

MINUTES OF THE LEWISHAM HEALTH AND WELLBEING BOARD

Tuesday 18 July 2023 at 3.00pm

ATTENDANCE

PRESENT: Cllr Paul Bell (Vice Chair, in the Chair and Cabinet Member for Health and Adult Social Care); Cllr Campbell (Cabinet Member for Communities, Refugees and Wellbeing); Cllr Chris Barnham (Cabinet Member for Children's Services and School Performance); Cllr Best (Chair of the Healthier Communities Select Committee); Tom Brown (Executive Director for Community Services, LBL); Pinaki Ghoshal (Executive Director for Children and Young People, LBL); Sarah Wainer (Director of Systems Transformation, Lewisham Health and Care Partners); and Dr Simon Parton (Lewisham Local Medical Committee); Michael Kerin (Healthwatch Lewisham); Dr Catherine Mbema (Director of Public Health, LBL); Ross Diamond (Chief Executive Lewisham Age Concern); Ceri Jacob (Place Executive Lead at Lewisham, South-East London Integrated Care Service); Patricia Duffy (Public Health Lewisham);

APOLOGIES: Damien Egan (Mayor of Lewisham);and Vanessa Smith.

1. Minutes of the last meeting

RESOLVED that the minutes of the meeting held on 8 March 2023 be confirmed and signed.

2. Declarations of interest

There were no declarations of interest.

3. Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) and Lewisham Health Inequalities and Health Equity Programme

- 3.1. Dr Mbema introduced the report. She said that members were recommended to note the report and the progress that had been made since the last meeting and consider a specific proposal around the Workforce Toolbox. Members were recommended to agree that training be provided by commissioning an external organisation that would support our community to develop a framework of training for all Lewisham health and care front line staff. Work would also be undertaken with individual organisations like Lewisham and Greenwich trust and Lewisham Council.
- 3.2 Councillor Campbell noted that a lot of work had started, but there was no impact of this work and she was concerned that the outcomes could be lost. She said that BLACHIR was the opportunity to improve health inequalities for Caribbean and African communities and these inequalities needed to be addressed and reduced to ensure better outcomes.
- 3.3. Councillor Campbell also said that she Chairs the LSP workshop on Race and Equality which was looking specifically at race inequalities and the needs of disabled people. The Head of People at Lewisham Hospital had advised that they had already produced work in this area, and it was agreed with the LSP that Lewisham would take on their cultural competency training offer.

Work would not be repeated, money would be saved and Lewisham would benefit from sharing good practice.

- 3.4 Dr Mbema said that Lewisham were working with Kings College London to support the fellows and the teams on evaluation, looking at how, from the outset of the project, to start to collect the type of matrix over the course of the year. The wider programme would be more complex to track the different measures of impact but an independent evaluation partner would be engaged to help with how best to measure impact. Councillor Campbell was concerned that BLACHIR work was time limited and with limited resources. She did not want time to run out without making a difference. Dr Mbema said that this was noted and would be addressed.
- 3.5 Councillor Campbell advised that with regard to cultural competency, the LSP had agreed to share the information with other organisations including the Metropolitan Police, Housing Associations etc and would be using Lewisham Hospital's LGT modular online package.
- 3.6 Ms Jacob raised the work of health equity fellows and the fact that it had been linked to Lewisham PCN's and therefore neighbourhoods. She also advised that there were concerns about measles; there had been an outbreak in London. Rates of immunisation were not very low for MMR but the population groups that were not coming forward had not changed.
- 3.7 Councillor Best asked for an update and more information on the budget spend. She said that forward planning should begin to ensure that we do not lose sight of ongoing work.

Resolved that

- (i) the progress made in the implementation of recommendations from BLACHIR and the Lewisham Health Inequalities and Health Equity Programme be noted;
- (ii) the proposal for the Workforce Toolbox workstream of the Lewisham Health Inequalities and Health Equity Programme be agreed.
- (iii) information on measuring the impact of the cultural competency training be provided; and
- (iv) this Health and Well Being Board should link in to the LSP and join in the agreement to share cultural competency training.

4. Transgender Population - Follow up from Lesbian, Gay, Bisexual, Transgender and Queer Plus (LGBTQ+) Joint Strategic Needs Assessment (JSNA)

- 4.1 Ms Duffy introduced the report. She outlined the key points in the paper entitled Health and Wellbeing of the Transgender Population in Lewisham which was attached as an Appendix to the report.
- 4.2 The following points were then discussed:
 - Table 2: Lewisham Trans Population by Age Group. This table did not include an age range between 16-18. Ms Duffy agreed to ask

ONS for this information.

- Transgender respondents had been subjected to or had witnessed discriminatory or negative remarks against LGBT people by healthcare staff and treated with inappropriate curiosity. This had been disappointing data. In response to a question about how these issues of inequality would be addressed, the response was that the findings should be sent to LCP strategic board and discussed with health providers. There would be recommendations and implications and front-line staff and health care workers would be asked to respond to the findings. A number of staff were employed from the local community and the messages that they receive through training would then be taken out into their communities and vice versa. It was agreed that it was completely wrong that some Trans and Non-Binary people did not feel safe when trying to access health care.
- In Age UK Southwark there was a project entitled 'opening doors' which offered support specifically for older LGBTQ+ people who met regularly in one of the Southwark Centres. They had a quality mark, Pride in Care which was a new initiative aimed at voluntary groups. Cultural competency training should be cascaded to the wider voluntary groups.
- Equalities of health care for LGBTQ+ was raised by Councillor Walsh in 2016. More progress needed to be made and a resolution to the issues identified in the data needed to be achieved quicker.
- In response to a question about whether there was any information from the LGBTQ+ community regarding their experience with Healthwatch services, Mr Kerin said that he did not have any specific information, but Healthwatch were working with Public Health regarding developing JSNA priorities and he expected their role would be to support this work. He said that if there was any specific way to help, particularly as an organisation engaged in health care that was not part of the formal provider system, they would be happy to do so.

RESOLVED that

- (i) Lewisham should work with two Trans advocacy groups. They should inform them about the real experiences of young Trans people and Trans elders in the community.
- (ii) The Board be advised what would change as a result of this work. The fear of access for health care due to discrimination be addressed as soon as possible. The Chair/Vice Chair of this board to write to the ICS with the data, asking what would change to the Trans health care provision particularly in primary care for Lewisham residents.
- (iii) Lewisham Trans people needed to know what health care was available, how they could access it and where they could find redress.
- (iv) Lewisham Council's website be checked to ensure that signposting to LGBT+ services was correct and easily

accessible for intergenerational people;. from young people through to the elders in our borough.

5. Better Care Fund Plan for 2024/25

5.1 Sarah Wainer introduced the report.

5.2 The Executive Director for Community Services wanted to flag with members that the additional discharge finding was only 60% of the funding that was received last year. Pressure in the hospital system and the complexity of people who needed support, continued to rise. He said that it was important that these residents continued to be supported and that a good quality of life retained to ensure that people were able to remain at home as long as possible.

5.3 Councillor Best asked about the spend for the Disabled Facilities Grant (DFG) and whether enough money had been spent. The Executive Director for Community Services said that the DFG was a certain amount that came with grant conditions. He said that after some years of not achieving full spend, there was now a waiting list and Occupational Therapy were having to manage the spend carefully. It was a challenge because the grant was for people living in the private sector housing.

5.4 Councillor Best was concerned that there would be greater pressure on funding next year and asked what could be done to ensure that people could return home quickly, in a safe environment with the required aids and adaptations. The Executive Director for Community Services said that he had discussed the pressure on this service with the former Executive Director for Corporate Resources. Although they agreed that the grant needed to be increased, sometimes it was in the best interests of this Council to use revenue for aids and adaptations if money was saved in the long run. Ms Wainer said that the Better Care Fund provides funding for equipment which included chair raisers for example.

5.5 The Chair said that it was disappointing that funding had been cut by 40% and discharge remained a significant issue for the NHS, hospitals and social care. The issue raised by Councillor Best on the DFG was important. Lewisham Homes would be coming in house on 1 October 2023 and he asked for future updates to be provided on the real time spend of the DFG and the implications for Lewisham Homes coming in house.

RESOLVED that

- (i) The content of the Better Care Fund Plan for 2024/25 be noted: and
- (ii) The Plan be signed off.

6. Lewisham Health & Wellbeing Strategy Update

6.1 Dr Mbema presented the report.

6.2 The Executive Director for Children and Young People referred to the list of

nine priority areas in paragraph 4.2 of the report and asked for the matrix in terms of how Lewisham did. Dr Mbema said that last year an update for each priority on the list was submitted to this Board. She said that these could be recirculated as part of an update so that the board had a snapshot of what had happened over the last 10 years, the current situation and the future.

- 6.3 Councillor Campbell was concerned that the strategy for this Board was focusing on Employment, Housing and Education which were issues that this Board did not have any influence over. Dr Mbema said that these were examples of wider determinants that had been highlighted. Workshops to be held in September would help these determinants to be narrowed down. Councillor Campbell said that the data was already available, and the issues and priorities were known and where the greatest inequalities were. Further data was not required, priorities needed to be chosen and progress needed to be made.
- 6.4 There was discussion about where the focus of the Health and Wellbeing Board should be. Although the greatest inequalities had been identified, e.g., screening, it was agreed that it should not just focus on clinical interventions. The Board should exert the collective power and influence it has to ensure that they extend the reach of wellbeing. Officers agreed to focus on certain areas and bring some priorities back to the board for discussion and agreement.
- 6.5 Councillor Bell said that the strategy needed to be a living breathing document so that anyone could see the outcomes the board was aiming towards. The outputs were the providers advising what was being done well and where to refocus to ensure the delivery of outcomes for residents. The board wanted to know what would change as a result of this strategy.
- 6.6 Dr Mbema said that the Healthier Communities Select Committee was discussing how the board were connecting this process to the development of the Lewisham Health and Wellbeing Charter. Working with Healthwatch and others would bring in communities to be part of the process.

RESOLVED that the contents of the report and the comments made by the Board be noted.

7. Status of Dentistry Services in Lewisham

- 7.1 Ms Jacob presented a verbal report. She said that from April 2023, dentistry, pharmacy and optometry was delegated to the integrated care service. When PCTs merged, they went to NHS England to be managed. From this point, there was a distance between dental provision and local health care commissioners. These services were still in the process of being transitioned, They will stay within NHS England in terms of oversight for the first half of this year and then North East London ICB would be doing the contracting element of the dentistry. This did not mean that they would plan how to meet dentistry needs, it would go to the integrated care service,

and it would need to feature as part of the local care partnership board work as well as across South East London ICB.

- 7.2 Ms Jacob said that there was not sufficient dentistry access for residents in Lewisham. The budget that came down from NHS England was the same as before; there had not been an increase and this had presented a challenge. Work needed to be done with Children and Young People's Directorate because children's dentistry was important. She said that they did not have the right access, and there would be implication in terms of cost. Ms Jacob said that the Public Health team were working on obesity and diet because this linked to dental health. She expected to work closely with Lewisham and schools on preventative work.
- 7.2 Ms Jacob said she had started to engage with the local dentistry Committee; they had been engaging with the local care partnership and would be attending the next seminar where it was hoped that public health issues would also be discussed. They had a significant role to play, potentially, in the delivery of public health initiatives. A report on the breakdown of access levels rates of dental care as well as the action plan would be submitted to the next meeting of this board.
- 7.3 The following points were raised.
- Healthwatch cover dentistry in their quarterly reports. The comments received suggested that people were more satisfied with dentistry provision than they were with General Practice. In the last quarter, approximately 90% (130) of the comments were positive. Key negative comments were regarding communication, particularly charging. These figures needed further probing.
 - Remuneration for dentistry was better in the private sector. Some of the reduction in access to dental treatment was due to dentists choosing to hand back part or all of their contract. In dentistry in secondary care, there were shortages of anaesthetists which impacted on the number of patients who could be seen
 - The budget for dentistry would not increase and there would be financial pressure. Consideration should be given to using health Inequalities funding for preventative dentistry work in schools. South East London ICS would work with Public Health and Local Care Partnership to consider the priorities and where the greatest impact could be made. The findings would be reported to this board.
 - More data was requested around dentistry provision for children and young people in the borough. This data existed for looked after children but this included children living outside of the borough. There was opportunity for more local co-ordination to be more efficient, effective and targeted.
 - Information was requested on the provision of dentistry in the borough for the next Board meeting. This should include whether the level of provision was fairly even throughout the borough or whether there was inequality of provision in poorer areas.
 - There were a number of dentists, however, the contract dealt with

the incident not whole life of a person's teeth which required a different contract. The core contract could not be changed but Lewisham could produce a local incentive scheme with dentists with an NHS contract. The Local Dental Committee were keen to work with Lewisham and would be a good conduit between this authority and local dentists. This would need funding but the payback would be significant over time.

RESOLVED that that the following points be included in the report on dentistry to be submitted to the next meeting of this Board:

- Health inequalities and the financial pressures of providing this service within schools be submitted to this Board
- Data on what was happening particularly in Lewisham as well as across the ICS
- More information and data on dentistry provision and the impact on children and Young People be provided.
- Elders in a residential care setting. Provision of dental care was inconsistent. Some residents paid for dental treatment others did not.
- Pre-payment for dental services for NHS and private treatment. Information was required on how many dentists enforced pre-payment, particularly those insisting on payment months in advance. This was not something that the Board wanted for residents when there was a cost of living crisis.

Any Other Business

Councillor Best said that this was Sarah Wainer's last Health and Wellbeing Board. Sarah had worked for Lewisham for 22 years and she wanted to record this Board's thanks for her work and dedication. As a cabinet member, Councillor Best had worked with Sarah and said that she had been a true public servant, professional and thorough.

The meeting ended at 4.15pm.