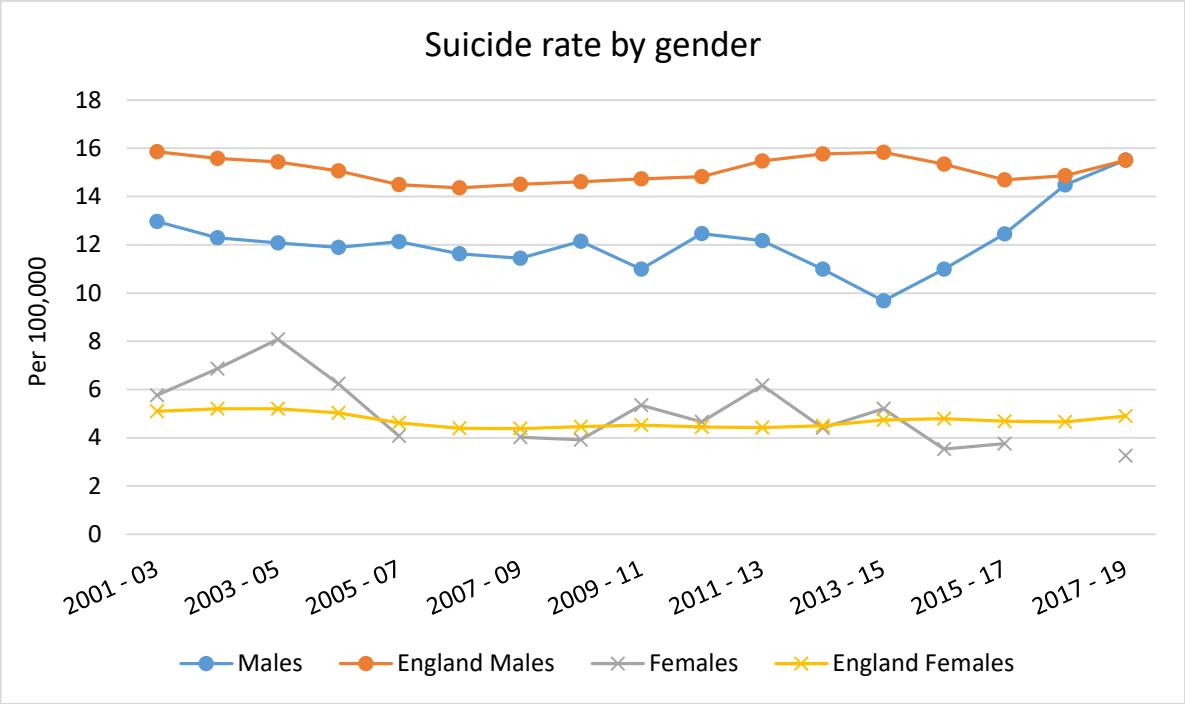
Figure 3 Number of suicides per year



Source: PCMD

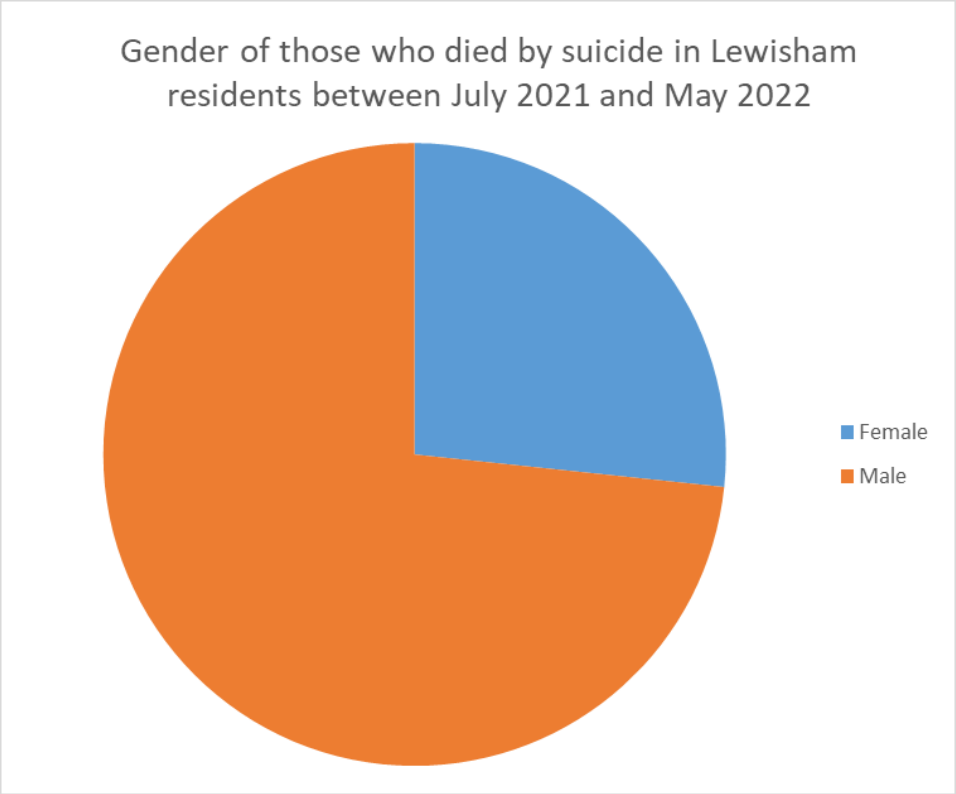
Suicide rates by gender in Lewisham follow the same pattern as London and England patterns and support the findings from the national strategy. A higher rate of males are more likely to die by suicide than females. Figure 4 shows that between 2001/3 and 2018/19 the rates locally in Lewisham fluctuated yet males continue to have a higher rate than females. It's notable that since 2013/15 there has been a steady yet maintained increase in the rate of death by suicide in men in Lewisham. The data from RTSS (Figure 5Figure 5 Gender by proportion) found nearly three quarters of the most recent local deaths by suicide have been in males.

Figure 4 Suicide rate by gender



Source: PHE Fingertips

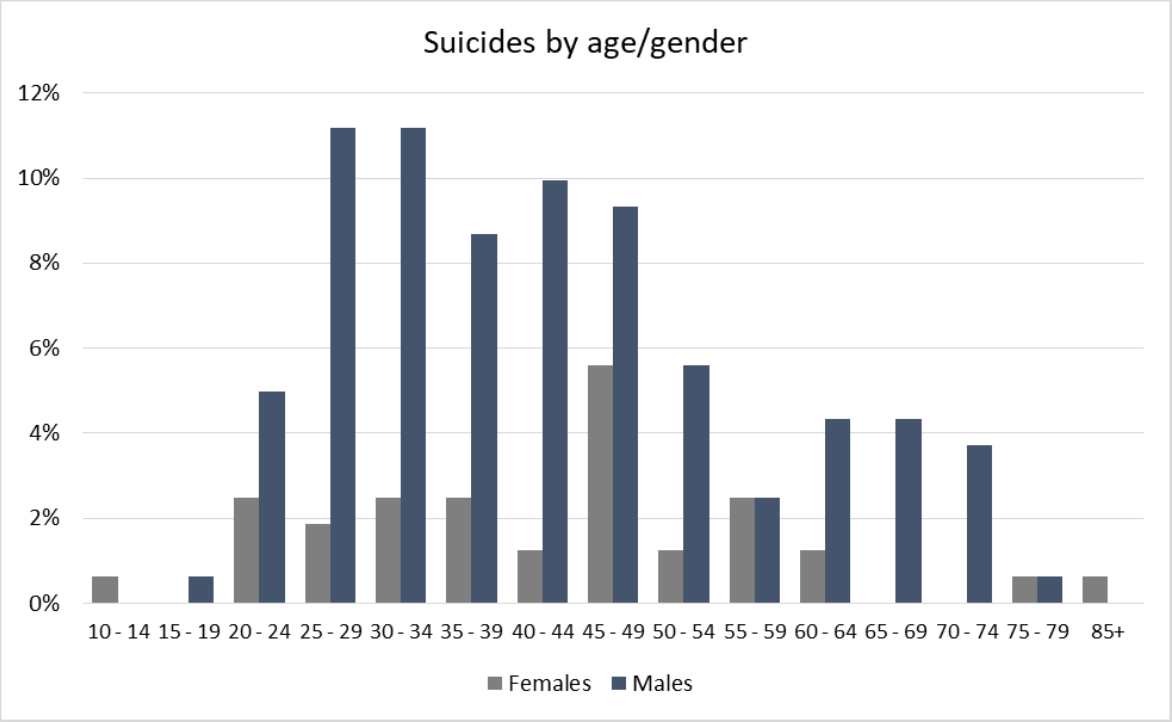
Figure 5 Gender by proportion



Source: RTSS

A similar trend continues when data on age and gender are compared. The national strategy identifies middle aged men and children and young people as having the highest risk of death by suicide. Figure 6 shows the age groups of males and females who have died by suicide in the last decade in Lewisham. The chart shows that the patterns of death by suicide are different in males and females. The peak for males is between 25 and 45 years, and for women is between 40 and 50 years. Less than 5% of all deaths by suicide were in those aged under 25 years.

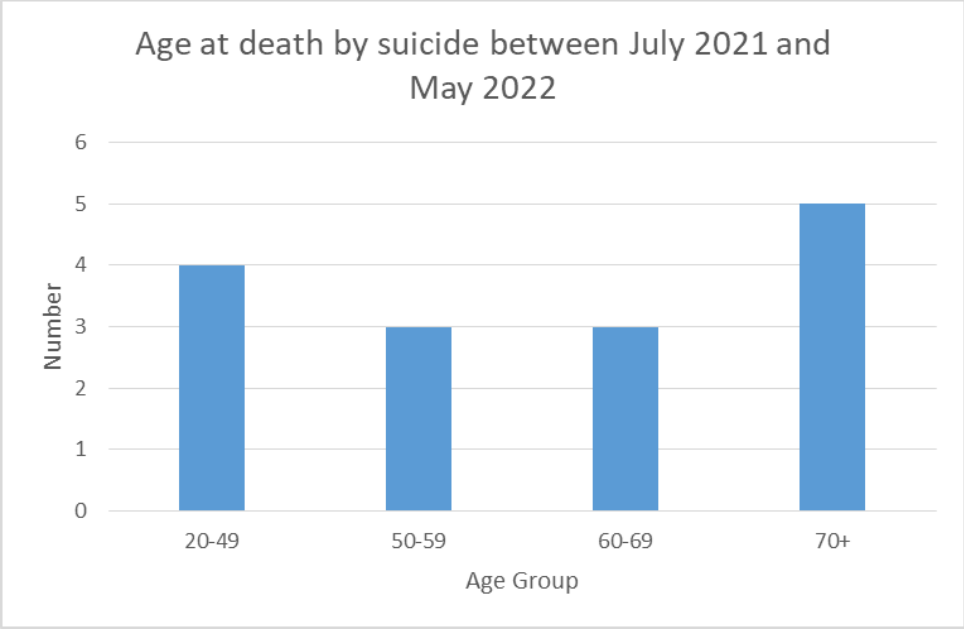
Figure 6 Suicide by age and gender



Source: PCMD

Figure 7 shows the age at death in all genders from the RTSS data set. Contrary to the national findings, these data suggest the number of deaths are weighted toward the older age groups. The reason for this more recent shift in age is not clear, and continual monitoring and data analysis will continue to identify ongoing trends.

Figure 7 Age at death (all genders)



Source: RTSS

Figure 8 below provides a benchmark of where Lewisham is locally with the rest of England. For 2016/18, Lewisham was worse than England when years of life lost due to suicide was measured, for all persons. Lewisham's years of life lost due to suicide for 2016-18 was 25.4 per 10,000 population, average for the rest of the London (see Figure 9).

Figure 8 Suicide prevention area profile

Indicator	Period	Lewisham			NHS region - local office	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2016 - 18	–	62	25.4	-	31.3	61.0		16.6
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2016 - 18	–	54	45.4	-	47.8	101.8		21.9
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2016 - 18	–	8	*	-	14.9	39.5		5.7
Suicide rate (Persons)	2018 - 20	–	-	-	-	10.4	-	Insufficient number of values for a spine chart	
Suicide rate (Male)	2018 - 20	–	-	-	-	15.9	-	Insufficient number of values for a spine chart	
Suicide rate (Female)	2018 - 20	–	-	-	-	5.0	-	Insufficient number of values for a spine chart	

Source: PHE Fingertips

Figure 9 Years of life lost due to suicide

Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons) 2016 - 18

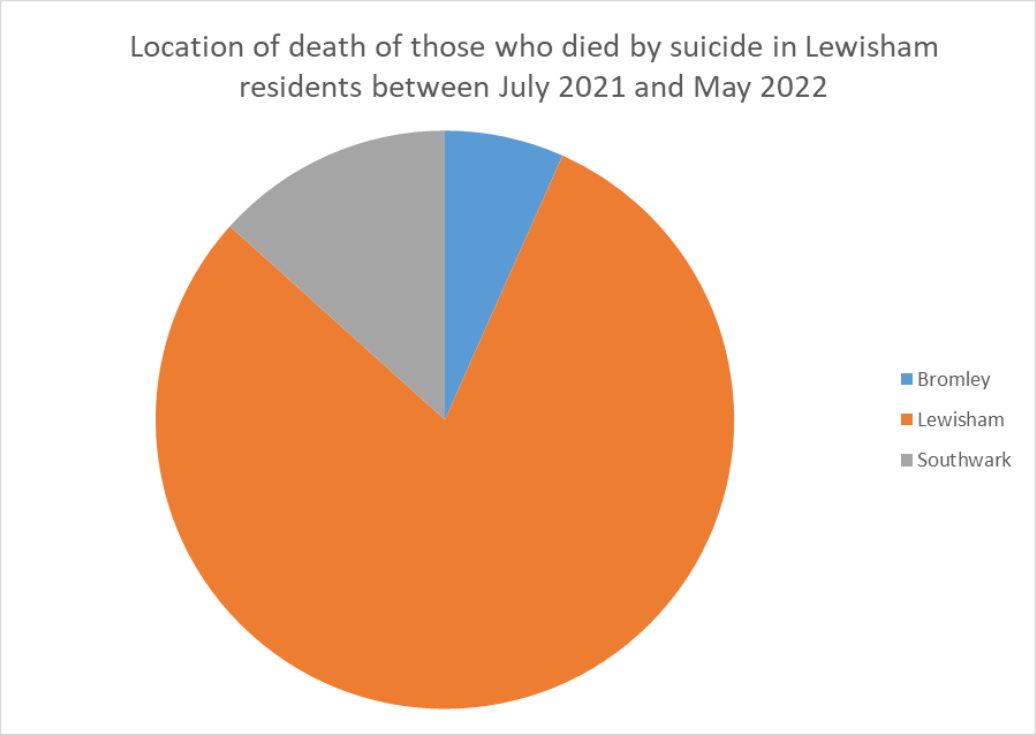
Directly standardised rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	12,883	31.3	30.8	31.9
London NHS region	–	-	-	-	-
NHS Hounslow CCG	–	67	33.9	25.4	44.0
NHS Croydon CCG	–	88	32.8	25.7	41.1
NHS Kingston CCG	–	44	32.2	22.7	44.1
NHS Bexley CCG	–	51	31.1	22.7	41.4
NHS Hillingdon CCG	–	69	30.7	23.5	39.4
NHS Hammersmith And Fulham CCG	–	48	29.3	20.8	39.7
NHS Merton CCG	–	45	28.9	20.1	40.0
NHS Camden CCG	–	62	28.4	21.3	37.0
NHS Tower Hamlets CCG	–	68	28.1	21.5	36.0
NHS Waltham Forest CCG	–	61	28.0	20.9	36.5
NHS West London (K&C & QPP) CCG	–	50	27.4	19.8	36.9
NHS Brent CCG	–	62	26.8	20.1	35.0
NHS Islington CCG	–	49	26.7	19.5	35.6
NHS Lewisham CCG	–	62	25.4	19.3	32.9
NHS Richmond CCG	–	43	25.0	16.7	35.5
NHS City And Hackney CCG	–	57	24.9	18.3	32.9
NHS Haringey CCG	–	51	24.6	17.9	32.8
NHS Wandsworth CCG	–	63	24.5	18.2	32.0
NHS Havering CCG	–	48	24.3	17.0	33.3
NHS Ealing CCG	–	70	24.1	18.4	31.0
NHS Newham CCG	–	62	24.1	18.2	31.2
NHS Sutton CCG	–	33	23.5	15.3	34.1
NHS Harrow CCG	–	39	22.9	15.9	32.0
NHS Greenwich CCG	–	49	22.0	15.6	29.9
NHS Lambeth CCG	–	56	21.6	16.0	28.5
NHS Enfield CCG	–	50	20.6	15.0	27.6
NHS Barking And Dagenham CCG	–	27	19.9	13.0	29.2
NHS Barnet CCG	–	62	19.0	14.2	24.8
NHS Redbridge CCG	–	47	18.2	13.0	24.8
NHS Southwark CCG	–	44	18.2	12.9	24.7
NHS Bromley CCG	–	51	18.0	12.7	24.5
NHS Central London (Westminster) CCG	–	25	16.6	10.3	25.2

Source: PHE Fingertips

Figure 10 reveals that of all Lewisham residents that died by suicide during July 2021 and May 2022, over three quarters of them died in Lewisham. A small proportion died in either Bromley or Southwark.

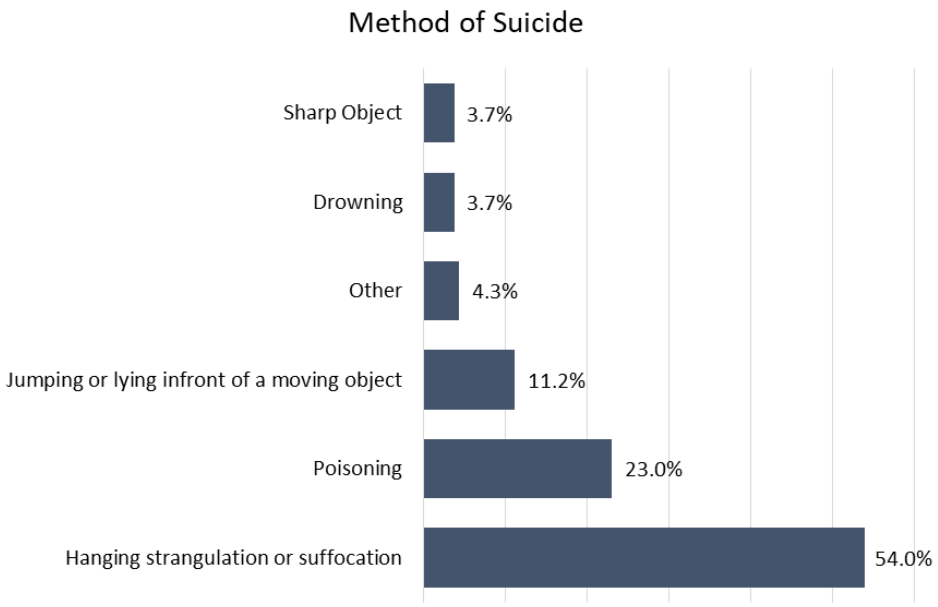
Figure 10: Location of death of those who died by suicide in Lewisham residents



Source: RTSS

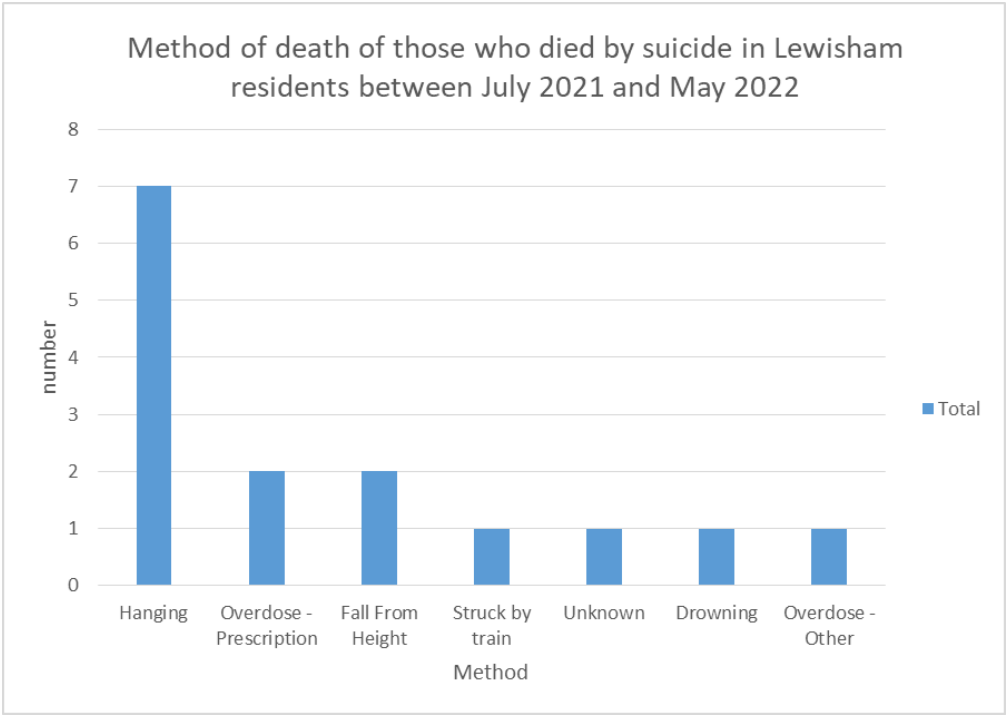
In Figure 11 below, method of suicide is plotted for the 10 year period 2011-2021. It's clear from the chart that over half of those who died by suicide in that period died by hanging, strangulation or suffocation. Approximately one quarter died by poisoning. When looking at more recent data from the RTSS, a similar pattern can be seen (see Figure 12). This pattern continues when looking at method by gender (see Figure 13).

Figure 11: Recorded method of suicide



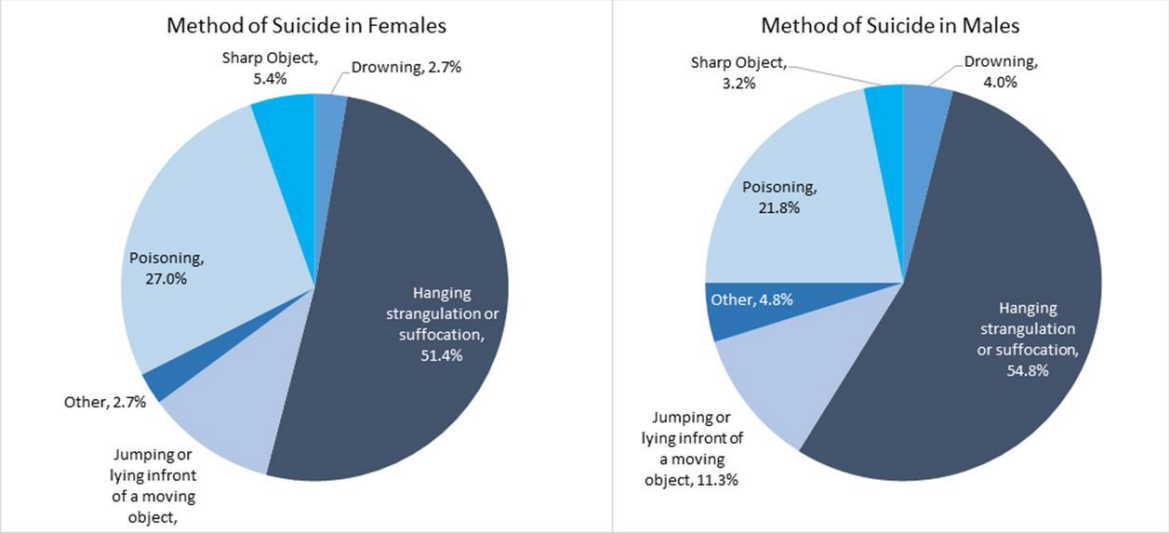
Source: PCMD

Figure 12: RTSS recorded method of suicide



Source: RTSS

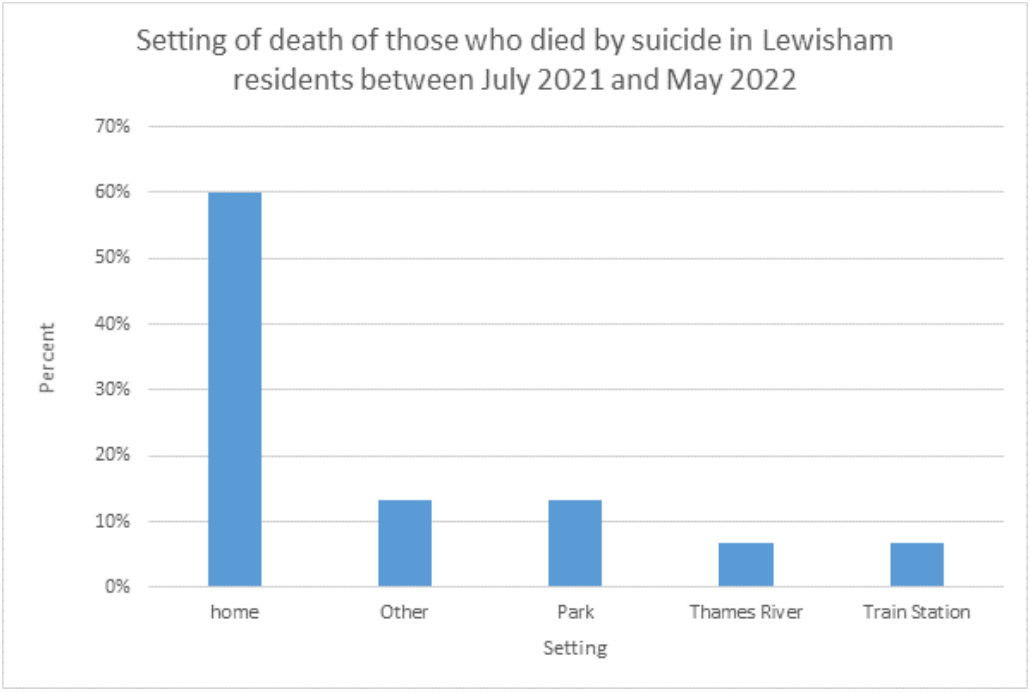
Figure 13: Method of suicide by gender for all Lewisham resident's deaths by suicide from 2011-2021



Source: PCMD

Nearly two thirds of all deaths by suicide were completed at home, with park setting and 'other' making up approximately 1 in 5 of all deaths by suicide. Train station and Thames River accounted for approximately 1 in 10 deaths (Figure 14).

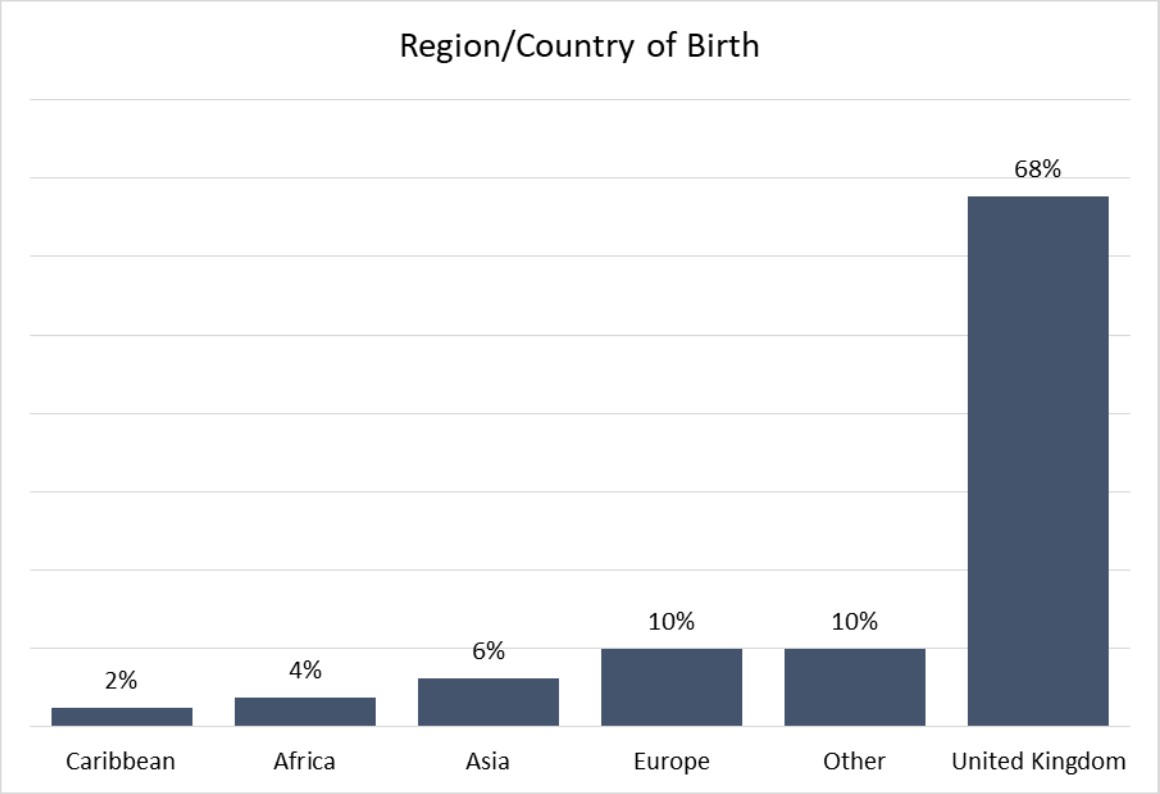
Figure 14: Setting of death of those who died by suicide



Source: RTSS

Over two thirds (68%) of Lewisham residents who died by suicide were born in the United Kingdom, with one in ten from Europe (Figure 15).

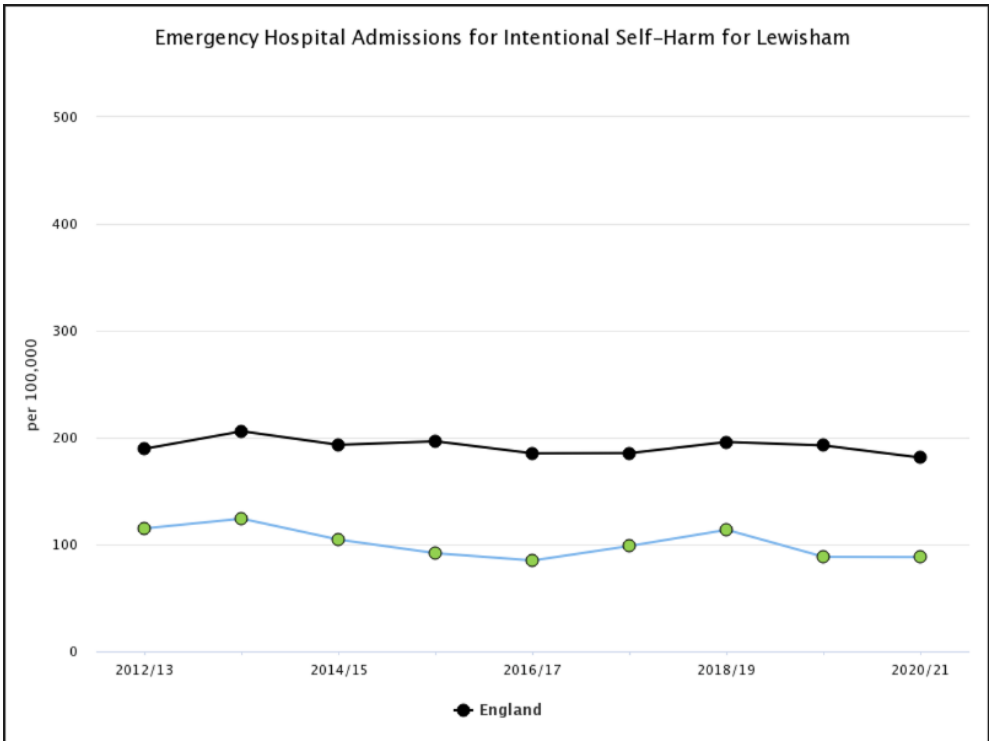
Figure 15: Region or country of birth for Lewisham residents who died by suicide between 2011 and 2021



Source: PCMD

In addition to middle aged men and children and young people, the national strategy has identified two other high risk groups – those who self-harm and those who have known mental health issues or concerns. In Lewisham, since 2012/13 the rates of emergency hospital admissions for intentional self-harm have been around 100 per 100,000. This is about half the rate for England (see Figure 16). However, this only considers the self-harm that is known about, and not the hidden self-harm that may never be discovered.

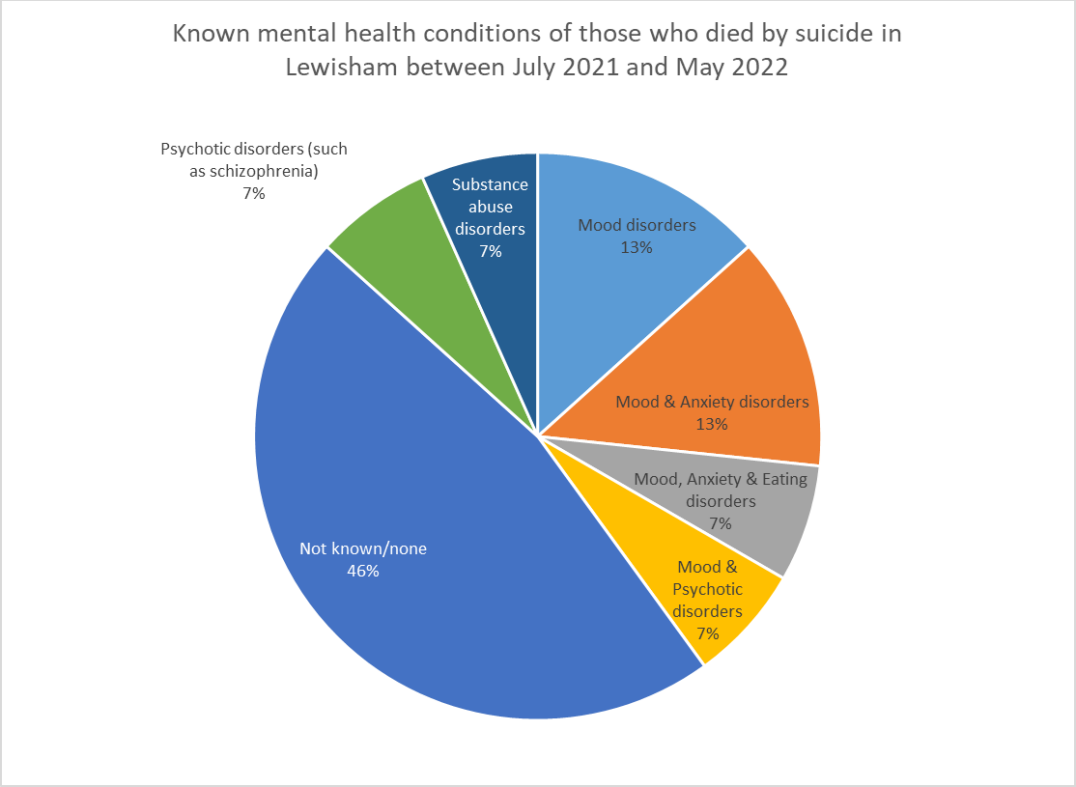
Figure 16: Emergency hospital admissions for intentional self-harm for Lewisham residents between 2012 and 2021



Source: PHE Fingertips

Using RTSS data to understand the proportion of those who died by suicide that had known mental health concerns or issues, one in two people were known to have mental health concerns (53%) and 2 out of every 5 (40%) of those were for mood disorders (see Figure 17).

Figure 17: Known mental health conditions of Lewisham residents who died by suicide

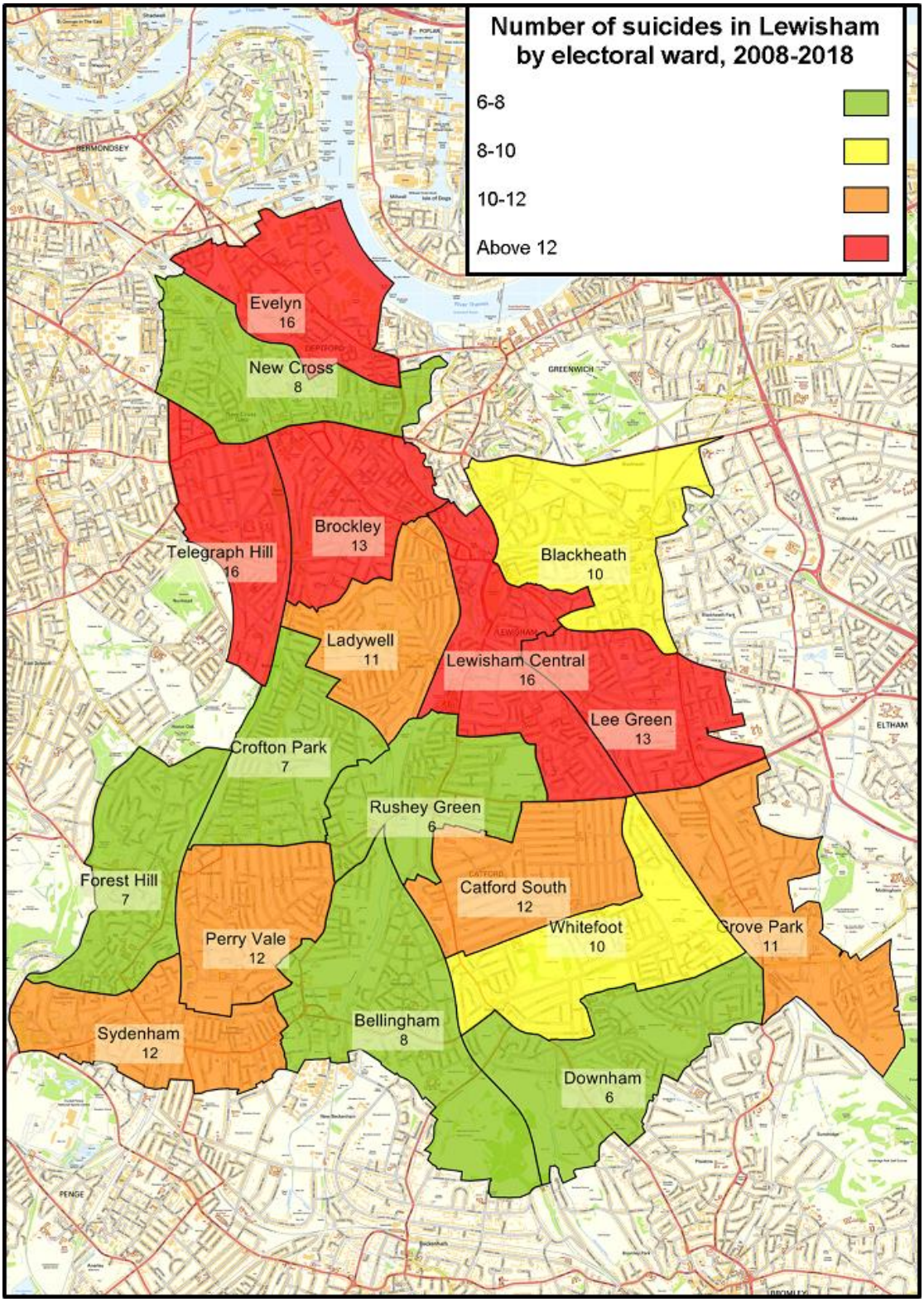


Source: RTSS

Mental ill health remains one of the leading causes of maternal death in pregnancy and the first postnatal year. Although not listed as a separate category in Figure 17, the national rate of women who died by suicide in the first year after giving birth was 2.64 per 100,000 maternities (95% CI 2.02-3.38) between 2017 and 2019 – nearly one quarter of the overall death by suicide rate in the borough (approximately 8.5 per 100,000. See Figure 2). If all mental health causes are included, the rate increases to 5.11 per 100,000 which is higher than the female only rate of death by suicide in the borough (see Figure 4). There are little data on death by suicide in the local area for new mothers. There is even less data on new or expectant fathers and it's impact on death by suicide.

Between 2008 and 2018, the electoral wards with the highest number of suicides were concentrated in North Lewisham (see Figure 18). There aren't any known suicide hotspots in the north of the borough, or any particular settings that are common in the data sets used to inform this suicide audit.

Figure 18: Number of suicides in Lewisham by electoral ward between 2008 and 2018



Source: PCMD

Discussion

Lewisham has a suicide rate of 8.7 per 100,000, this is lower than the England rate (see Figure 2).

Suicides are most prevalent in males and account for around 70% of all deaths from suicide in Lewisham from the past 10 years. Data from public health England suggests that from 2013 there has been a year on year increase the male suicide rate.

Standardised suicide rates show that the male suicide rate has become three times greater compared with females in recent years. High prevalence of suicide exists across men who are young (less than 25 years old) and middle aged. This reflects what is seen nationally as a major risk group for suicide.

Lewisham has a younger population profile compared to the national population. Around 25% of all suicides occurred in young men aged 25-35. Age standardised rates cannot be reliably compared to those seen nationally due to the large confidence intervals involved whilst analysing small populations.

The current suicide prevention strategy focuses particularly on young men as a key high risk group, future prevention strategies should aim towards focusing on men of all ages and especially those who are young or middle-aged, people who self-harm and people who are known to have mental health concerns or issues. These age groups may also require different prevention strategies.

Suicide by hanging, strangulation or suffocation is the most common method accounting for approximately half of all suicides. Poisoning is a more common form of suicide in women compared with men (27% vs 21%). Jumping from a height or jumping in front of a moving object are violent methods of suicide which account for 11% of suicides in Lewisham over the past 10 years. Reducing means to suicide requires a multilateral approach and may help to reduce the overall suicide rate in Lewisham.

Data on ethnicity is limited from the PCMD database. Around 30% of suicides in Lewisham occur in people originally born overseas, therefore first generation migrants make up a substantial proportion of deaths by suicide in the borough. Further research into whether cultural or linguistic barriers exist that limits this population's access to mental health services could help guide targeted approaches to suicide prevention.

Self-harm remains the largest single risk factor for ongoing suicide. Lewisham is currently has the 13th highest rate of hospital attendances related to self-harm. From what we have learnt from recent research suicide and serious self-harm are only the tip of an unseen and unmet burden of poor mental health and self-harm in the borough. Furthermore earlier intervention may prevent progression of cases of self-harm to completed suicide. Multi-agency actions here may help reduce the number of future suicides in Lewisham.

Wards with the highest number of suicides were Evelyn, Lewisham Central, Brockley, Lee Green and Telegraph Hill. The majority of suicides appear to occur in the northern, more densely populated wards in Lewisham. This data may help inform future suicide prevention strategies.

Limitations

Despite using aggregated data over 11 years it is difficult to reliably analyse suicides at a borough level beyond basic demographics. Combined larger datasets across London would help guide local authorities with more nuanced epidemiological approaches. Access to a multi-agency hub is currently an active piece of work.

Coroner's data concerning ethnicity, social demographics, contact with GP and mental health services are a common component of other local suicide audits across the country. Future local suicide audits should include this important data once access has been negotiated. This data could be used to complement the larger London-wide data sets from collaborative working.

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Office of National Statistics. (2022, June 8). *Suicide rates in the UK QMI*. Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/methodologies/suicideratesintheukqmi

LEWISHAM SUICIDE PREVENTION STRATEGY

2022-2025

Contents

Vision and overarching aim

Every death by suicide in Lewisham is one too many. Suicide is a preventable cause of death with devastating impacts. Our vision is that no one in Lewisham takes their own life.

To realise the vision and prevent suicides, everyone has a part to play, and it should be everyone's business. This includes individuals, communities, public and private organisations, employers, emergency services, the NHS and local authorities. This strategy and the associated action plan have been drawn up with the support and input of a partnership group, each contributing a diversity of shared skills, experience and ideas.

Strategy core principles

In preparing the strategy, we have worked to the following core principles

- Tackling stigma: ensuring that everyone in Lewisham is able to support someone in crisis including individuals who may be considering taking their own life. One of the objectives of the strategy is to promote wider opportunities that equip individuals to have conversations which act as a preventative measure.
- Lived experience: involving those with lived experience of suicide bereavement and voluntary agencies to shape our strategy and action plan.
- Evidence based: we need to make sure we understand what the data are and are not telling us, and use insight and those with lived experience to ensure our approach has the biggest impact on reducing rates of death by suicide.
- Life course approach: understanding protective and risk factors, the impact of health inequalities and the life course to offer support and intervention early, reducing risk and preventing death.

Strategy Development

This strategy has been developed with key stakeholders who were part of a task and finish group. The group discussed findings from the most recent suicide audit (attached at Appendix 2: Suicide Audit), evidence based practice and expert feedback from those working locally with Lewisham communities. A public consultation and focus group were conducted over the summer to enrich and enhance the evidence and data gathered.

Background

The most recent suicide prevention strategy for Lewisham ran from 2019 to 2021. During the life of the strategy, we have seen a pandemic with lasting physical and mental health effects, and political and economic instability. The intention of the group was to update the work that

had been set out for action in the 2019 strategy and action plan. The fifth national strategy update was released in 2021 and this set out some of the impacts seen from the COVID-19 pandemic. The strategy task and finish group were keen to ensure the next strategy was based on a range of principles, set out above, taking into account the most recent data (from audit), evidence and lived experience.

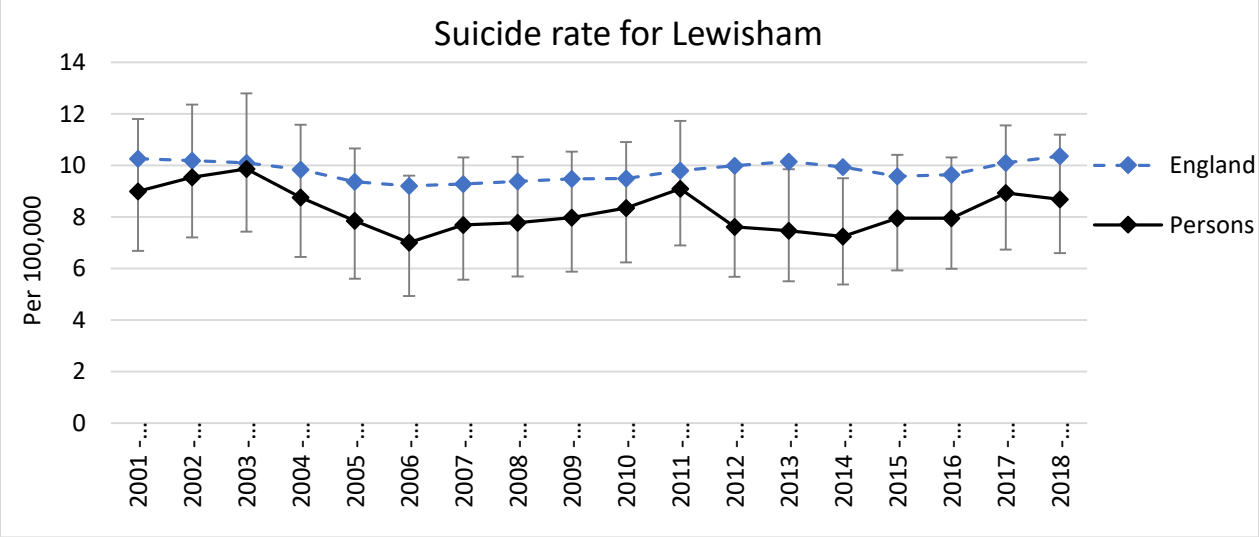
Local Insights and data: What do they tell us about suicides in Lewisham?

This section sets out some of the key findings from the suicide audit which can be found at Appendix 2: Suicide Audit.

In 2016 the five-year forward view for mental health set a national ambition to reduce suicides by 10% by 2020/21 and was an attempt to turn the increasing rates that had been seen in previous years. In 2021 there were 5,583 suicides registered in England and Wales, equivalent to a rate of 10.7 deaths per 100,000 people. This rate was higher than 2020 with a rate of 10.0 per 100,000 but in line with the pre pandemic rates in 2018 and 2019.

Looking more locally at rates of suicide in Lewisham compared with the rate in England (Figure 1: Suicide rate for Lewisham), Lewisham has lower rates than the national rate. Although lower overall, since 2014/16 the rate has been steadily increasing. More recent data on the numbers of suicides locally indicate that numbers have declined during 2020/21 which may be as a direct impact of COVID.

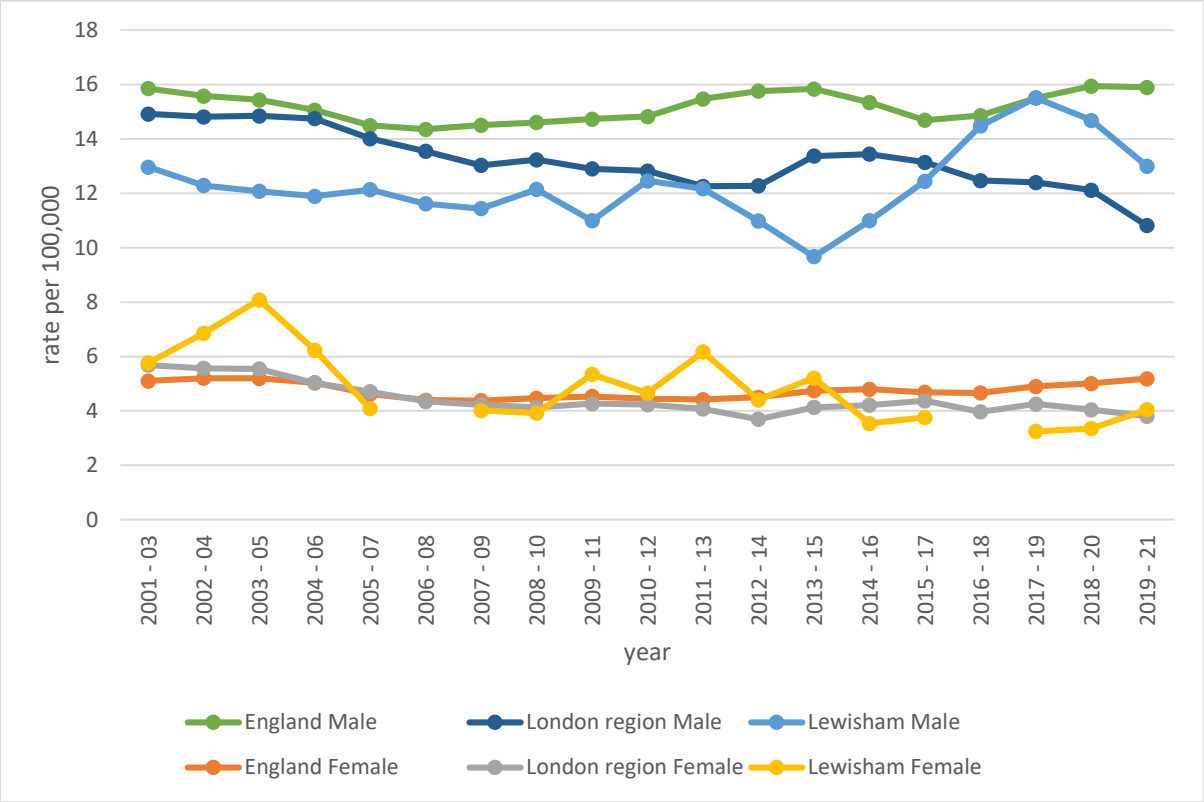
Figure 1: Suicide rate for Lewisham



Source: PHE Fingertips

Suicide rates by gender in Lewisham follow the same pattern as London and England patterns and support the findings from the national strategy. Males experience a higher rate of death from suicide than females (see Figure 2).

Figure 2 Suicide rate by gender in Lewisham compared to England

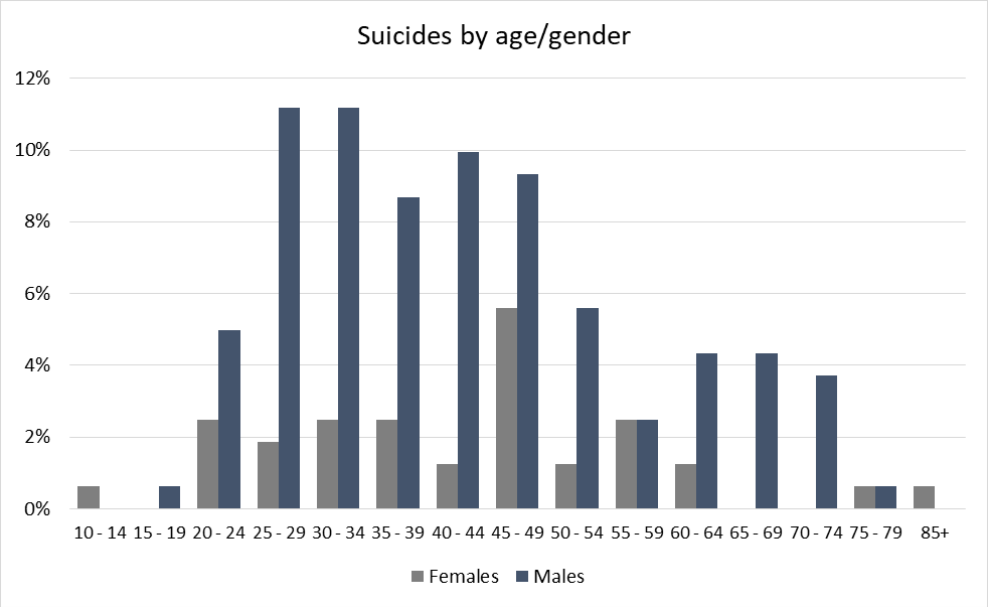


**please note gaps in Lewisham female data relate to gaps in data from the source (i.e. figure not know)*

Source: PHE Fingertips

The national strategy identifies middle aged men and children and young people as having the highest risk of death by suicide. Figure 3 shows the proportion of those in Lewisham who have died by suicide in the last decade, by age groups of males and females. The chart shows that the patterns of death by suicide are different in males and females. The peak for males is between 25 and 45 years, and for women is between 40 and 50 years. In Lewisham, less than 5% of all deaths by suicide were in those aged under 25 years.

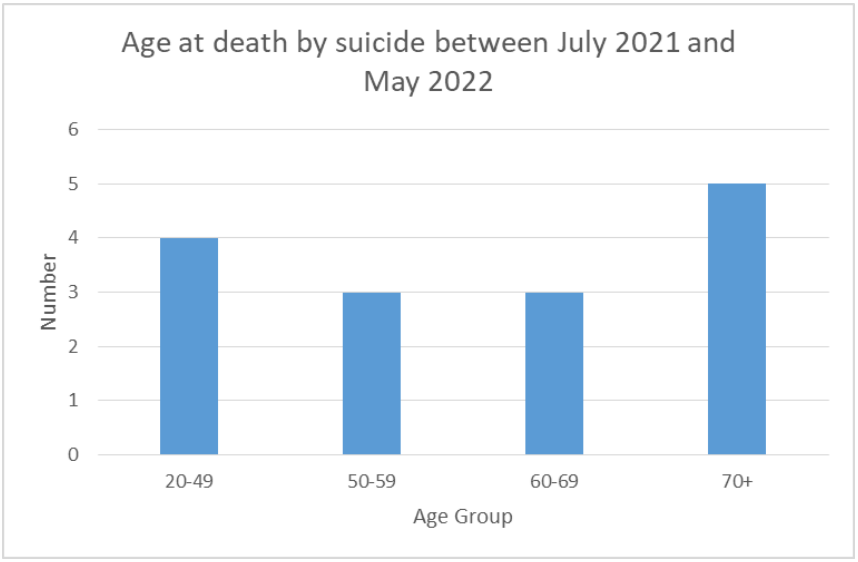
Figure 3 Suicide by age and gender in Lewisham



Source: PCMD

Local data drawn from the real time surveillance system on age at death by suicide are contrary to national data presented in Figure 3. Figure 4 (below) shows data that suggest a higher number of deaths in Lewisham are weighted toward the older (70+) age groups. The reason for this more recent shift in age is not clear.

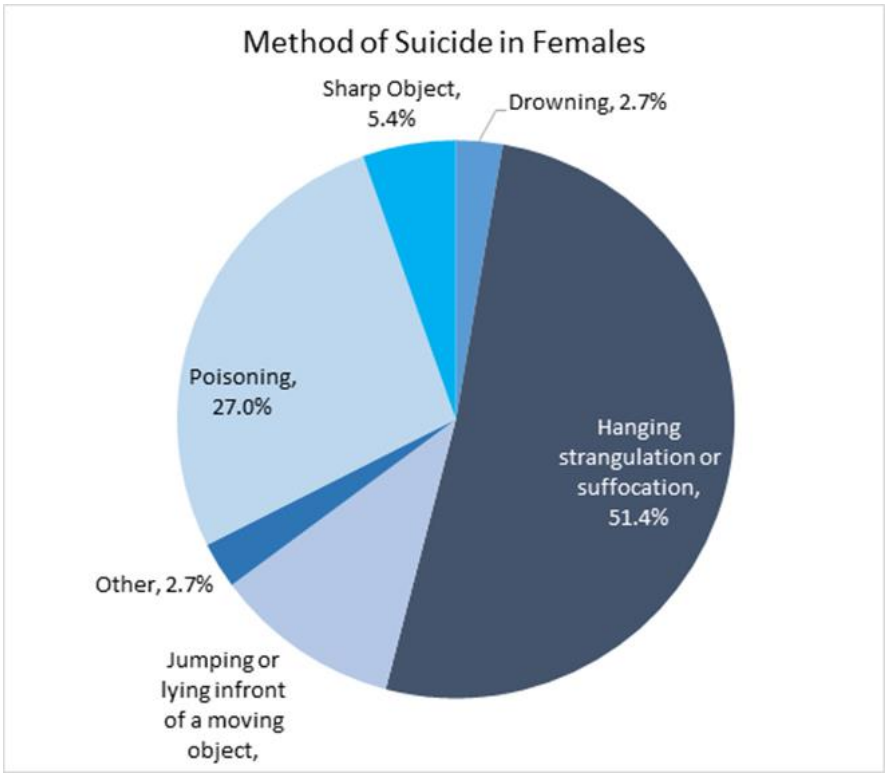
Figure 4 Age at death (all genders)

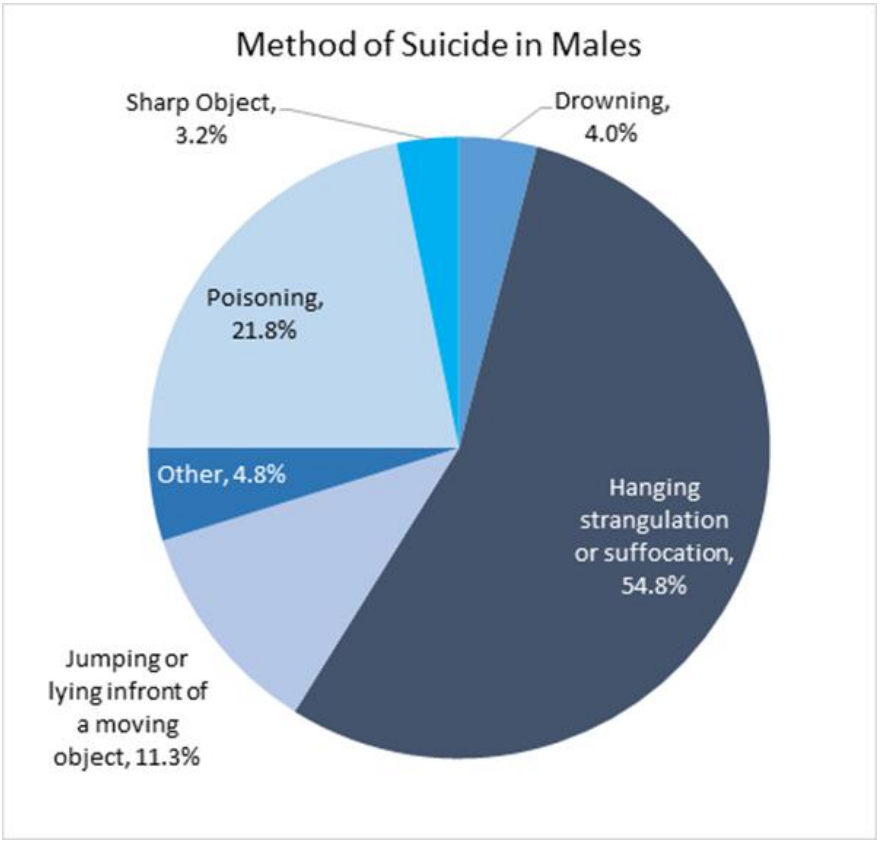


Source: RTSS

We have data to tell us what means and methods people used to die by suicide. Figure 5 shows over half of those who died by suicide in that period died by hanging, strangulation or suffocation, across male and female genders. Approximately one quarter died by poisoning.

Figure 5: Method of suicide by gender for all Lewisham resident's deaths by suicide from 2011-2021

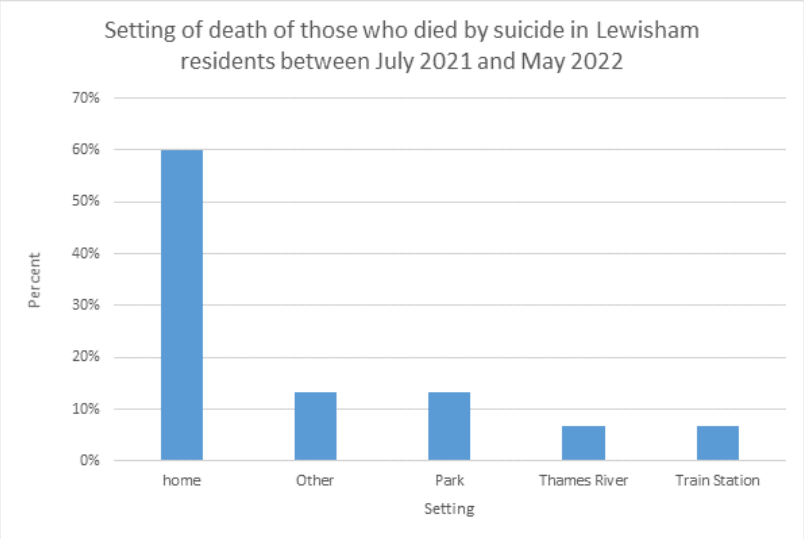




Source: PCMD

Nearly two thirds of all deaths by suicide were completed at home in the borough, with park setting and 'other' making up approximately 1 in 5 of all deaths by suicide. Train station and Thames River accounted for approximately 1 in 10 deaths (Figure 6).

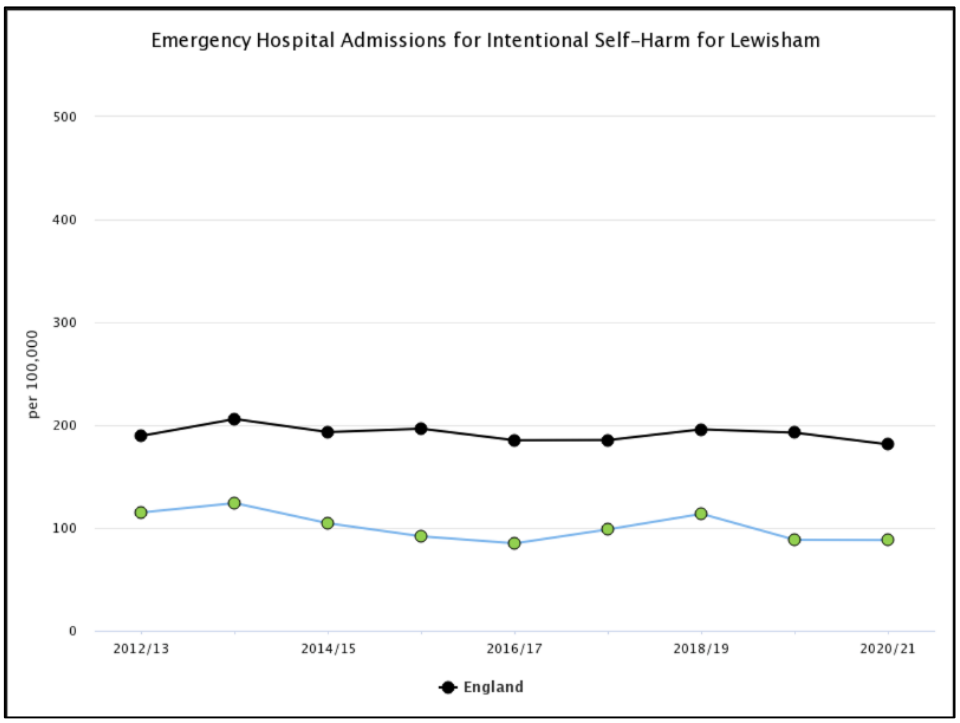
Figure 6: Setting of death of those who died by suicide



Source: RTSS

In addition to middle aged men and children and young people, the national strategy has identified two other high risk groups – those who self-harm and those who have known mental health issues or concerns. In Lewisham, since 2012/13 the rates of emergency hospital admissions for intentional self-harm have been around 100 per 100,000. This is about half the rate for England (see Figure 7). However, this only takes account of the known self-harm, and not the hidden self-harm that may never be uncovered.

Figure 7: Emergency hospital admissions for intentional self-harm for Lewisham residents (all ages) between 2012 and 2021

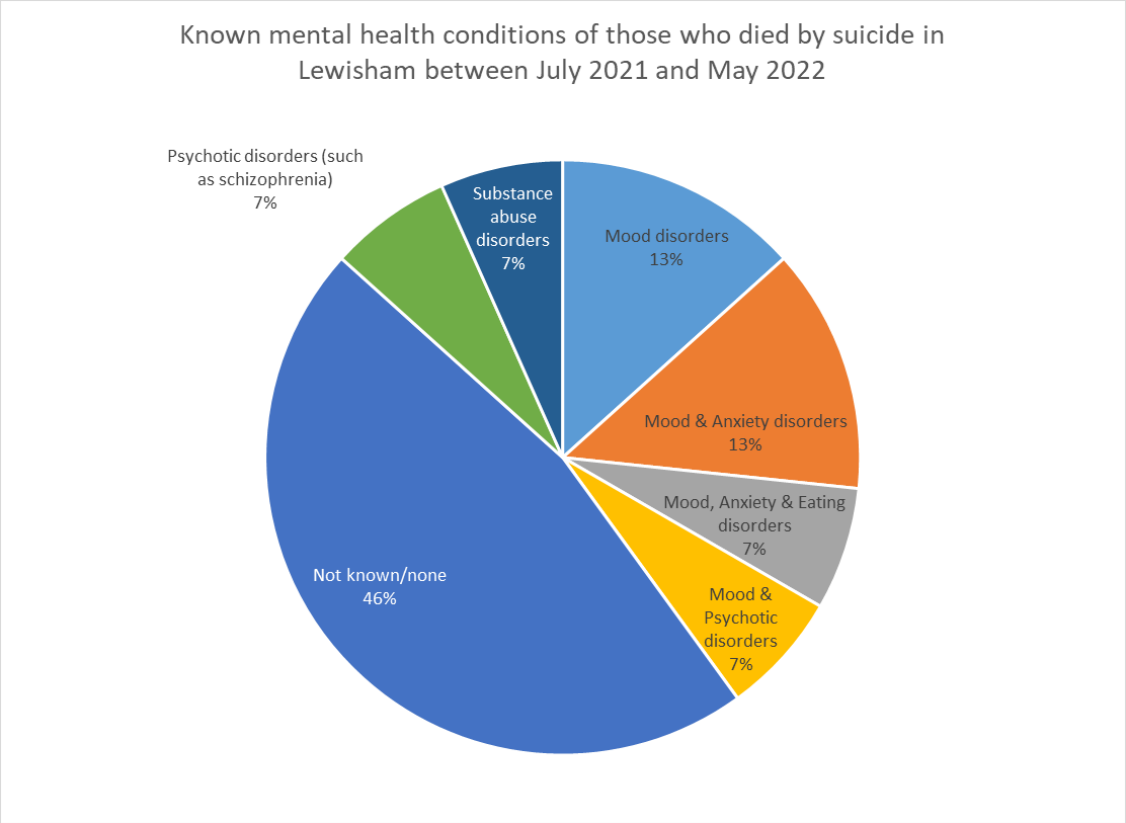


Source: PHE Fingertips

What might the reasons be for death from suicide?

There is considerable evidence on the risk factors for suicide in England. Locally, we have little data on the reasons for death by suicide. Our real time surveillance system is able to capture the proportion of those who had known mental health issues or concerns (one of the main risk factors). One in two people were known to have mental health concerns (53%) and 2 out of every 5 (40%) of those were for mood disorders (see Figure 8)

Figure 8: Known mental health conditions of Lewisham residents who died by suicide



Source: RTSS

Whilst no data are presented here, pregnancy and the perinatal period is also a time of high risk and suicide is now the leading cause of direct maternal death in the year after pregnancy (MBRRACE-UK, 2021).

What are those with lived experience telling us?

During the spring of 2022 (9th May to 10th June 2022) the Council ran an online consultation for the residents asking questions about knowledge of suicide prevention interventions and training. The consultation received a total of 89 responses, two thirds of respondents were female (66%), and the majority self-reported as white ethnicity (84%). When asked about the organisations that supported those at risk of taking their own life, or those who are affected by suicide, all had heard of the Samaritans, but less than one in five respondents had heard of Papyrus and less than one in 20 respondents had heard of SOBS (Survivors of Bereavement by Suicide).

Only one quarter of respondents reported knowing what to say to someone who said they wanted to take their own life, the majority (82%) said they wanted to know how to talk to someone in that instance and one in five (20%) reported that they had received training on talking to others who are feeling suicidal.

When asked whether they were aware of work that was being done in the borough on suicide prevention, less than one in 20 respondents were aware of any. The work that was known related to CAMHS and their links in Lewisham A&E department for young people who

have self-harmed or tried to take their life by suicide, or a local GP surgery supporting one of their patients. When asked how this could be improved, respondents suggested:

- Better and faster access, support and responses to those with mental health problems (including open access, walk-in sessions) and clearer communication on timeframes and treatment expectations
- More safe spaces for the most vulnerable in our communities and a hold on closing support services
- Improving communication and awareness throughout the borough to help understanding and support for those who are vulnerable and most at risk and where to find help when it's needed.

Respondents felt we could do more by having promotional material available, and by running prevention sessions in community spaces, free of charge, for residents to attend. There was a feeling that in order to create more open discussion about suicide in the community, there needed to be more mental health support, including recruiting and training allies, faster access to services, early identification of escalating mental health concerns, and removing stigma to have the conversations. Respondents felt it was important to foster a sense of belonging for those who may be at risk, to continue to have conversations, to offer training and development and making sure community assets are well recognised.

During a focus group with those who have been bereaved by suicide, there were a number of times when they could see that their family member needed help and support, but didn't feel there was a strong and impactful intervention that really helped to tackle the underlying reasons. All participants were keen to urge for better skilled staff in the right places, who are valued for the work they are doing protecting others.

These findings will be used to help further shape the objectives set out in the action plan.

Key risk factors

The risk factors for suicide are complex, multiple and vary based on the interaction between a range of factors (Raschke, 2022). Two of the strongest at the individual level are unemployment and low socio-economic status or deprivation (for instance, a combination of loneliness, inadequate housing, low educational attainment, poor mental health and unemployment) (Samaritans, 2022). Political issues, such as spending on social welfare, minimum wage increases, and regulation of selected risk factors, all have a place in helping to reduce the risk of suicide in the community. Major life changes, such as separation, divorce or bereavement, can contribute to (Stack, 2021) someone's declining mental health and increasing suicidal ideation.

How suicides can be prevented in Lewisham?

Good evidence and understanding of risk factors are key to helping ensure protective factors are in place to support those at risk and vulnerable. Research suggests that protective factors for young people include social connectedness, parental support, life satisfaction, good diet and family dinners (Ophely Dorol--Beauroy-Eustache, 2021). Some of these are replicated when looking at the protective factors for adults, where social connectedness, employment, ability to cope, life satisfaction and a sense of mental and physical health and

well-being are all protective against attempted or completed suicide (Suicide Prevention Resource Center, 2011).

This evidence base was considered when compiling the local actions set out below and in more detail as part of the action plan (Appendix 3).

Impact of COVID-19 on suicide prevention

The COVID pandemic had significant impact on the recording of suicides in England. However, initial data on suicide rates during the pandemic suggest there has been no escalation, even though there was a shift in the provision of mental health services away from in person. Organisations who offer support for mental health have described an increase in requests and contacts, with people expressing suicidal thoughts and feelings. This would suggest continued support and monitoring to proactively respond to any emerging risks.

The impact of suicide

Those who are bereaved by suicide are often the ones who are left feeling the impact. In our focus groups we discussed with those who had suffered loss and they revealed their feeling of helplessness, in wanting someone to reach out to them and not having to start a google search and reach out. One of our participants dropped out of education in order to deal with the emotions and fall out from the family member taking their own life. They had to seek and push for a relevant and supportive intervention to help them deal with the adverse event of losing their loved one.

Comparisons of key indicators across London

The Office for Health Improvement and Disparities (OHID) has compared the suicide rates for the London boroughs. Lewisham ranks 12th out of all the boroughs with a rate of 8.3 which is not statistically significantly different to the boroughs with the worst (Hammersmith and Fulham at 12.9) and best (Barnet at 4.8) rates – see Figure 9.

Figure 9: Suicide rate (all persons) for London boroughs between 2019 and 2021

Suicide rate (Persons) 2019 - 21

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	15,447	10.4	10.3	10.6
London region	–	1,679	7.2	6.9	7.6
Hammersmith and Fulham	–	70	12.9	10.0	16.5
Sutton	–	56	10.6	8.0	13.8
Kensington and Chelsea	–	43	10.2	7.4	13.8
Ealing	–	83	9.8	7.8	12.2
Southwark	–	70	9.0	6.8	11.7
Camden	–	55	8.9	6.6	11.7
Hounslow	–	63	8.8	6.7	11.4
Hillingdon	–	70	8.8	6.8	11.2
Barking and Dagenham	–	44	8.8	6.2	12.1
Hackney	–	56	8.6	6.2	11.5
Havering	–	57	8.4	6.4	11.0
Lewisham	–	62	8.3	6.2	10.9
Kingston upon Thames	–	36	7.9	5.5	11.0
Islington	–	41	7.9	5.4	10.9
Redbridge	–	57	7.7	5.8	10.0
Wandsworth	–	60	7.5	5.5	9.8
Westminster	–	51	7.4	5.4	9.8
Haringey	–	50	7.2	5.2	9.7
Bexley	–	47	7.2	5.3	9.6
Richmond upon Thames	–	37	7.1	5.0	9.8
Greenwich	–	47	6.8	4.9	9.2
Tower Hamlets	–	58	6.6	4.7	9.0
Waltham Forest	–	47	6.5	4.7	8.8
Merton	–	37	6.5	4.5	9.0
Croydon	–	62	6.2	4.8	8.0
Newham	–	54	6.0	4.3	8.0
Lambeth	–	45	5.7	3.9	7.8
Harrow	–	34	5.4	3.7	7.5
Enfield	–	44	5.3	3.8	7.2
Brent	–	47	5.3	3.9	7.0
Bromley	–	43	5.1	3.7	6.9
Barnet	–	50	4.8	3.5	6.3
City of London	–	3	*	-	-

Source: OHID Fingertips profiles

Action Plan on a page

What we'll do: Priority Areas for action and work in Lewisham

The Lewisham Suicide Prevention Action Plan sets out some of the main activities we aim to undertake over the next 3 years to achieve our ambition of zero suicide. The objectives and the rationale are set out below. More detail on the action plan can be found at Appendix 3: Suicide Prevention Action Plan.

Objective 1: Borough wide leadership for suicide prevention

We aim to establish a multi-agency strategic group to oversee delivery of this strategy and linked action plan, advocating for everyone to play their part in reducing rates of self-harm and death by suicide. The group will act as a lever to share good practice and exploring opportunities for collaborative working. Getting to zero suicide will be part of everyone's business. Without the support and collaborative efforts of everyone in Lewisham, we won't have the impact we want to see. Each employer will need to work to keep suicide prevention a key priority for their organisations, and work towards suicide prevention training becoming a part of induction and regular mandatory training for all staff.

There are some areas of good practice within the borough where organisations have worked together to try and tackle risk factors related to death by suicide. We need to learn from those successes, and from our failures, flexing and changing our approach as we are informed by the communities we work with. If we do well, there should be an increase in the number of those that are able to ask for help and who are diverted from choosing death by suicide as their only option. Rates of suicide will reduce and we will be closer to the zero suicide goal.

Objective 2: Reduce the risk of suicide in key high-risk groups

The following are considered at higher risk of suicide in Lewisham:

- Young people
- Those with a history of self-harm or attempting to die by suicide, including children and young people
- Those recently bereaved by suicide
- Those with ongoing health conditions or who are experiencing chronic pain or disability, or are receiving treatment for depression in primary care
- Those who are experiencing relationship difficulties, are unemployed, have financial or housing difficulties
- People with a history of alcohol and/or substance misuse
- Those who have experienced trauma for example racism, oppression, or Armed Forces Veterans
- Pregnant women and those who have given birth in the last year
- Those who have autism

Data and evidence tell us that there are common factors that put people at risk of dying by suicide and these are listed above. It's important to recognise the risk to these groups and to offer them additional support to tackle the underlying reasons for the risk. We know Lewisham's suicide rates in males have increased to the same rate as England in the last 5

years. Historically, our rates in this group have been lower than England. Younger men are the highest proportion of those that die by suicide each year in the borough.

Data on those with ongoing physical health problems, those who have experienced trauma (including veterans) or have autism are not well collected as part of routine statistics. This makes it difficult to review and analyse data taking this risks into consideration. Better data collection and reporting of these risk factors (linked to objective 5) would help to determine local patterns. By identifying and supporting those at risk early, we will see a reduction in the suicide rates in these groups.

Objective 3: Increasing the availability and importance of protective factors to improve mental health and reducing social isolation

Evidence and experience has identified a number of protective factors that contribute to those who die by suicide. It's important to ensure that partner organisations and the health system embed approaches to improve resilience and contributions to improved mental health within their offers and services. This will help those working with communities to provide opportunities for those at risk to be signposted and supported to activities that will allow them to engage with protective elements and factors and offer them the ability to cope with adversity.

The community has told us that there isn't enough support for them and their loved ones. Services need to be able to identify ways of helping their local communities and those at risk and identifying the assets already available within service, and in the community and working to support engagement. By offering this support, and increasing engagement, we increase the protection offered by a sense of belonging and a wider support network.

Objective 4: Removing the access to means of suicide

Our ambition of zero suicide has to be supported by partners and organisations who will work with us to reduce and remove access to the means people use to attempt suicide in the borough. Our suicide audit has shown us that the majority of those who die by suicide in the borough, do so at home. We need to work with those who are involved in the design, build and maintenance of housing to ensure that opportunities for means of suicide are minimised. We know that the reasons for suicide are complex and are not just linked to the means available. The action plan sets out how we will work with organisations to identify early and support those who are highest risk and may have the means to take their lives by suicide. By removing the means we hope to positively impact the number of those who are able to die by suicide in Lewisham.

Objective 5: Support research, data collection and monitoring

There is already a large research base setting out some of the key risk, and protective, factors associated with suicide. We should continue to build on and learn from existing research evidence, reinforcing the relevance by using and applying local data and learning. This should relate to self-harm, suicide and suicide prevention. However, we know that there are some categories where data are not well collected, nor where there is evidence of impact and success. These areas should continue to be advocated as important for development. The recent use of the real time data surveillance system in partnership with Thrive (see objective 6) will offer a picture of suicides and bereavement in the borough at a

much faster pace than published data which can often be lagging by nearly 2 years. This faster feedback as well as emerging data and evidence in the area of suicide prevention should allow the system to be able to respond and adapt to need in a timelier manner.

Objective 6: Provide information and support to those bereaved or affected by suicide

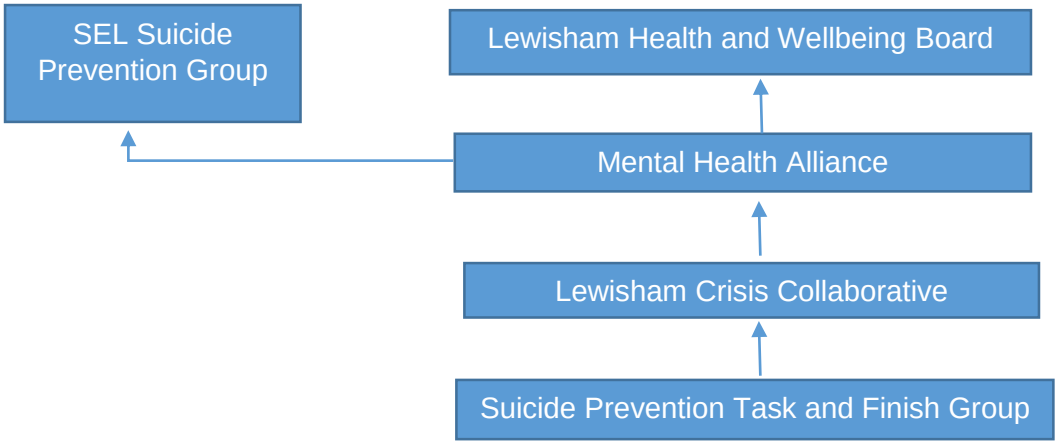
Those who are bereaved by suicide are at high risk of suicide themselves. We know from our focus group with service users that those who have experienced the trauma of losing a loved one to suicide find it difficult to reach out, and may not know who to reach out to. Using real time data and feedback in the borough will link the right service to those in need at the right time. This work stream will continue to improve the support and information given to those bereaved or affected by suicide. The data will be reviewed regularly to ensure we are able to flex and adapt the system to support those when they need it most.

Monitoring, Delivery and Evaluation

The Suicide Prevention task and finish group reports into the Lewisham Crisis Collaborative, which is a sub group of the Mental Health Alliance. The Alliance brings together those working across mental health services in the borough to tackle issues within the system. The Council's Health and Wellbeing Board will have final sign off for the Strategy, Action Plan and Audit. Annual updates and audits will be shared with the Health and Wellbeing Board to ensure local councillors are kept up to date on progress against the objectives and ambition of zero suicide set out in the action plan.

Across South East London there is a suicide prevention group that covers activity across all six boroughs and ensures there is consistency and cooperation between boroughs and organisations to tackle similar and overarching issues. The work of the Lewisham task and finish group is shared with the South East London group by those sitting on the task and finish group and the mental health alliance.

Borough residents are an important element of the suicide prevention group. The consultation in Spring 2022 will be followed up with a You Said, We Did update which will give detail on how the consultation feedback has been incorporated into the action plan.



Appendix 1: Partnership group Terms of Reference

Lewisham Suicide Prevention Strategy

Task and Finish Group

Terms of Reference

1. Aim

The Lewisham Suicide Prevention Strategy task and finish group aims:

- to reduce the rate of suicide and self-harm within Lewisham
- to prepare and take forward a strategy and action plan across the borough and partners

2. Objectives

The Lewisham Suicide Prevention Strategy task and finish Group will discuss and inform the local Suicide Prevention Strategy with associated audit (in partnership with the coroner) and action plans. This will aid effective working to reduce suicide rates across Lewisham.

3. Responsibilities

- To contribute to and agree the Lewisham Suicide Prevention Strategy and Suicide Prevention Action Plan
- To analyse and interpret statistical and intelligence updates, including the Lewisham Suicide Audit in partnership with the Coroner.
- To inform the Suicide Surveillance process
- To make recommendations to the Mental Health Alliance Crisis Collaborative on taking the strategy and action plan forward
- To ensure national policy developments are considered and, where appropriate, implemented locally
- To lead and champion the efforts of the Lewisham Suicide Prevention Strategy task and finish group and publicise ongoing work and recent developments.

4. Membership

Members representing organisations on the task and finish Group should be in a position to speak on behalf of their organisation and make decisions within their level of authority or inform the decision making process.

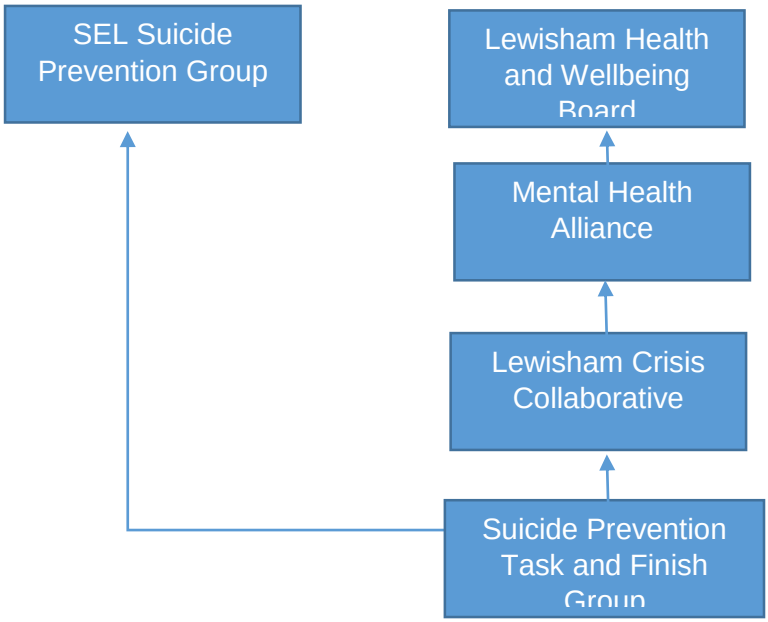
- Lewisham Borough Council, Lead Commissioner (Public Mental Health) (Chair)
- Lewisham Borough Council, Consultant in Public Health (Public Health)
- Lewisham Borough Council, Inequalities Apprentice (Public Health) (Support)
- Lewisham Borough Council, Strategist in Public Health (Public Health)
- Survivors of Bereavement by Suicide Lewisham
- Maytree, Community Outreach Officer
- Bromley Lewisham and Greenwich Mind, Suicide Bereavement Service Manager
- South London and Maudsley NHS Foundation Trust, Service Manager
- Lewisham Greenwich and Southwark Samaritans, Community Outreach Manager
- Change Grow Live, Lead Nurse
- Prevention of Young Suicide PAPYRUS, Regional Manager
- Prevention of Young Suicide PAPYRUS, Community Development Officer

5. Accountability and Governance

The Task and Finish Group will report its progress at least twice during the six month period to the Mental Health Alliance Crisis Collaborative meeting to ensure engagement of a wide range of stakeholders.

Its formal accountability will be via the Mental Health Alliance and the Lewisham Health & Wellbeing Board.

The governance structure is below:



6. Administrative support

Public Health will provide the administrative support and the Chair for the Group until the end of the work programme.

7. Terms of Reference approval and review date

Terms of reference will be agreed by the Task and Finish Group and reviewed at each meeting. The next review date will be December 2022.

8. Frequency of Meetings

Meetings of the steering group will be held every month. Meetings will be held on Teams to allow access by all partners.

Appendix 2: Suicide Audit (embedded document)

Lewisham suicide audit 2022 v3.docx

Appendix 3: Suicide Prevention Action Plan (embedded document)

2022 Lewisham
Suicide Prevention Act

Appendix 4: Additional reading and references

Websites:

https://www.zerosuicidealliance.com/

www.Mentalhealth.org.uk

Prevention of future deaths reports: https://www.judiciary.uk/subject/prevention-of-future-deaths/

Suicide Awareness | District (shrewsburyma.gov)

Publications:

MBRRACE-UK. (2021). *Saving Lives, Improving Mothers' Care.* Maternal, Newborn and Infant Clinical Outcome Review Programme. Retrieved November 25, 2022, from https://www.npeu.ox.ac.uk/mbrrace-uk/reports

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Samaritans. (2022). *Socioeconomic disadvantage and suicidal behaviour.* Retrieved from Samaritans : https://www.samaritans.org/about-samaritans/research-policy/inequality-suicide/socioeconomic-disadvantage-and-suicidal-behaviour/

Stack, S. (2021). Contributing factors to suicide: Political, social, cultural and economic. *Prev Med.*, 152 (Pt 1).

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Lewisham Suicide Prevention Action Plan

A multi-agency partnership group, the Lewisham Suicide Prevention partnership group was set up to inform a strategy and action plan with the overall aim of preventing anyone living and working in Lewisham from taking their own life. The partnership included representatives from the local authority, local commissioners, health providers (acute and community), and voluntary services. This action plan sets out the strategic direction for suicide prevention in the London Borough of Lewisham over the next three years. Annual updates on progress against the actions will be shared with the Mental Health Alliance and Lewisham's health and wellbeing Board.

1. Objective: Borough wide leadership for suicide prevention					
	Target Group	**Action**	**Timescale**	**Lead Partner**	**Outcome**
1.1	Lewisham residents & workforce	Establish a multi-agency strategic group to oversee delivery of the strategy and action plan	September 2022	LBL	Oversight of trends and patterns ensuring a coordinated response
1.2	Those working with vulnerable groups	Members of the group to advocate for self-harm and suicide prevention, including sharing good practice, collaborative working and commissioning/funding opportunities	Ongoing	All	Reduction in rates of self harm, attempted suicide and completed suicide
1.3	Taking learning from other areas	Establish links with regional networks across London and the South East	December 2022	All	Continuing improvement in the local response to suicide prevention
1.4	Lewisham residents & workforce	Prepare a communications plan that supports delivery of the strategy and action plan	November 2022	Lewisham CCG	Page on the Council's website with appropriate links
1.5	Mental health alliance	Embed regular updates from the suicide prevention strategic group to the Mental Health Alliance Group for governance and oversight of the programme of work	Twice a year	LBL and CCG	Adequate governance and accountability; increased awareness of the work of the suicide prevention group through the MH Alliance
1.6	Multi agency strategic group	Take learning from the Coroner's Prevention of Future Deaths reports	Quarterly	LBL	Using findings from a range of data sources to inform lessons learned and help to decrease the rate of suicide

2. Objective: Reduce the risk of suicide in key high-risk groups

The following are considered at higher risk of suicide in Lewisham

- Young people
- Those with a history of self-harm or attempting to die by suicide, including children and young people
- Those recently bereaved by suicide
- Those with ongoing health conditions or who are experiencing chronic pain or disability, or are receiving treatment for depression in primary care
- Those who are experiencing relationship difficulties, are unemployed, have financial or housing difficulties
- People with a history of alcohol and/or substance misuse
- Those who have experienced trauma for example racism, oppression, armed forces veterans
- Pregnant women and those who have given birth in the last year
- Those who have autism

	Target Group	Action	Timescale	Lead Partner	Outcome
2.1	Lewisham employers	Ensure suicide prevention is included in the Mental Health Prevention Concordat	September 2022	LBL	An inclusive concordat that all organisations are signed up to
2.2	Lewisham employers	Partners to use formal and non-formal sources of information to identify and feedback on suicide prevention opportunities, risk identification, sign-posting and referral to support	Ongoing	All	A fully informed system on risk factors for suicide and self harm
2.3	Lewisham residents & workforce	Encourage and support the completion of suicide awareness training to enable better identification of those in need of help and support	December 2022	LBL and SEL CCG	Reducing the stigma associated with suicide and self harm and upskilling the workforce and residents on how to talk with those who are at risk
2.4	Lewisham employers	Working with the Mental Health Alliance to ensure suicide prevention is incorporated in strategies	Ongoing	CCG	Suicide prevention becomes part of everyone's business and reduces stigma
2.5	Lewisham residents & workforce	Ensure learning from the Child Death overview Panel is reviewed and considered by the strategic group	Bi-annually	LBL	A fully informed system on risk factors for suicide and self harm
2.6	Lewisham employers	Mandatory basic Suicide Awareness training provided on induction/annual updates for Lewisham employers and their workforce	Annually	LBL	Suicide awareness and prevention becomes normalised in work based discussions with employers and their workforce

3. Increasing the availability and importance of protective factors to improve mental health and reducing social isolation					
Ensuring approaches to improve resilience and contributions to improved mental health are embedded with partner organisations					
	Target Group	**Action**	**Timescale**	**Lead Partner**	**Outcome**
3.1	Lewisham residents and workforce	Ensure learning from the Better Mental Health Fund projects are shared with partners	May 2023	LBL	A fully informed system on risk factors for suicide and self harm
3.2	Lewisham residents	Identify opportunities to provide early help to people with issues around money, debt or welfare benefits	Ongoing	LBL and DWP	Supporting those in need earlier and preventing suicide and self harm
3.3	Lewisham residents & males	Identify opportunities to help support those who are experiencing relationship breakdowns	Ongoing	CCG/family lawyers	Supporting those in need earlier and preventing suicide and self harm
3.4	Lewisham residents	Develop opportunities to improve social capital in local areas and engendering community support	Ongoing	Social prescribers/CCG	Supporting those in need earlier and preventing suicide and self harm
3.5	Lewisham VCSs & communities	Working with the local voluntary and community sectors to embed sustainability to projects that increase community cohesiveness with short term funding	Ongoing	LBL	More consistent and long term support for those at risk and in need
3.6	Lewisham residents & clinicians	Building relationships with private providers to ensure residents are able to access all support available to them.	December 2022	NHS providers	Consistent and integrated system of support for those at risk (no wrong door)

4. Objective: Removing the access to means of suicide					
Reducing and removing access to the means people use to attempt suicide in the borough.					
	Target Group	**Action**	**Timescale**	**Lead Partner**	**Outcome**
4.1	Those who intend to take their life	Identifying and managing high frequency locations and ensuring staff training on interventions when	December 2022	LBL/CCG working with Highways	To reduce access to methods for those at risk of suicide and impact rates positively

		passengers at these locations are looking vulnerable		England & Network Rail	
4.2	Lewisham registered population on medication	Continue to promote safe prescribing – GP lead for mental health to consider how best to continue the promotion within the community of practice	June 2022	LBL/NHS via DARD Chief Pharmacist	To prevent anyone using prescribed medication to take their own life
4.3	Housing team	Work with the local authority housing and planning teams to include suicide risk in building design for refurbishments and upgrades to social housing	December 2023	LBL	Removing (to prevent suicide) methods and means for taking one's own life
4.4	Private renters	Work with planning and developers to include suicide risk in new building design	December 2023	LBL	Removing (to prevent suicide) methods and means for taking one's own life
4.5	General population	Raising awareness and removing access to social media sites that give detailed information on methods of suicide and highlighting them to national organisations	December 2022	National	Removing (to prevent suicide) means for taking one's own life
4.6	Media	Ensuring the delicate reporting and role of media in suicide	June 2022	Samaritans	Removing (to prevent suicide) means for taking one's own life

5. Objective: Support research, data collection and monitoring					
Build on and learn from existing research evidence, and be informed by local and national data on self-harm, suicide and suicide prevention					
	Target Group	**Action**	**Timescale**	**Lead Partner**	**Outcome**
5.1	General population	Annual audit of suicides and open verdicts to inform the direction of the strategy	annually	Public Health. Council health and wellbeing Board & coroner	Annual audits signed off and published by the Health and Wellbeing Board.
5.2	Public Health	Information sharing agreement between RTSS and LBL	March 2022	Public Health	Access to the RTSS data on suspected suicides in the borough
5.3	General population	Regular review of the RTSS data to inform activities related to suicide prevention	Ongoing	Public Health & ThriveLDN	RTSS data review is part of the annual suicide audit and

					learning is taking from them.
5.4	Lewisham employers & health care	Circulate and host learning events of the key findings from suicide audits to partners, general practice and healthcare providers to encourage local learning	annually	Public Health	Those working in the borough are aware of the local contexts that affect the rate of suicide in our local population
5.5	General population	Put in place processes to ensure information on self-harm and attempted suicides informs suicide prevention activities	Annually	Public Health	Regular (annual) review of the action plan to support the delivery of the longer term suicide prevention strategy
5.6	General population	Strengthen academic links on suicide and self-harm prevention to explain the evidence of the effect of bullying on rates of self harm and suicide	December 2022	Public Health & Academic institution	Education sector and those in touch with children and young people in the borough are aware of the link between bullying and self harm or suicide

6. Objective: Provide information and support to those bereaved or affected by suicide					
Using real time data and feedback to improve the support and information given to those bereaved or affected by suicide					
	Target Group	**Action**	**Timescale**	**Lead Partner**	**Outcome**
6.1	Those who are recently bereaved	Continue to monitor and strengthen support to those who are bereaved by suicide (as part of the RTSS)	Ongoing	BLG Mind – Suicide Bereavement Service With support of SOBS Maytree	Those who are bereaved by suicide receive support to reduce risk of suicide
6.2	Those who are recently bereaved	Regular review and reports on the RTSS	Ongoing	Public Health BLG Mind – Suicide Bereavement Service	Regular analysis of the RTSS data are included in the action plan and strategy updates
6.3	Those who are recently bereaved	Raise awareness of suicide-specific bereavement into core mental health and suicide prevention training	April 2023	SOBS Maytree	Inclusion of the bereavement training in any core MH and suicide prevention training

Action Plan on a Page