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HEALTH AND WELLBEING BOARD

Date: TUESDAY, 18 JULY 2023 at 3.00 pm

Council Chamber
Civic Suite
Catford
SE6 4RU

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MEMBERS

Mayor Damien Egan	London Borough of Lewisham
Michael Bell	Lewisham & Greenwich Hospital
Councillor Paul Bell	
Tom Brown	London Borough of Lewisham
Ross Diamond	Community & Voluntary Sector
Pinaki Ghoshal	London Borough of Lewisham
Michael Kerin	Healthwatch Lewisham
Dr Catherine Mbema	Public Health, London Borough of Lewisham

Dr Jacqueline McLeod	Lewisham, Douth-East London ICS
Dr Simon Parton	Lewisham Local Medical Committee

Members are summoned to attend this meeting

Jeremy Chambers
Monitoring Officer
Date: Monday, 10 July 2023

The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. .

ORDER OF BUSINESS – PART 1 AGENDA

Item No		Page No.s
1.	Minutes	1 - 10
2.	Declarations of Interest	11 - 14
3.	BLACHIR (Lewisham Health Inequalities & Health Equity Plan 2022-24	15 - 24
4.	Lewisham Trans Health Update	25 - 36
5.	Better Care Fund plan for 24/25	37 - 58
6.	Final version of the Lewisham Health & Wellbeing Strategy Update	59 - 63
7.	Status of Dentistry Services in Lewisham A verbal update will be made at the meeting.	

Lewisham

The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. .

MINUTES OF THE LEWISHAM HEALTH AND WELLBEING BOARD

Wednesday 8th March 2023 at 3.00pm

ATTENDANCE

PRESENT: Damien Egan (Mayor of Lewisham); Cllr Paul Bell (Vice Chair and Cabinet Member for Health and Adult Social Care); Tom Brown (Executive Director for Community Services, LBL); Michael Kerin (Healthwatch Lewisham); Dr Catherine Mbema (Director of Public Health, LBL); Michael Bell (Chair of the Lewisham and Greenwich NHS Trust); Dr Jacky McLeod (GP, Moorside Clinic); Ross Diamond (Chief Executive Lewisham Age Concern); Ceri Jacob (Place Executive Lead at Lewisham, South-East London Integrated Care Service); Cllr Best (Chair of the Healthier Communities Select Committee); Michael Preston-Shoot (Chair, Lewisham Adult Safeguarding Board); Dr Aaminah Verity (GP Practice Lead - Deptford Surgery); Timothy Hughes (Public Health Lewisham); Patricia Duffy (Public Health Lewisham); Lisa Fannon (Public Health Lewisham); Mark Bursnell (Senior Strategy and Policy Officer)

APOLOGIES: Cllr Campbell (Cabinet Member for Communities, Refugees and Wellbeing); Cllr Chris Barnham (Cabinet Member for Children's Services and School Performance); 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);

Welcome and introductions

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

1. Minutes of the last meeting

1.1 The minutes of the meeting of 14th December 2022 were agreed with no matters arising.

2. Declarations of interest

2.1 There were no declarations of interest.

3. General Practice Access Update

3.1 CJ introduced the report on the latest position around access to GP Practices in the borough. GPs continue to work under extreme pressure as face-to-face appointments have increased over recent months, on top of COVID backlogs including long term condition reviews, immunisations, health checks etc. Many patients are now presenting with a higher acuity and complexity of issues, which requires more time and resource to manage. Growing cases of Group A Strep & Scarlet Fever has also resulted in extremely high numbers of patients requesting urgent face to face GP consultations. Winter pressures such as higher levels of flu circulating in the community, alongside other respiratory and viral infections have also added to the pressure on surgeries. These

high levels of infections have also affected the general practice workforce, resulting in some staffing shortages at times. There are also increasing reports of unacceptable patient behaviour (both verbal and physical) towards GP staff which is adversely affecting staff morale and making recruitment and retention increasingly challenging.

3.2 CJ highlighted the ongoing improvements that were being made to GP surgeries. For instance, SEL ICS have directly funded 8 practices to implement new and improved telephony systems, including the ability to monitor call volumes, dropped calls etc. so that the workforce can be aligned to periods of high demand. Practices are improving their websites to ensure clear and consistent information is available to patients – 19 practices are currently at level 3 best practice standard and are continuing to work with other practices to reach this same standard. A GP Home Visiting service is being commisioned to help provide additional capacity for home visits through experienced paramedics and promoting the role of community pharmacy and selfcare as alternatives (where appropriate). Developing a digital inclusion plan for general practice focussing on skills, connectivity and accessibility and are currently working with wider system partners to try and align these approaches for maximum impact. CJ confirmed that an additional £73m will be allocated to primary care in Lewisham for the coming financial year and the improvement programme will be further expanded. An update on the digital improvements currently being made across the system will be reported to the next Board meeting in July.

3.3 Following the presentation, several questions were made: what is the current vacancy rate for GPs and nurse practitioners in the borough? CJ responded that given the age profile of GPs replacing retirees was proving to be very challenging as was retaining existing staff. Further details on recruitment will be circulated in due course. Another question concerned comparative vacancy rates for other boroughs in South-East London and beyond and it was confirmed the position in Lewisham was like the general London wide picture. Staff training was also raised regarding digital and telephony services and it was confirmed that comprehensive staff training programmes were being organised to ensure that better working systems lead to an improved patient experience.

3.4 **Action:**

The Board noted the content of the report.

4. Lewisham Pharmaceutical Needs Assessment

4.1 CM introduced the report which provided an assessment of the need for pharmaceutical services within Lewisham, as well as outlining current provision of such services and considering what may be required in the future. For the 2022 Pharmaceutical Needs Assessment (PNA), the production was outsourced to PHAST to produce on Lewisham's behalf. It was explained that pharmacies provide a range of services, including three core levels of services categorised as Essential, Advanced and Enhanced. Advanced services are commissioned by either Lewisham Council or the South-East London Integrated Care System (Lewisham) and Enhanced services by NHS England. As a minimum all community pharmacies are required to provide Essential Services which include dispensing, signposting and promotion of healthy lifestyles. The PNA process began with information and data gathering and was followed by a consultation with both service users and pharmacy providers, to seek their views on how community pharmacies were performing in Lewisham. A multi-agency steering group was also established to inform content, with representation from the South-East London Integrated Care System (Lewisham); Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), Lewisham and Greenwich Trust (LGT) and Public Health.

4.2 The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies. There are 52 community pharmacies in Lewisham (as of April 2022) for a population of 305,309. This is an average of 17.0 pharmacies per 100,000 population, lower than the London (20.7) and England (20.5) average. All localities have at least ten community pharmacies, however the rate varies across the borough with Central (2) locality having a higher number per resident compared to the rest of the borough. Overall access is good with no evidence of inequality or gaps in provision. By using a car, 100% of residents can access their nearest pharmacy in Lewisham within 4 minutes, and for 94% of residents, the nearest pharmacy can be reached within 10 minutes of walking. There are three 100-hour pharmacies across the borough and at least one pharmacy provides Sunday opening from 7am to 9pm. Demand for community pharmacies is likely to increase due to national policy and population growth and the PNA found there is sufficient capacity for future growth. Since the 2018 PNA was published, both the resident population and GP registered population of Lewisham borough has increased.

4.3 The Board recognised the significant role pharmacies paid in complementing primary health services in Lewisham and were satisfied that the evidence supported the conclusions reached that there was enough capacity in the system.

4.4 **Action:**

The Board agreed to note and approve the report.

5. Lewisham Suicide Prevention Strategy 2022-25 and Action Plan

5.1 CM introduced the report and stated its purpose was to update the Board on the work that had been completed to create the new Lewisham Suicide Prevention Strategy. 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. The COVID pandemic interrupted activity, but 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. The group consulted the local community to understand their experiences of suicide prevention, held focus groups to seek the views of those who had experienced services around suicide prevention and interpreted the data presented in the suicide audit. The task and finish group were able to produce an action plan and strategy based on the feedback from the activities. The Lewisham Suicide Prevention Strategy 2019-2021 was committed to: contribute to a national 10% reduction in the suicide rate by 2021; provide better support for those affected by suicide in Lewisham; and raise awareness of suicide prevention in Lewisham among the frontline workforce and wider community.

5.2 Progress since the 2019 strategy and action plan had 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 because 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.

5.3 The 2022-25 Suicide Prevention Strategy was developed with key stakeholders who were part of the 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 enhance the evidence and data gathered. During the spring of 2022 (9th May to 10th June 2022) the Council ran an online consultation for residents' asking questions about knowledge of suicide prevention intervention 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%). Respondents felt more promotional material should be available and running prevention sessions in community spaces, free of charge, for residents to attend. There was a feeling that 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.

5.4 The vision of the Suicide Prevention Action Plan is that no one in Lewisham will take their own life is ambitious but underpinned by an action plan with five objectives. 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. Male suicide is three times more prevalent than female suicide and around one third of suicide victims were first generation migrants/refugees. Most suicides also occurred in the north of the borough.

5.5 The Board congratulated the partners who produced the strategy and endorsed the main conclusions reached and priorities agreed. The high incidence of severe mental health problems and exposure to suicide risk of young black men in the borough was highlighted as a major concern going forward. More granular data was requested to understand this relationship in more detail and to establish if the most vulnerable were known to mental health services and were receiving appropriate support. It was recognised by the relevant services that there was a gap in the knowledge available, but further attempts would be made to access coroners reports for suicides in the borough to improve the quality and coverage of data. In response to a query on suicides amongst the over 70s, CM will check the comparative data with other London boroughs. The risk factors associated with self-harm were also mentioned as an important issue and ongoing work with Lewisham CAMHS to identify the main risk factors was highlighted as a response to this.

5.4 **Action:**

It was agreed to note the report.

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

6.1 CM introduced the report that the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) was 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. Seven key themes

were outlined in the BLACHIR report alongside thirty-nine opportunities for action. The Health Inequalities and Health Equity Programme 2022 – 24 is the vehicle for delivering the opportunities for action identified in the BLACHIR report. Over the next two years, the themes and opportunities for action identified in the BLACHIR report will be addressed through the Health Inequalities and Health Equity Programme 2022/24. To support the implementation of BLACHIR actions locally, an expression of interest (EOI) was released on the 6th of February 2023 to appoint suitably qualified organisation/s to assist. It is expected that the successful bidders will be notified week commencing 13th March with the project starting from 1st April.

6.2 The Lewisham Health Inequalities and Health Equity Programme 2022-24 aims to strengthen local health & wellbeing partnerships across the system to enable equitable access, experience and outcomes for Lewisham residents, particularly those from Black and other racially minoritised communities. 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
- Identify and scale-up what works
- Establish the foundation for the new Lewisham Health and Wellbeing Strategy
- Prioritise and implement specific opportunities for action from BLACHIR

6.3 TH detailed the progress that had been achieved against the eight concurrent and intersecting workstreams set out in the programme:

1) Equitable preventative, community and acute physical and mental health services

   Relevant projects included the smoke free midwife project, where an action plan and training have been delivered; and tackling inequalities in elective surgery waiting list project, which has meant a deep dive into the data to improve the patient experience.

2) Health equity teams

   Projects include developing the health equity partnership model which aims to replicate the success of the North Lewisham model, by ensuring all local GP practices have a health equity fellow in place (currently this around two in three surgeries). As well as developing a health equity dashboard so data around access to services can be linked to primary care network priorities and a better understanding of current patterns of inequity. As part of health inequity, identify the demographic background of patients suffering with hyper-tension and their comparable outcomes in getting blood pressure under control.

3) Community development

   A project around redesigning service delivery to expand community capacity through cooperation using the Community Champions model.

4) Community of practice

   The aim of this workstream is to share synergies across Health Equity Teams, workforce areas and communities. An inaugural meeting of the Lewisham Health Inequalities Forum is to be scheduled soon and will be supported by the Health Equity Fellows.

5) Workforce toolbox

Progress to date has included mapping the current training offer of partnerships underway to identify strengths and any gaps in provision. The workstream has moved to the project delivery group model.

6.) Maximising data

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.

7) Evaluation

Progress made to date includes the logic models and outcome measures that are being developed in workstreams 1, 2, 3 and 5 which will form the basis of the evaluation. Reflective surveys are being used to capture the learning and progress being made. An expression of interest has been submitted to the National Institute for Health and Care Research to gain an evaluation partner for the Health Equity Fellows Programme (workstream 2). The outcome is expected to be received in March 2023.

8) Programme enablement and oversight

Progress made to date includes the programme team supporting, enabling, and overseeing all workstreams across the entirety of the Programme, with a strong focus on delivery and making demonstrable impact in the next two years. A dedicated Health Inequalities Project Officer has now been recruited and starts work in March.

6.4 Several questions and points were raised following the presentation including: how often will the toolkit be updated? The response was every two-years - 2024; is each organisation in the health and care partnership identifying staff who can help to roll out the workforce toolkit? The answer was positive with some organisations dedicating staff to achieve this, but all were making this a priority and embedding the toolkit into senior management roles. The Board was reminded that tackling health inequalities is one of the four priorities for SEL ICS and implementing the toolkit is essential to achieving this priority. The Board agreed cascading the toolkit across the partnership was now essential. To achieve this it was vital good practice was identified and built upon and all front-line staff received basic standards of training regarding the use of the toolkit. It was also agreed that the national prominence attracted through the BLACHIR initiative and programme be maintained over the coming year.

6.5 **Action:**

Note the progress made in the implementation of recommendations from BLACHIR and the Lewisham Health Inequalities and Health Equity Programme.

7. LGBTQ+ Joint Strategic Needs Assessment (JSNA)

7.1 CM introduced the report and stated that undertaking a JSNA topic assessment focused on the LGBTQ+ population was agreed prior to the COVID pandemic, but this was paused due to the additional demands on the team's capacity. Work recommencing at the end of 2022. Initial findings have agreed with external research that there is a disproportionate burden of ill health within the local population who identify as LGBTQ+. This reflects a review carried out by the Safer Stronger Communities Select Committee: "Provision for the LGBT+ Community in Lewisham". The final report included a recommendation that the Council should ensure there is a specific JSNA for

the LGBT+ community.

7.2 Extensive research has shown that people who identify as LGBTQ+ experience a disproportionate burden of ill-health. This JSNA included recently released data from the 2021 Census on responses to questions on sexual orientation and gender identity – added to the national census form for the first time. This showed that just under 14,900 Lewisham residents stated that their sexual orientation was other than straight or heterosexual, which equates to 6.1% of the population aged 16 plus. Responses to the 2021 Census question on gender identity showed that almost 2,500 Lewisham residents stated that their gender identity was other than the sex they were registered at birth. This equates to 1.02% of the local 16 plus population. However, whilst there are good examples of appropriate recording, several services do not collect relevant data from service users or include relevant questions in consultation exercises. Furthermore, some services include this question in their equality monitoring forms but there will be high levels of not answered responses which makes analysis incomplete. Better data collection is key to understanding levels of service use and whether people's experience of a service is impacted by either their sexual orientation or gender identity.

7.3 In conclusion, there is a wealth of evidence that the LGBTQ+ population experience a disproportionate burden of ill-health. The recently released 2021 Census data means local areas can more accurately understand the size of their population who identify as LGBTQ+ and provides a baseline to further understand whether services are meeting the unique needs of this population. Further work with local LGBTQ+ residents and service users will be organised to better understand the most effective ways of doing this.

7.4 Several questions were raised following the presentation including: do all partners agree with the findings of the JSNA and are they committed to take action to address the gaps in provision identified? The answer was yes, with a steering group meeting organised for the end of the month to discuss the practicalities; the issue of specific services for trans people was raised given the difficulties they encounter in accessing relevant services. Assurances were given around positive action being taken to rectify this and clear pathways to access services for this needs group would be reflected in the action plan being developed; the importance of getting a better sense of intersectionality for example, more and better quality of data around ethnicity was also stressed, particularly in relation to signposting access to relevant services; the opportunity of using the local GP survey to fill gaps in knowledge and to track findings was also raised.

7.5 **Action:**

The Board endorsed the conclusions reached by the JSNA and asked that their comments are considered in planning future action.

8. Developing the new Lewisham Health & Wellbeing Strategy

8.1 CM introduced the report and stated the new strategy will lean heavily on the JSNA 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 were summarised in the report. There were 2,341 deaths recorded in Lewisham in the financial year 2020/21, this was an increase from 1,874 in 2019/20. 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). In 2021/22 there were far fewer deaths (1,257) in Lewisham. 82 (7%) of deaths were due to COVID-19, and 354 (28%) were due to cancer. 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. Due to the age bias of COVID-19 mortality, analysis by ethnicity was deferred to national data. 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. People from a White ethnic group saw the lowest COVID-19 mortality rate throughout the pandemic.

8.2 In terms of Long COVID, ONS data estimated that in May 2022, two million people in the UK were experiencing self-reported symptoms or 3.1% of the total population. 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 also 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.

8.3 The full needs assessment looked at several services but key findings to note included:

- *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.

- *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.

8.4 Action:

The report was noted. The recommendation that the Board agree to form a strategy working group and nominate appropriate working group members to develop the new Joint Health and Wellbeing Strategy was also accepted. Board members were asked to nominate appropriate working group members from their organisations.

9. Lewisham Adult Safeguarding Board Annual Report 2021/22

9.1 MP-S introduced the report and described the work of the Board over the last complete year, in terms of the range of its activities it had undertaken: Prevention - A total of 846 people attended 23 learning and development events over the period, which is the highest volume of training ever delivered by the Board. A total of 77 people attended a series of four Cultural Humility Workshops commissioned by the Board. The Board also delivered a Networking and Safeguarding Champions event

at the Lewisham Islamic Centre attended by 40 people. Invited Lewisham Refugee and Migrant Network to become Board members and built a focus on racial disparity and disproportionality into all relevant projects, audits, and other pieces of work; Accountability - the Board launched the Lewisham Adult Safeguarding Pathway on 1 April 2021. This is the first time the Board has had a consolidated set of detailed guidelines to support the London Multi-Agency Adult Safeguarding Policy and Procedures. There were 14,450 hits on the Pathway webpages on the Board's website during the first 12 months, and numerous local agencies have now accessed this guidance; Partnership- the Board hosted a launch event for the Borough wide Domestic Abuse and Violence Against Women and Girls Strategy in December 2021. This was attended by over 100 delegates and the opening address was given by Nicole Jacobs (Domestic Abuse Commissioner); Learning, Training and Development - the Board delivered a new Foundation Level Introduction to Adult Safeguarding training course throughout the year to 234 people. A Sexual Abuse Awareness Session was also delivered conjunction with the Violence Against Women & Girls (VAWG) Forum, and the Board Chair delivered a Learning from Safeguarding Adults Reviews session attended by delegates from across the country; Communications and Engagement - use of the Board's website is up again with 76,245 'hits' in 12 months. Social media activity is also up with 62,000 impressions on Twitter and 500+ followers. Links to new groups and communities continues, partly facilitated by the ongoing delivery of networking events, which have now re-started.

9.2 MS-P stated that looking forward to next years' programme priorities will include more support for people with enduring mental health issues as part of safeguarding reviews and especially those that don't require police or court intervention. Looking in more detail at cases that potentially involve domestic abuse, given the number of current referrals relating to domestic abuse are low and supporting asylum seekers in dispersed accommodation. For the latter group there is currently a lack of transparency which needs to be raised with the Home Office.

9.3 **Action:**

The Board commended the activities of the LASB and noted the report.

10. For Information items

10.1 There were no for information items.

11. Any other business

11.1 No other business was raised.

The meeting ended at 17:00 hours

Health and Well Being Board

Declarations of Interest

Date: 12 July 2023

Class: Part 1

Ward(s) affected: All

Contributors: Head of Governance and Committee Services

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).

Health and Wellbeing Board

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

Date: 18th July 2023

Key decision: Yes

Class: Part 1

Ward(s) affected: All

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

Outline and recommendations

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

- Implementation of the recommendations from the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR).
- Implementation of the Lewisham Health Inequalities and Health Equity Programme for 2022-24.

Members of the Health and Wellbeing Board are recommended to:

- Note the progress made in the implementation of recommendations from BLACHIR and the Lewisham Health Inequalities and Health Equity Programme.
- Consider the proposal for the Workforce Toolbox workstream of the Lewisham Health Inequalities and Health Equity Programme.

1. Recommendations

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

- Note the progress made in the implementation of recommendations from BLACHIR and the Lewisham Health Inequalities and Health Equity Programme.
- Consider the proposal for the Workforce Toolbox workstream of the Lewisham Health Inequalities and Health Equity Programme.

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

2.1. An expression of interest was launched for an community partner organisation (or organisations) to undertake BLACHIR engagement opportunities to assist the next steps for our work on Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR).

2.2. A community partner was sought to engage with the breadth of individuals from African and Caribbean heritage within Lewisham, to take forward recommendations from the review. This work will include dissemination and promotion of the report to support implementation activities within African and Caribbean populations in Lewisham, as well as actioning other public health work related to African and Caribbean communities.

2.3. A community partner has been appointed to work with the public health for the next year (from April 2023) to support better co-production in how we are implementing the opportunities for action from BLACHIR. The appointed organisation is the Social Inclusion Recovery Group (SIRG), who are a local, Black-led organisation - https://www.sirglondon.org/.

2.4. The Social Inclusion Recovery Group attended the Health Equity Team welcome event for community groups and Health Equity Fellows on the 7th of June (included in section 4 of this report), to present on the work they are undertaking to take forward the BLACHIR opportunities for action developed and recommended within the report. This event also served as an opportunity for all to network and commence with local partnerships.

2.5. Planning meetings have commenced on the latest in the series of collaborative events to support Lewisham's Black Led Voluntary and Community Sector to deliver culturally appropriate and accessible support on positive health behaviours.

2.6. A second Black Voluntary and Community Sector (VCS) Expo event is due to take place in October 2023 and is being organised by Mabadaliko CIC in partnership with the Social Inclusion Recovery Group Lewisham Public Health, London Borough of Lewisham and Lewisham Local. The theme of this event was to showcase black voluntary community sector stakeholders and their role in delivering health and well-being services within Lewisham

2.7. The event will offer the opportunity to engage with Black charity leaders, social entrepreneurs, public health, council officials and organisations involved in delivering health and well-being support to Lewisham's black residents.

2.8. Relationships continue to be strengthened with Birmingham Public Health team colleagues including learning from each other on work being undertaken within Lewisham and Birmingham. This continuing partnership provides opportunities to discuss progress of the review and has led to inclusions in national pieces of work where the review has been showcased.

3. Lewisham Health Inequalities and Health Equity Programme 2022-24

3.1. 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.

3.2. 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 the 39 opportunities for action from Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

3.3. 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

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

3.5. The team are receiving additional capacity from Gemma King (Lewisham Council) to support the work on outreach due to the overlap with cost-of-living work. They will explore the re-purposing of unit 17 in Lewisham Shopping Centre to do so.

3.6. The Specialist Smoke Free Pregnancy Midwife project is progressing well. Two midwives are job-sharing one permanent post. There is an action plan and steering group for the project. They have been delivering training and are engaging in targeted work in local areas according to data.

3.7. Our approach to cancer screening and immunisations are future areas of focus for the workstream to be explored further.

3.8. The addressing inequalities in elective surgery waiting list project is also progressing well. The project is building on learning from waiting lists of residents who are frail. A multi-disciplinary team approach is being adopted. New care plans are being developed in an effort to improve the health of patients while waiting for surgery and optimise their health for surgery when it comes. The desired outcomes are a reduction in cancellations, a reduction in the number of patients not ready for pre-operation, a reduction in inappropriate referrals, improved patient experience and a reduction in length of stay in hospital. The process charts and data analysis are complete and the project will now move to delivery. An evaluation plan has also been developed by the project team.

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

3.10. Community based organisations have bid to form Health equity teams with each PCN Health Equity Fellow (HEF) funded by public health.

3.11. 5 out of 6 PCNs are allocated community organisations and the last one is in the final stages of mobilisation.

3.12. A mobilisation event was held on the 7th June to bring HEFs and community organisations together to form Health Equity Teams.

3.13. Teams will work together to codesign, implement and evaluate year long projects focused on an area of health equity work. Projects are funded by the health equity program and hope to mobilise PCN level resources as well

3.14. Health Equity Teams will be focused on addressing community, PCN, data and BLACHIR priorities in their work.

3.15. Community organisations will also recruit health champions from their community creating a network of motivated champions across Lewisham working with health and social care.

3.16. Fellows are working closely with the Population health team to utilise the Lewisham population profile dashboard to inform their projects to ensure a data driven approach.

3.17. Teams will be asked to circulate confirmed project plans with system leaders and other stakeholders by end of August 2023.

3.18. **King's College London Update**

3.19. Fellows have completed term 1 of the educational component including access to the 'Delivering Public health in Primary Care' MSc module and a bespoke tutorial focusing on giving fellows skills to develop as local population health leaders.

3.20. Health equity teams will continue to be supported in a community of practice facilitated by Kalwant Sidhu reader in Public Health at KCL.

3.21. **Workstream 3: Community Development**

3.22. The Age UK Community Connections service will gain additional capacity as part of the Health Inequalities Programme. A Project Manager is in post on a short-term basis to assist this capacity building and launch the project.

3.23. Collaboration between Health Equity Fellows programme and Community Champions project is ongoing as outlined above.

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

3.25. A 'Health Inequalities Forum' will be planned in the autumn/winter to bring together all stakeholders across the system working on health inequalities in Lewisham as a way of forming the community of practice and sharing best practice.

3.26. **Workstream 5: Workforce Toolbox**

3.27. The workstream group have been working on a proposal to come to this Board for approval regarding how to progress the workstream in order to achieve its aims of increasing awareness and capacity for health equity within practice.

3.28. The proposal and supporting paper for consideration can be found in the appendix 1.

3.29. **Workstream 6: Maximising Data**

3.30. As part of our reporting on funded projects for the ICS we require project leads to report on how they are maximising data and adopting population health management approaches. There are a variety of different ways in which the projects are maximising data and utilising the tools and platforms at their disposal.

3.31. The Health Equity Fellows have also received training from KCL on maximising data to inform their projects and their approach.

3.32. **Workstream 7: Evaluation**

3.33. Evaluation has been part of the reporting the Programme has submitted on funded projects to the ICS.

3.34. The evaluation approach and key performance indicators (KPIs) are most developed for the Elective surgery, UP! UP! and Community Connections projects. The Health Equity Fellows have also begun to think about evaluation with respect to their own projects. They have been keeping a record of reflections throughout the Programme to inform evaluation.

3.35. A Health Inequalities dashboard is being developed by the Public Health team. KPIs have been discussed but need further development. The dashboard is currently a work in progress.

3.36. An external partner will be needed to evaluate the whole Programme and a commissioning process will be followed to determine the most suitable.

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

3.38. Tim Hughes, Health Inequalities Programme Manager, has left the Public Health Team to take up a role elsewhere.

3.39. Naomi Alexander joined the team as a Health Inequalities Project Officer on the 26th of June to provide support to the Programme.

4. Financial implications

4.1. 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 ICS, previous CCG and Lewisham Council, over a 2 year period.

5. Legal implications

8.2 There are no legal implications of this report.

6. Climate change and environmental implications

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

7. Crime and disorder implications

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

8. Health and wellbeing implications

8.1. 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.

9. Report author and contact

9.1. Tim Hughes timothy.hughes@lewisham.gov.uk (left the Council so can't be contacted), Lisa Fannon lisa.fannon@lewisham.gov.uk and Dr Catherine Mbema Catherine.mbema@lewisham.gov.uk

Appendix 1: Lewisham Health Inequalities & Health Equity Programme:

Workforce Toolbox Summary & Recommendations

1. Introduction

1.1 A key component of addressing health inequalities in Lewisham is increasing awareness and capacity for health equity within practice. The Workforce Toolbox workstream of the Lewisham Health Inequalities and Health Equity Programme 2022 – 24 aims to do so by:

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

1.2 Through the development of the workstream, the workstream group agreed that to achieve the aforementioned aim, a Workforce Toolbox made up of a range of health inequalities related training and resources needed to be developed and implemented across the Lewisham Health and Care Partnership to staff.

1.3 This paper covers the process that the Workforce Toolbox workstream group have followed, the training needs assessment questionnaire, best practice from elsewhere, the initial options considered and our recommendation to the Health and Wellbeing Board.

2 Background & Rationale

2.1 A decision was taken at the September 2021 meeting of the Health and Wellbeing Board, to plan the next steps for the Board's work to address health inequalities in Lewisham. A developmental approach was agreed to support system leader and organisational change through supporting individual development and organisational development.

2.2 A refreshed plan of action to tackle health inequalities and work towards achieving health equity in Lewisham was proposed and developed in March 2022. The plan covered the next two years taking learning from the challenges identified from the existing work and building on the achievements and opportunities to take the work forward with stakeholders. An outline of the proposed health inequalities and health equity programme includes eight intersecting work streams being progressed over 2022/23 – 2023/24

2.3 Resourcing from Health and Wellbeing Board partners was secured to develop, co-produce and implement this plan, aiming to take a community-centred approach in tackling health inequalities to achieve health equity in Lewisham. This work aimed to build on community-centred approaches taken to date in line with those outlined in the Public Health England (PHE) Community-centred public health: taking a whole system approach.

2.4 Building trust and collaboration with communities is a key part of this work and includes a continued focus on tackling ethnic health inequalities particularly for Black and other racially minoritised communities within Lewisham.

2.5 Part of the ambitions of the programme is to increase awareness and capacity for health equity within practice by developing resources for staff, volunteers, and others to develop knowledge and skills for health equity. This will be supported by the prioritisation and implementation of specific opportunities for action (OFA's) from the BLACHIR report as part of the proposed programme, to support the upskilling of the workforce on capability, opportunities and motivations.

2.6 The following BLACHIR opportunities for action recommend:

- Local Councils and Health and Wellbeing Board Partners - BLACHIR OFA 3: Review staff equality and diversity training to ensure that this is a core part of the delivery of training, co-delivered by diverse individuals with lived experience.
- Local NHS providers and Community Mental Health Trusts - BLACHIR OFA 23: Ensure practitioners use culturally competent (cultural understanding) trauma informed patient-centred engagement styles and interventions.

- Local Health and Wellbeing Boards and Integrated Care System Partnerships - BLACHIR OFA 25: Promote cultural competency training within healthcare services, the criminal justice system, and the police force.
- Local Health and Wellbeing Boards and Integrated Care Systems - BLACHIR OFA 26: Apply the use of culturally competent language, including using language that considers stigma within communities, such as 'wellbeing' rather than 'mental health'.
- Local Directors of Public Health and NHS Prevention Leads - BLACHIR OFA 35: Ensure prevention services are fair, appropriate and consider the needs of Black African and Black Caribbean populations, and there is proactive work to address issues with health literacy. This could include:
- Whole system workforces, across all partners and professions including front-line, back-office and system leaders, to complete anti-racism training, with ongoing independent evaluation

3 Process Followed

3.1 The Workforce Toolbox workstream of the Lewisham Health Inequalities and Health Equity Programme 2022-24 was initiated in July 2022. The terms of reference were written and agreed by the group. A concerted effort was made to engage and involve a wide range of stakeholders across the Partnership both in and out of the workstream meetings. This has continued up until the present day. The logic model for the workstream was also developed during this first phase.

3.2 The workstream group then aimed to conduct a scoping exercise to find out the details of the respective teams, services and organisations' learning and development offer in relation to health inequalities. To do so, members of the Public Health Team created a training needs assessment questionnaire for stakeholders to complete to provide these details. The results can be found in the next section. Engagement in this workstream hasn't always been at the desired level and the same was true of the response rate to the questionnaire.

3.3 Following the questionnaire, we used this to frame our discussion around current provision, the gaps in our offer and the options we could take to achieve the workstream's aims. These options, the discussion that followed and our recommendation can be found in the following sections.

4 Training Needs Assessment Questionnaire

4.1 A training needs assessment questionnaire was sent out to representatives from across the Lewisham Health & Care Partnership to gather best practice on training and resources in relation to health inequalities as well as to identify gaps in current provision. The response rate was not as high as desired but of those that responded, rich information was gained.

5 Best Practice from London Councils

5.1 London Councils have developed a Tackling Racial Inequality standard that details three levels of practice for work programmes, initiatives and practices on race equality:

Developing practice (1 point)	Established practice (2 points)	Leading practice (3 points)
Inclusive mentoring programmes are established with a matching scheme.		Inclusive mentoring and reverse mentoring programmes are established with a matching scheme that provides mentor support.
Black, Asian and Ethnic Multi-Ethnic staff and line managers		

have regular 1-2-1 meetings, which focus on career aspirations and development.		
There are dedicated resources available and accessible for supporting the development of Black, Asian and Ethnic Multi-Ethnic staff.		
	Facilitator-led workshops are mandatory for all staff focusing on anti-racism and EDI, including types of bias and micro-aggressions.	
	Data arising from annual staff surveys are used to design EDI training.	Data arising from annual staff surveys and facilitated safe spaces are used to design EDI training.
	Mandatory EDI recruitment training for all hiring managers, including combatting types of bias.	Mandatory EDI recruitment training for all hiring managers, including combatting types of bias and anti-racist hiring practice. Specialist EDI training and initiatives for the hiring process in Senior Leadership Teams.
		Leadership training is specifically designed for Black, Asian and Ethnic Multi-Ethnic staff to facilitate the progression of diverse staff and close the ethnicity pay gap.

5.2 The standard is instructive in setting our ambitions and assessing our performance on the journey to achieving those ambitions and maintaining the standard.

6 Initial Options Considered

6.1 The following options were initially considered by the workstream group.

6.2 Option 1: In-house training

6.2.1 This option would utilise best practice from all partners and would deliver the training in-house. The best practice identified through the training needs assessment questionnaire would be utilised.

6.2.2 This option would rely on partners committing to extending current training initiatives to wider partners. There would be a significant resource implication as a result. There are some gaps within the pooled training offer and these would either need to be answered or left to persist.

6.2.3 This option is likely to be the least costly and would draw upon the extensive areas of best practice we have across our partners.

6.3 Option 2: Commissioned training

6.3.1 The second option is to commission an organisation or organisations to co-design and deliver the entirety of the training.

6.3.2 This option is likely to be the costliest financially. The timelines of a commissioning process would also need to be considered.

6.3.3 This option would, however, allow us the opportunity to co-design in detail the training that is identified as needed. It carries less of a resource implication for our workforce. It also allows us to widen our pool of expertise in working with providers.

6.4 Option 3: Mixture of in-house and commissioned training

6.4.1 Responses from the Workforce Toolbox Training Needs Assessment Questionnaire, which was circulated to staff members from across the workforce (February 2023), has identified some areas of best practice of training being offered across the workforce.

6.4.2 Taking into consideration recommendations from Health and Wellbeing Board partners, the opportunities for action from the BLACHIR report and the survey results it would be beneficial to further build on the already established workforce training. The training should also include an element of evidence-based training delivered by an experienced external provider.

6.4.3 Additional recommendations for development of this training should consider that the training needs to be tailored to the need of the whole system. This should also include working with local communities and grass roots organisations to co-design it. Learning and meaningful measurement of change should be captured throughout the training cycle to inform evaluation and future training programme design.

7 Discussion Following Options Appraisal

7.1 The workstream group considered the options detailed above in a workstream meeting. The group made some key observations and suggestions:

- The name 'Workforce Toolbox' should be changed so that it more accurately describes what it is
- Communities should be involved in the development of the Workforce Toolbox
- That training should be mandatory
- It should be available to voluntary and community sector groups too
- Training sessions should be held in person where possible
- The impact should be measured effectively
- The Workforce Toolbox needs to be owned by the Partnership and strong commitment is needed by leadership
- That leadership should be trained first
- The Workforce Toolbox should be tailored for the Lewisham workforce

8 Recommendation

8.1 Taking into consideration the resource implications and funding available to this Programme, we recommend that we commission an organisation to develop a framework for the Workforce Toolbox including what training to deliver and how to deliver it according to our aims and the standard we want to achieve. This framework can then be used by all partners. Community engagement in the development of the framework by the appointed organisation would be mandated.

8.2 Following this, we would recommend that the first round of training completed would be for senior leaders across the Partnership.

8.3 The framework would enable us to have a more accurate view of the resource implications of the rollout of training to all members of staff in the Partnership.

Health and Wellbeing Board

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

Date: 18 July 2023

Key decision: No.

Class: Part 1

Ward(s) affected: All

Contributors: Catherine Mbema, Patricia Duffy

Outline and recommendations

The purpose of this report is to provide an update on health and well-being of Transgender communities in Lewisham following the presentation of the LGBTQ+ JSNA topic assessment.

Timeline of engagement and decision-making

N/A

1. Summary

The proposal for Lewisham to undertake a JSNA topic assessment focused on the LGBTQ+ population was agreed prior to the COVID-19 pandemic. At the March 2023 Health and Wellbeing Board, work from this JSNA was presented.

2. Recommendations

For the Health and Wellbeing Board to review the document.

3. Policy Context

The production of a JSNA became a statutory duty in 2007. The Health and Social Care Act 2012 placed a new statutory obligation on local health and care partnerships to jointly produce and to commission with regard to the JSNA. The Act placed an additional duty to develop a joint Health and Wellbeing Strategy for meeting the needs identified in the local JSNA.

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

The most recent version of the JSNA can be found here: https://www.observatory.lewisham.gov.uk/a-picture-of-lewisham/

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

4. Background

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

A recommedation from the Safer Stronger Communities Select Committee's review entitled: "Provision for the LGBT+ Community in Lewisham", included that the Council should ensure there is a specific JSNA for the LGBT+ community. This report follows up on a presentation of that work.

5. Transgender Population

A variety of health inequalities are experienced by the Transgender population. These range from physical to mental health and can also encompass ability to access health services and experience within healthcare. This is despite gender identity being included as a protected characteristic within the 2010 Equality Act, thus giving the trans population explicit protection in their own right.

The 2021 Census gave robust estimates at both a national and local level regarding the size of the transgender population. In Lewisham, 1.02% of the population identified as transgender. This was double the national figure of 0.5%. Younger respondents were more likley to identify as transgender that older respondents.

Mental health was a key area that research within the transgender community has focused on. Transgender people are even more likely than members of the LGBTQ+ population who were not trans to have a mental health issue. This ranged across the spectrum of mental health, from depression and anixety to self-harm and suicide attempts.

Research has also found that the transgender population experience issues accessing appropriate services and discrimination when in contact with services. This included having been subject to or witnessed discriminatory or negative remarks against LGBT

people by healthcare staff. Transgender people (even more so that other LGBTQ+ people), being 'outed' without their consent, treated with inappropriate curiosity and subjected to unequal treatment because of who they are. As a result, more than a third of transgender people had avoided treatment due to fear of prejudice. Even more transgender people stated they have experienced a lack of understanding of specific trans health needs by healthcare staff; with some even being refused care.

6. Financial implications

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

7. Legal implications

The requirements to produce a JSNA are set out above.

8. Equalities implications

Gender reassignment, sex and sexual orientation are protected characteristics as defined by the Equality Act 2010. The LGBTQ+ topic assessment and this subsquent report have both highlighted health inequalities experienced by these populations.

9. Climate change and environmental implications

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

10. Crime and disorder implications

There are no Crime and Disorder implications from this report.

11. Health and wellbeing implications

The JSNA has highlighted there are health inequalities expereienced by the LGBTQ+ population that should be addressed.

12. Background papers

Details of the Lewisham JSNA process are available on the Lewisham Observatory: https://www.observatory.lewisham.gov.uk/jsna/

13. Glossary

Term	Definition
JSNA	Joint Strategic Needs Assessment
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Queer Plus

14. Report author(s) and contact

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

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

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Health and Well-being of the Transgender Population in Lewisham

July 2023

Background

A variety of health inequalities are experienced by the Transgender (trans) population. These range from physical to mental health and can also encompass ability to access health services and experience within healthcare. This is despite gender reassignment being included as a protected characteristic within the 2010 Equality Act, thus giving the trans population explicit protection in their own right[1].

Stonewall[2] report that hate crime and discrimination against trans people, in public spaces, in healthcare settings, workplaces and places of learning, is widespread. Furthermore, two in five trans people had to deal with a hate crime or incident in the past 12 months. Their research found that many trans people are forced to hide who they are, change how they dress or drop out of university because of fear of discrimination. Within the workplace, half of trans and non-binary people have hidden or disguised that they are LGBT for this reason, and one in eight have been physically attacked by a colleague or customer.

The LGBT Foundation also report on national research which found that 73% of trans people report experiencing harassment in public spaces, with 10% reporting being victims of threatening behaviour[3].

Stonewall also reported on wider issues which would impact health and wellbeing including much higher rates of domestic violence and homelessness in the trans population, than the population overall.

Lewisham Transgender Population

In the 2021 Census, a question on gender identity was asked for the first time for those aged 16 or over. Whilst response to the question was voluntary, nationally 94% respondents did state their gender identity.

The question was added to the most recent Census, to provide the first official data on the size of the transgender population in England and Wales. The inclusion and outputs aimed to:

- provide better quality information for monitoring purposes
- support anti-discrimination duties under the Equality Act 2010
- aid allocation for resources and policy development

[1] The Equality Act protects individuals from discrimination and harassment on the basis of a protected characteristic. Protected characteristics include sex (being a man or a woman) and gender reassignment (being an individual who is 'proposing to undergo, is undergoing or has undergone a process or part of a process to reassign their sex'). There is no requirement for a trans person to have any kind of medical supervision or intervention in order to be protected from gender reassignment discrimination.

[2] https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf

[3] LGBT Foundation

Nationally 262,000 people answered that their gender identity was different from their sex registered at birth.

- 118,000 (0.24%) answered that their gender identity was different to the sex they were registered at birth but did not provide a write-in response
- 48,000 (0.10%) identified as a trans man
- 48,000 (0.10%) identified as a trans woman
- 30,000 (0.06%) identified as non-binary
- 18,000 (0.04%) wrote in a different gender identity

For Lewisham, proportions of the population are detailed in Table 1 (below), with comparisons for London and England.

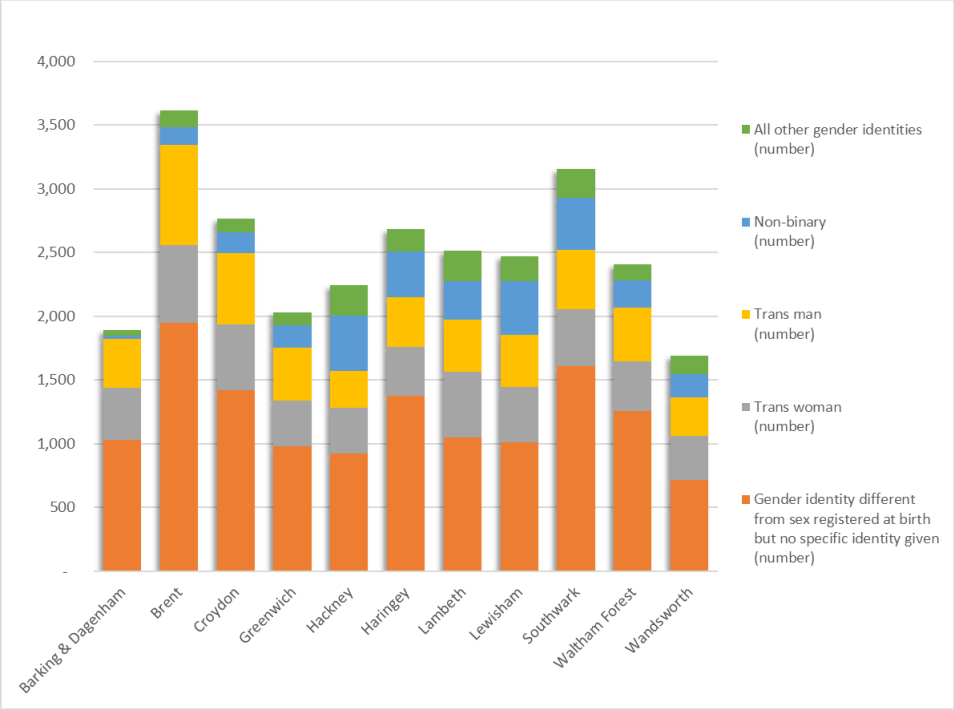
Table 1: 2021 Census Responses to Gender Identity Question (%) - age 16+[4]

	Gender identity the same as sex registered at birth	*Gender identity different from sex registered at birth but no specific identity given*	*Trans woman*	*Trans man*	*Non-binary*	*All other gender identities*	*Not answered*
Lewisham	91.36	0.42	0.18	0.17	0.17	0.08	7.62
London	91.21	0.46	0.16	0.16	0.08	0.05	7.88
England	93.47	0.25	0.10	0.10	0.06	0.04	5.98

The proportions in Table 1, equate to 2,471 Lewisham residents stating that their Gender Identity was other than the sex they were registered at birth (1.02% of the local population). This Census output agrees with previous estimates of 1% for gender variance from government and other sources. Figure 1 (below), details Lewisham's population compared to its most similar London boroughs in relation to gender identity. (Please note Figure 1 is detailing number of people and boroughs have varying population sizes).

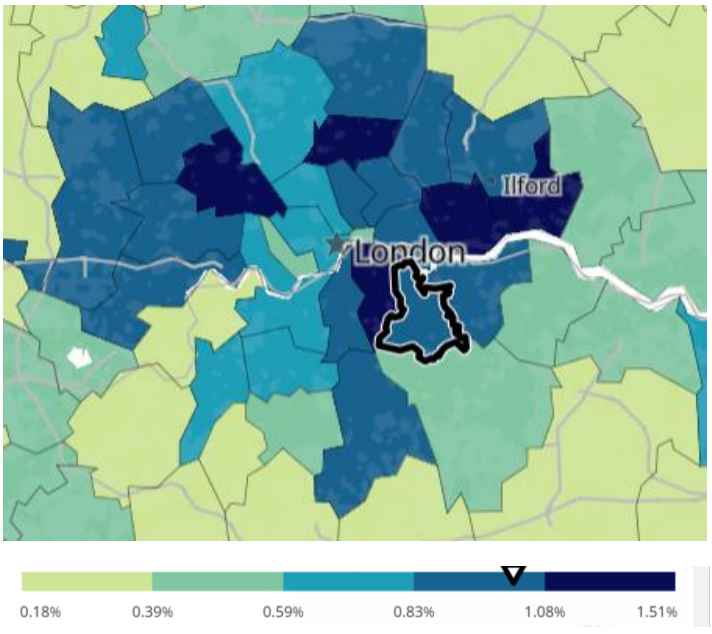
[4] Question 27 on the England 2021 Census form 'Is the gender you identify with the same as your sex registered at birth?'

Figure 1: Count of people who stated their Gender Identity was different to the sex they were assigned at birth, Lewisham compared to its most similar London boroughs - 2021 Census



Across London and in Lewisham the proportion of the population stating their gender identity was different from the gender identity they were assigned at birth, was higher than the national figure. Map 1 below shows % for all London boroughs. The darker the shading the higher the proportion of the population with a gender identity different to that assigned at birth.

Map 1: % of the population whose gender identity is different to that assigned at birth (%) - 2021 Census



Gender Identity by Age

Ipsos's LGBT+ Pride 2021 Global Survey points to a wide generation gap around gender identity (and sexual attraction). On average, across the 27 countries surveyed, those who identify as transgender, non-binary, non-conforming, gender-fluid, or other than male or female make up 4% of Gen Z (born since 1997) compared to 1% among all adults.

This trend was also seen in Lewisham. Analysis of the 2021 Census results, for the total population aged 16+, who answered the question on Gender Identity found 1.02% stated their gender identity was different to the sex registered at birth. However, for those aged 16-24, this rose to 1.49%. There was then a direct correlation between age and gender identity, as the older a person was, the % identifying as other than the sex they were registered at birth decreased, with the lowest % in the 65+ age group (at 0.54%). This older age group were also the most likely to choose not to answer this question (8.7% of the population). Of note though, was those aged 16-24, had almost as high a non-response rate (8.4%) to this question.

Table 2: Lewisham Trans Population by Age Group (2021 Census)

Age	*Total*	*Gender identity the same as sex registered at birth*	*Gender identity different from sex registered at birth but no specific identity given*	*Trans woman*	*Trans man*	*All other gender identities*	*Not answered*
Aged 16-24	31,217	28,135	148	52	72	192	2,618
Aged 25-34	58,431	53,665	245	86	74	290	4,071
Aged 35-49	72,036	65,959	345	137	119	110	5,366
Aged 50-64	52,082	47,703	207	106	108	25	3,933
Aged 65+	28,644	26,000	67	50	35	2	2,490

Transgender Mental Health

Stonewall's LGBT in Britain Health Report analysed a 2017 survey conducted by YouGov on their behalf[5]. Of trans respondents to the survey, 67% had experienced depression in the previous year, whilst over seven in ten (71%) had experienced anxiety. Six in ten stated that they have felt life is not worth living in the last year.

The same research also found more than a third of trans people (35%) have self-harmed in the last year, compared to 14% of LGB people who are not trans. Furthermore, 46% of trans people surveyed had thought of ending their life in the previous 12 months, with 12% having made an attempt to do so. All the proportions quoted were higher for trans respondents than those who identify as LGB and are not trans. One in five trans respondents (20%) stated experiencing an eating disorder in the last year.

Other studies have also found that transgender adolescents are at greater risk for depressive symptoms and suicidal ideation compared with other adolescents[6].

[5] 5,375 people responded to the survey, 14% of whom identified as trans, so approximately 750 trans respondents

[6] Almeida J, Johnson RM, Corliss HL, Molnar BE, Azrael D. Emotional distress among LGBT youth: the

Connected to mental health, within a large-scale study, 41% of transgender people reported attempting suicide, compared to 1.6% of the general population[7]. Furthermore, a long-term study conducted in Sweden found that mortality rates for transsexual people were about three times higher compared to controls, and transsexual women have around 10 times greater risk for suicide attempts compared to cisgender controls[8].

Research studies show that described health inequalities are compounded by issues within and in receiving healthcare. The Human Rights Campaign Foundation who quote largescale studies, have found transgender people face increased anxiety and bias in healthcare, with up to 70% of this population facing discrimination.

Access to Health Services

All health and social care organisations have a legal duty to provide equal treatment and tackle discrimination. However, research finds that the trans population experience issues accessing appropriate services and discrimination when in contact with services.

Stonewall's LGBT in Britain Health Report found that 20% of Transgender respondents had witnessed discriminatory or negative remarks against LGBT people by healthcare staff. The report also detailed how trans people (even more so that other LGBTQ+ people), continue to be 'outed' without their consent, treated with inappropriate curiosity and subjected to unequal treatment because of who they are. More than a third of trans people had avoided treatment due to fear of prejudice. Almost a third of trans people (32%) have experienced unequal treatment by healthcare staff, including 16% who say this happened in the last year alone.

The same report details that one in five trans people (20%) have been pressured to access services to suppress their gender identity when accessing healthcare services. More than six in ten (62%) of trans respondents said they have experienced a lack of understanding of specific trans health needs by healthcare staff; 41% had experienced this in the last year.

One in six (16%) trans respondents have been refused care by a healthcare service because of being LGBT.

Local Services

CliniQ

The CliniQ at Kings service is a unique service delivered in partnership between Kings College Hospital NHS Foundation Trust and CliniQ. It provides sexual and reproductive healthcare to trans and non-binary people. The service also provides support, advice and blood test monitoring for people who are self-sourcing hormone therapy or accessing private gender identity care, peer support, mental health and well-being support and counselling services

influence of perceived discrimination based on sexual orientation. Journal of Youth Adolescence. 2009; 38:1001-14.

[7] https://pubmed.ncbi.nlm.nih.gov/27380151/

[8] Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Långström N, Landén M. Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden. PLoS One 2011; 6(2):e16885.

(delivered by cliniQ). The clinic runs on an ‘appointment only’ basis on a Tuesday evening from 4pm – 7pm.

CliniQ have provided data on service use from April 2022 - January 2023. Overall, within this time-period they saw service use increase 60% compared to the previous 10 months. Within this time-period they saw 79 Lewisham residents.

Almost half of those attending received a STI test, with oral contraception, LARC and cervical cancer screening also commonly taking place. A first PrEP prescription was also given to several individuals.

Feedback from service users was almost universally positive with 99% agreeing or strongly agreeing with the statements that they were “pleased with the service” and would “recommend the service to a friend”.

Support Services

Young trans people can access support through the wider LGBTQ+ support offered by the charity METRO and its youth service METRO Youth. As well as a weekly session held in Lewisham, there are also various additional sessions taking place across South-east London.

For support with mental health, trans people who are aged 18+ and registered with a Lewisham GP can access support through the wider LGBTQ+ offer from Lewisham NHS Talking Therapies.

Signposting

Whilst there is some older information about wider LGBTQ+ events on the Lewisham Council website, which have been promoted for Pride Month in previous years. There is currently no health service information.

Community Views

Lewisham specific consultation with trans community members is not yet available, however, Bristol Healthwatch published a Trans Health Report in 2018. This followed work undertaken during 2017-18 with the Diversity Trust and other partners to identify health inequalities, and discrimination, experienced by Trans and Non-Binary people and communities across the Southwest of England.

The project worked with over 200 Trans and Non-Binary people, aged from 16 to 80. Headline figures / findings included:

- 1 in 5 participants said they felt unsafe
- 71% of participants had thought about suicide
- 71% of participants had sought help for anxiety or depression
- 60% of participants have felt discriminated against because of their gender identity
- 30% of participants felt discriminated against in the health care system

In January 2019 in response to the report, University Hospitals Bristol NHS Foundation Trust wrote to Healthwatch acknowledging the work undertaken and highlighting their ongoing commitment to reviewing current equality and training policies to incorporate Trans Awareness.

Similarly, Healthwatch Sheffield, in partnership with local groups SAYiT and Transactive, carried out research into the experiences of trans people using health and care services in the city.

Two focus groups were held, which were organised in conjunction with two local groups who support the trans population. Healthwatch Sheffield described how the most powerful theme throughout their engagement was fear of accessing services - a fear of discrimination and of unfair treatment from providers. In some cases, the fear was based on previous experiences in health and/or social care settings and in others due to prejudice experienced in other contexts.

A recurrent theme was a perceived lack of awareness of trans and non-binary identities among health and care workers. This included LGBTQ issues in general, rights and entitlements, awareness of what services exist and the referral process. This lack of understanding was considered to be a barrier that can prevent or delay access to appropriate care. This was experienced within Sheffield inpatient and outpatient hospital settings and in primary care.

A key recommendation was better training for awareness of trans and non-binary identities.

<u>Implications for Lewisham</u>

- *Data Collection* - a common theme throughout relevant research is how key collecting robust local level data is. This applies to services to understand if people's experience of a service is impacted by their gender identity. It should also be standard practice to collect this information in equalities monitoring during consultation exercises.
- *Training* - whilst we await outcomes from local consultation exercises, research in other localities and national work has repeatedly identified that improvement training and awareness for healthcare and other support staff is imperative.

Glossary

Term	*Meaning*
Binary or trans binary	This refers to the gender binary of men and women. Trans binary refers to someone who identifies with a binary gender that differs or does not align to their sex assigned at birth.
Cisgender/cis	A person whose gender identity matches their sex assigned at birth, someone who is not transgender
Cisnormative assumption	The assumption that all individuals are cisgender (i.e., a person whose gender identity matches their sex assigned at birth)
Gender identity	A person's innate sense of their own gender, whether that be man, woman, non-binary or another gender identity. This may or may not align with the sex a person was assigned at birth. This is different to biological sex and different to sexual orientation.
Gender variant	A term to describe where a person's gender identity or expression does not align to societal binary gender roles (i.e., outside the binary of man and woman).
Misgendering	Misgendering occurs when you intentionally or unintentionally refer to a person, relate to a person, or use language to describe a person that doesn’t align with their gender identity.
Non-binary	An umbrella term used to describe gender identities that fall outside the binary of man/woman. Often but not always included under the trans umbrella, people may or may not transition or consider themselves transgender.
Transgender/trans	An umbrella term for people whose gender differs and/or does not fully align with the sex assigned at birth
Transition	The steps that a trans person may take to live in the gender with which they identify. The steps taken will vary by individual but may include hormone medication, surgery, dressing differently and telling family or friends.
Transphobia	The dislike or fear of a person because they are, or are perceived to be, trans.

HEALTH AND WELLBEING BOARD				
Report Title	Better Care Fund (BCF) Plan 2023 – 2025			
Contributors	Director of System Transformation (LBL/(SEL ICB Lewisham) Associate Director of Finance (SEL ICB Lewisham) System Transformation and Change Lead (SEL ICB Lewisham) and Group Finance Manager for Community Services LBL		Item No.	
Class	Part 1	Date:	18 July 2023	
Strategic Context	Please see body of report			

1. Summary

1.1 The Better Care Fund (BCF) policy framework and planning guidance for 2023 - 2025 were published on 4 April 2023. The former confirmed the conditions and funding for the BCF, and the latter set out the requirements in terms of planned expenditure, objectives and metrics.

1.2 Each area was required to submit its plan to NHS England on 28 June 2023. Local areas are required to confirm when the local Health and Wellbeing Board has signed off the plan as part of the assurance process.

1.3 This report provides members of the Health and Wellbeing Board with an overview of the BCF plan for 2023 – 2025 (which includes the Improved Better Care Funding, the Disabled Facilities Grant and Discharge Funding) and members are requested to sign off the plan (attached at Annex A).

1.4 Once the plan has been signed off by HWB members, it will be subject to a national assurance process. South East London Integrated Care Board (Lewisham) and the Council will be notified of the outcome of this process in due course.

2. Recommendations

2.1 Members of the Health and Wellbeing Board (HWB) are asked to:

- Note the content of the BCF plan.
- Sign off the plan.

3. Strategic Context

3.1 The Health and Social Care Act 2012 requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

3.2 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund.

3.3 The Better Care Fund (BCF) is a joint health and adult social care integration fund which supports local systems to deliver health and social care for adults in a way that supports person-centred care, sustainability and better outcomes for people and carers. The BCF is managed by Lewisham Council and SEL ICB (Lewisham). The strategic framework is set out in the national BCF policy framework and planning guidance.

4. BCF Plan 2023 – 25

4.1 On 4 April 2023, the Government published the Better Care Fund Policy Framework and Planning Requirements for 2023 - 2025. The documents set out the conditions and funding for the BCF and the requirements in terms of planned expenditure, objectives and metrics.

4.2 The stated aim of the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, adult social care and housing services seamlessly around the person. This aim is underpinned by the two core BCF objectives:

- To enable people to stay well, safe and independent at home for longer
- To provide the right care in the right place at the right time.

4.3 The BCF 2022/23 plan has been developed by SEL ICB (Lewisham) and the Council.

5. Funding Contributions

5.1 In 2023/24 the financial contribution to the BCF from SEL ICB (Lewisham) is £27,441,822 and in 2024/25 will be £28,995,029. The financial contribution from the Council in 2023/24 and in 2024/25 is £773,989, in addition to the DFG contribution of £1,518,970 in both years. The IBCF grant to Lewisham Council has been pooled into the BCF and totals £14,941,703 in 2023/24 and in 2024/25.

5.2 The local authority discharge funding in 2023/24 is £2,094,804 and in the following year will indicatively be £3,477,374. The ICB discharge funding allocated to Lewisham for 2023/24 is £1,590,552 and in 2024/25 will indicatively be £2,814,975 based on a weighted population split of current notified ICB core service allocations, which may change as part of 2024/25 planning. The total BCF pooled budget for 2023/24 is £48,361,839 and in 2024/25 will be £52,522,040 on this basis.

5.3 The financial contributions to the BCF have been agreed by the ICB and Council and agreed through the ICB's and Council's formal budget setting processes.

5.4 The table below sets out the schemes that will receive funding from the BCF and the expenditure allocated to those schemes for 2023/24.

Schemes	Areas of Expenditure	2023/24
Integrated Care Planning	Telephone Triage, Single Point of Access, Transition planning, Trusted Assessors, additional Winter Capacity for care planning	£5,824,617
Community Based Schemes	Community Secondary Mental Health, Community Rehab and enablement, Medicine Optimisation	£10,489,784
Assistive Technologies	Equipment and Telecare	£2,031,828
Bed based intermediate care services	Intermediate care with reablement	£110,000
Prevention and Early Intervention	Community Falls Service Sail Connections Self-Management support Social Prescribing	£1,271,901
DFG	Adaptations to the home	£1,518,970
Residential placements	Extra Care Provision Transition support Maintaining level of mental health provision Residential care	£4,183,474
Personalised Care at Home	Neighbourhood Community Teams Primary care in community settings	£5,335,285
Home based intermediate care services	Reablement at home	£300,000
High Impact Change Model for Managing Transfer of Care	Social Care Delivery Hospital Discharge Provision Continuing Health Care Assessments Development of alternative care Home First and D2A Trusted assessors Discharge Support	£4,810,778
Enablers for integration	Population Health System Connect Care Integration programme and Alliance resource Contingency	£2,042,757
Carers services	Advice, information, and support	£623,363
Housing Related	Learning disability supported accommodation	£164,000
Home Care or Domiciliary care	Demographic growth Protection of current level of packages of care Market stability	£7,202,777
Care Act Implementation	Deprivation of Liberty Safeguards support	£900,000
Workforce recruitment and retention	Hospital discharge provision Arranging care	£1,552,306
Total BCF/IBCF/Discharge Fund		£48,361,839

6. National Conditions

6.1 The national conditions for this planning year are:

1) A jointly agreed plan between local health and adult social care, signed by the HWB.
2) Implementing the BCF policy objectives to:
   a) Enable people to stay safe, well and independent at home for longer and
   b) Provide the right care in the right place at the right time.
3) Maintaining the NHS contribution to adult social care and investment in NHS commissioned out of hospital services.

The BCF plan is required to demonstrate that these national conditions have been met.

The BCF plan is also required to include an intermediate care and short term care capacity and demand plan, and discharge spending plan.

7. Metrics

7.1 The BCF policy framework sets national metrics (performance objectives) that must be included in BCF plans. The BCF plan is required to set out ambitions for 23/24 only, including supporting rationales, plans for achieving these ambitions and how BCF funded services will support this. From Q3, areas will also be required to set ambitions for a new metric that measures timely discharge.

7.2 The metrics included in the plan are as follows:

<u>National Objective - Provide people with the right care, at the right place, at the right time</u>

In 2023 to 2024:

- discharge to usual places of residence
- new: discharge metric ahead of winter 2023

In 2024 to 2025:

- discharge to usual places of residence
- new: discharge metric ahead of winter 2023
- new: proportion of people discharged who are still at home after 91 days

<u>National Objective – Enabling people to stay well, safe and independent for longer</u>

In 2023 to 2024:

- admissions to residential and care homes
- unplanned admissions for ambulatory sensitive chronic conditions
- the proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services
- new: emergency hospital admissions due to falls in people over 65

In 2024 to 2025:

- admissions to residential and care homes
- unplanned admissions for ambulatory sensitive chronic conditions
- emergency hospital admissions due to falls in people over 65
- new: outcomes following short-term support to maximise independence.

8. Governance

8.1 The BCF arrangements are underpinned by pooled funding arrangements with a section 75 agreement. A section 75 agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England. It can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner.

8.2 The Section 75 Agreement Management Group (Adults) continues to oversee the 2023 -2025 BCF plan and expenditure.

9. Financial Implications

9.1 There are no financial implications arising from this report. Monitoring of the activity supported by the Better Care Fund continues to be undertaken by the Section 75 Agreement Management Group (Adults).

10. Legal implications

10.1 As part of their statutory functions, members are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area, and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.

10.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 of the NHS Act 2006 which sets out the governance arrangements for the delivery of services, and where relevant any delegation of functions from one party to another and the respective budget contributions of the local authority and the ICB in relation to the services.

11. Crime and Disorder Implications

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

12. Equalities Implications

12.1 Tackling inequalities in health is one of the overarching purposes of integration. Each new or existing service funded by the BCF has regard to the need to reduce inequalities in access to care and outcomes of care. An equalities assessment/analysis is undertaken as part of the development of any new proposals to assess the impact of the new services on different communities and groups.

13. Environmental Implications

13.1 There are no specific environmental implications arising from this report or its recommendations.

14. Conclusion

14.1 This report provides an overview of the Better Care Fund 2023 - 2025 plan. Members are asked to sign off on the plan as required by the planning guidance.

Annex A : BCF Plan

Lewisham BCF Plan 2023 - 2025 HWB.doc

If you have problems opening or printing any embedded links in this document, please contact xxxxxxxx

If there are any queries on this report please contact sarah.wainer@selondonics.nhs.uk

Lewisham Better Care Fund/Improved Better Care Fund Plan 2023/24 and 2024/25

1. Executive Summary

1.1 Lewisham Health and Care Partners (LHCP) are committed to achieving a sustainable and accessible health and care system through which people can maintain and improve their physical and mental wellbeing, be supported to live independently and have access to high quality care when needed.

1.2 The schemes within the BCF plan continue to align with the aims of Lewisham's current Health and Wellbeing strategy:

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

and contribute significantly to the achievement of Lewisham Health and Care Partners' vision to make Community Based Care:

- *Proactive and Preventative – By creating an environment which promotes health and wellbeing, making it easy for people to find the information and advice they need on the support, activities and opportunities available to maintain their own health and wellbeing and to manage their health and care more effectively;*
- *Accessible – By improving delivery and timely access when needed to planned and urgent health and care services in the right setting in the community, which meet the needs of our diverse population and address inequalities.*
- *Co-ordinated – so that people receive personalised health and care services which are coordinated around them, delivered closer to home, and which integrate physical and mental health and care services, helping them to live independently for as long as possible.*

1.3 During 2023/24, partners will continue to prioritise the integration of primary and community based care across the borough at a neighbourhood level and to identify and address inequalities in access, experience and outcomes.

1.4 The contribution of the BCF schemes to these priorities and overall aims has been significant in maintaining the activity and services which support prevention and early action. This includes augmenting our neighbourhood and multi-disciplinary working and delivering enhanced care and support. With the addition of Winter, Discharge and Disabled Facilities Grant funding, partners have worked together to develop plans which strengthen the provision to avoid admission to hospital, to facilitate timely discharge from hospital and to maintain people's independence at home.

1.5. A review of the schemes funded in 2022/23 has confirmed continued alignment of the schemes with the BCF conditions and the local health and care partnership's priorities. There has therefore been minimal change to the BCF schemes for 2023/24 and broadly retaining the levels of funding, with uplifts as appropriate, that were in place previously.

1.6 The BCF also continues to fund several enablers to system transformation including the borough's population health management system, which through the analysis of our integrated data provides better understanding of the health and care needs of our communities and creates new insights on our population needs. The integrated data enables more accurate modelling of services and pathways and allows us to drill down to target areas of inequality and high need.

2. Lewisham Context

Our Population

2.1 Lewisham currently has a population of 300,600. It is the 14th largest borough in London by population size and the 6th largest in Inner London. In the next five years our population is likely to rise to over 310,000 and to over 320,000 by 2032. 52.5% of the population are female; 23.5% are 0-19 years of age; 9.5% are aged 65 or over; and 67% are 20-64 years of age. The population of very young children aged 0 – 4 is larger in Lewisham than in England. We have a significantly younger population compared with national averages, with more people aged between 25 and 44. There is a smaller population of those aged 65+. However, it is thought our population growth won't be evenly spread across the ages and we will see an increase in the older population and a slight decrease in the younger population and working age population. Almost half (48.3%) of our population are from an ethnic minority community. Between 2011 and 2031 it has been projected that the size of the population of children and young people 0-19 in ethnic minorities will grow much faster than the rate of children from white ethnic groups

Health outcomes for our population

2.2 For female residents, Lewisham life expectancy (83.2 years) now exceeds the national average (83.1). However, for male residents, life expectancy is significantly lower (78.8) than the national average (79.4). The main cause of death in Lewisham is cancer (28%), followed by circulatory disease and respiratory problems. Lewisham has lower average mental health scores than London or England. Just over 8% of adults in Lewisham have a recorded diagnosis of depression. This is higher in than in London (7.1%). According to the 2020/2021 ONS Annual Population Survey, 29% of

Lewisham residents age 16+ reported high anxiety levels, compared to the London average of 24%, and 24% across England. We are seeing an increase in the complexity of need and those needing care and the number of people living with multiple health conditions is increasing.

Inequalities in our borough

2.3 Lewisham is the 63rd most deprived local authority in England and within the 20% most deprived local authorities in the country. Bellingham, Downham, Rushey Green and New Cross are the most deprived local wards in the borough. Lewisham's Black and Minority Ethnic communities are at greater risk from health conditions such as diabetes, hypertension and stroke. In addition, Black, Asian and Minority Ethnic populations have higher prevalence rates of some mental health conditions, including psychotic disorder and Post-Traumatic Stress Disorder (PTSD), and experience inequalities in access to services. In the borough, we also see late presentations of lung and colorectal cancers. Those in poorer health were disproportionately impacted by Covid. For some services, including the uptake of preventative healthcare such as health checks, immunisations and certain cancer screening, Lewisham is still to return to pre-pandemic levels. This is concerning in Lewisham, which even prior to COVID-19 was already seeing lower uptake and long-standing health inequalities such as notable differences in life expectancy depending on the area of the borough a resident lived.

2.4 In addition to existing data and evidence, it was recognised that Lewisham needed to better understand health inequalities, the reasons why they exist and to identify opportunities for action. Accordingly, the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) set out to urgently reveal and explore the background to health inequalities experienced by Lewisham's Black African and Black Caribbean communities. Our response to the recommendations arising from the BLACHIR report can be found at section 10 of this plan.

3. Governance

Lewisham Health and Wellbeing Board

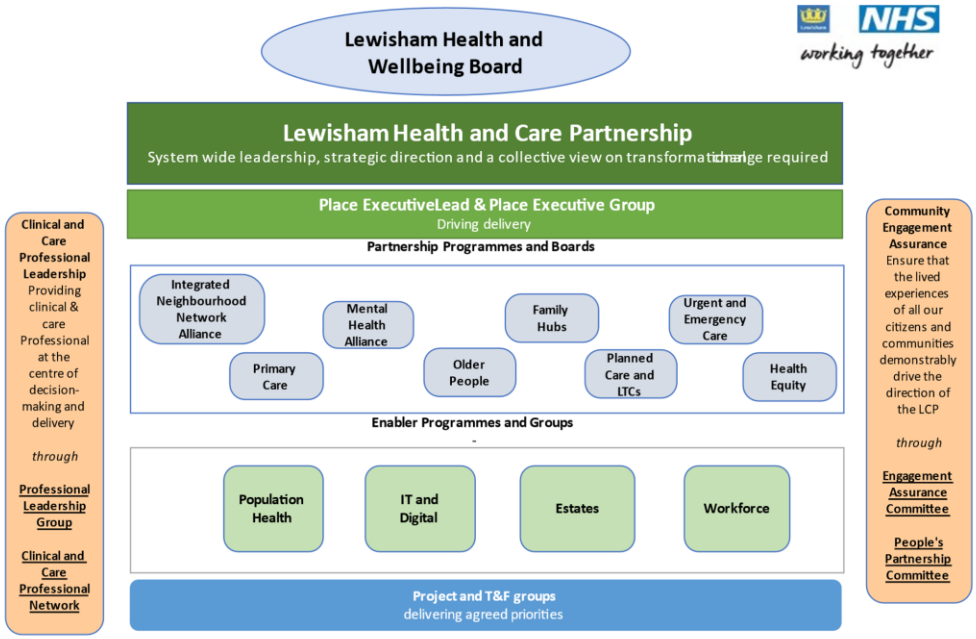
3.1 The Lewisham Health and Wellbeing Board is responsible for agreeing the Better Care Fund plan. The Plan will be presented to members of the Health and Wellbeing Board for formal approval on 18 July 2023.

The Local Health and Care Partnership (LHCP)

3.2 Lewisham has a strong history of partnership working. Lewisham's Health and Care Partnership brings together representatives from local organisations including the voluntary and community sector who are committed to working together to ensure that the people of Lewisham live happier and healthier lives. The partnership provides shared system wide leadership, sets the strategic direction for the transformation and integration of health and care, and provides a collective view on the priorities for a system wide focus. The Core members of the board are:

Local Care Partnership Place Executive Lead	Director of Public Health, LBL
Executive Director for Community Services (DASS), LBL	SLAM – Executive organisational representative
Executive Director for Children & Young People, LBL	LGT – Executive organisational representative
Healthwatch representative	Social care provider representative
Primary Care x 2 representatives (of which 1 is representative from PCNs)	VCSE representation x 2
Community/public representative	Clinical & Care Professional Lead
One Health Lewisham – Executive organisational representative	

3.3 The relationship between the Health and Wellbeing Board and the Lewisham Health and Care Partnership is shown in the governance structure below.



3.4 During 22/23, a review of Lewisham's programmes and partnership boards took place. Several new boards were established, and Terms of Reference updated where necessary. Reporting into the new statutory local care partnership –the Lewisham Health and Care Partnership - these programmes and boards co-ordinate the activity needed to meet BCF, local and national objectives and deliver the recommendations of the Fuller Stocktake.

3.5 Reporting into the LHCP, the Place Executive Group, which oversees delivery across the partnership, is further support by a new joint programme management approach. This offers a dynamic function which offers resource for project and programme management and delivery to all LHCP partners and provides LHCP with the assurance that high quality programmes are being delivered effectively and to

time/budget within Lewisham, relaying this assurance up the line to NHS England and others as required.

BCF S75 Agreement Management Group

3.6 In addition to the overarching governance arrangements shown above, the BCF arrangements are underpinned by pooled funding arrangements and governed by a section 75 agreement. Progress against planned BCF activity is assessed by the BCF S75 Agreement Management Group, comprising of senior representatives from SEL ICB (Lewisham) and the London Borough of Lewisham. The Board maintains an overview of BCF spend and monitors progress within scheme activity. The Group is responsible for establishing the overall controls which govern new investments and agrees variations to BCF/IBCF expenditure if necessary.

3.7 The BCF S75 Agreement Management Group receives finance reports showing expected spend against budget. Overspends require approval and are identified in advance via finance reports. Agreed financial risk management arrangements are set out in schedule 3 of the BCF S75 Agreement. The overarching principles governing these arrangements will remain in place for 2023/24 and 2024/25 and the S75 Agreement will be updated once the BCF Plan has been formally agreed. A contingency fund of c£400k has been earmarked within the expenditure plan which will be utilised if necessary to mitigate the financial risk associated with emergency activity above plan. Use of the contingency fund will be governed by the BCF S75 Agreement Management Group in accordance with schedule 3 of the BCF S75 Agreement.

3.8 The s75 Management Group ensures that the Better Care Fund and Improved Better Care Fund activity is aligned with other funded programme activity and that the contribution of the BCF/IBCF is maximised and achieves agreed objectives.

4. Lewisham's approach to integration

4.1 For many years, Lewisham's Health and Care Partners have provided shared system wide leadership and have set the strategic direction for integration and transformation to achieve the improvements required in health and care across Lewisham. The LHCP's Strategic Board receives regular reports on planned service improvement and integration activity to achieve better health and care outcomes and address health and care inequalities.

4.2 During our integration journey, our joint working has delivered agreed priorities for collaborative action underpinned by joint programme plans; established neighbourhood networks bringing together social care and community health teams on the same locality footprint to work alongside our primary care networks; and ensured strong health and care representation on our partnership alliances and programme boards.

4.3 In Spring 2023, partners approved Lewisham's Local Care Plan which sets out the direction of travel we will take together as a partnership and outlines the priority areas on which the partnership will focus over the next 1 – 5 years. The LHCP will use the priority areas to judge the success of its partnership working and to assess

how well it has achieved the improvement in health and care outcomes to which it has committed.

4.4 Our approach to integration sits alongside our approach to stakeholder engagement and Lewisham Health and Care Partners have engaged with stakeholders on service redesign, programmes and projects.

4.5 To further support delivery and to ensure our integrated services are co-designed, Lewisham has committed to a new model of engagement. The model will:

- Support local people to exercise power and contribute as equal partners.
- Build trust by acting on feedback and developing deeper relationships with local people.
- Reduce barriers to engagement (for example language barriers, resource barriers and cultural barriers).
- Work together to achieve more with what we have.

4.6 Our LHCP People's Partnership sits alongside and feeds into the broader structures of the Lewisham Health and Care Partnership (LHCP) bringing patient and citizen voices and lived experience into supporting our planning and delivery.

4.7 Though this engagement, stakeholders have reinforced our focus on the following:

1. The need to develop a truly integrated way of working across the local system and within neighbourhoods.
2. The need to take a broad lens to access and inequality to better understand what the drivers are and how to address them.

4.8 Partners recognise that the way in which they work together is critical to their success. LHCP members have therefore signed up to a set of guiding principles and shared behaviours. These principles guide the delivery of our plans and ensure that across the partnership, we are open and transparent, collaborative and constructive, and supportive to others in everything we do.

5. Joint/collaborative commissioning for adults

5.1 Lewisham has a long-established Adult Integrated Commissioning Team across the ICB (Lewisham) and local authority governed by section 75 agreements. The team is based within the local authority and covers the following areas:

- Adult Mental Health, Community Health Services and Autism
- Community Care and Support
- Complex Care, Continuing Health Care, Learning Disabilities
- Prevention, Inclusion and Public Health

5.2 As part of the Integrated Care System, the integrated commissioning team continues to work collaboratively with statutory, independent and voluntary and community sector providers. Working together they support the LHCP's aim to develop and deliver high quality, evidence based, outcome focused services which

meet the needs of our residents, and which deliver value for money for the whole health and care system. The team plays an important role in highlighting and challenging inequalities, giving particular focus on equalities assessments and analysis and operationalising the outcomes of the BLACHIR* report locally.

**For more information on BLACHIR see section 10.*

6. Funding Contributions

6.1 In 2023/24 the financial contribution to the BCF from SEL ICB (Lewisham) is £27,441,822 and in 24/25 will be £28,995,029. The financial contribution from the Council in 2023/24 and in 2024/25 is £773,989, in addition to the DFG contribution of £1,518,970 in both years. The IBCF grant to Lewisham Council has been pooled into the BCF and totals £14,941,703 in 2023/24 and in 2024/25.

6.2 The local authority discharge funding in 2023/24 is £2,094,804 and in the following year is indicatively £3,477,374. The ICB discharge funding allocated to Lewisham for 2023/24 is £1,590,552 and in 2024/25 will indicatively be £2,814,975 based on a weighted population split of current notified ICB core service allocations, which may change as part of 2024/25 planning. The total BCF pooled budget for 2023/24 is £48,361,839 and in 2024/25 will be £52,522,040 on this basis.

6.3 The financial contributions to the BCF have been agreed by the ICB and Council and agreed through the ICB's and Council's formal budget setting processes.

7. Implementing the BCF Policy Objectives

7.1 As in previous years, the BCF funding continues to support the achievement of the BCF Policy Objectives to:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

7.2 The table below shows the schemes that receive funding from the BCF/IBCF and the expenditure allocated to those schemes for 2023/24. In aligning the BCF/IBCF schemes to the BCF objectives for 2023/24, the schemes also significantly contribute to the delivery of LHCP's vision for community-based care as set out earlier in this document.

Schemes	Areas of Expenditure	2023/24
Integrated Care Planning	Telephone Triage, Single Point of Access, Transition planning, Trusted Assessors, additional Winter Capacity for care planning	£5,824,617
Community Based Schemes	C'ty secondary Mental Health, Community Rehab and enablement, Medicine Optimisation	£10,489,784

Assistive Technologies	Equipment and Telecare	£2,031,828
Bed based intermediate care services	Intermediate care with reablement	£110,000
Prevention and Early Intervention	Community Falls Service Sail Connections Self-Management support Social Prescribing	£1,271,901
DFG	Adaptations to the home	£1,518,970
Residential placements	Extra Care Provision Transition support Maintaining level of mental health provision Residential care	£4,183,474
Personalised Care at Home	Neighbourhood Community Teams Primary care in community settings	£5,335,285
Home based intermediate care services	Reablement at home	£300,000
High Impact Change Model for Managing Transfer of Care	Social Care Delivery Hospital Discharge Provision Continuing Health Care Assessments Development of alternative care Home First and D2A Trusted assessors Discharge Support	£4,810,778
Enablers for integration	Population Health System Connect Care Integration programme and Alliance resource Contingency	£2,042,757
Carers services	Advice, information, and support	£623,363
Housing Related	Learning disability supported accommodation	£164,000
Home Care or Domiciliary care	Demographic growth Protection of current level of packages of care Market stability	£7,202,777
Care Act Implementation	Deprivation of Liberty Safeguards support	£900,000
Workforce recruitment and retention	Hospital discharge provision Arranging care	£1,552,306
Total BCF/IBCF/Discharge Fund		£48,361,839

7.3 Following the formation of the statutory local care partnership, which brought together representatives from local organisations and groups, the focus on the BCF objectives has been further strengthened by a re-scoping of our partnership programmes and the establishment of an integrated programme management approach. This integrated programme management approach provides Lewisham Health and Care Partners with the assurance that our partnership objectives are being delivered effectively and to time and budget.

7.4 In identifying their priorities for 23/24 and future years, LHC partners have committed to strengthening the integration of primary and community-based care and to working together in collaboration and with the communities they serve. Through our partnership work we want teams to work as close to the individual as possible and for services to be built around those individuals through integrated multi-disciplinary approaches with organisational barriers no longer getting in the way.

7.5 Sitting alongside our existing boards, including the Mental Health Alliance and the Urgent and Emergency Care Board, three new partnership boards have been established which oversee the work to deliver the partnership priorities and the BCF objectives. Through our **Integrated Neighbourhood Network Alliance (INNA) programme** we are building on existing work across the partnership to improve the delivery and integration of community-based care at a neighbourhood level and strengthening the model, infrastructure and approach required to deliver integrated neighbourhood working. The INNA programme brings together local partners from health and care as well as the voluntary and community sector. This work closely interfaces with two other key areas of work: **the Older People's Programme** which is developing the model of care for older people with an emphasis on proactive care; and the **Long Term Condition Management Group** to improve the management of care for people living with a long term condition and increase the ability of patients to self-manage and their access to the most appropriate services in a timely and safe manner.

7.6 The INNA programme ensures that staff in our neighbourhood services, funded by the BCF, work effectively together to deliver the following outcomes:

- Integrated and coordinated neighbourhood teams
- Personalised health and care services coordinated around population needs
- Improved local awareness of services available
- Established social prescribing networks that support the needs of the population
- Improved and timely referrals between services
- Effective multidisciplinary working/teams in place following best practice

7.7 Similarly, those involved in the Older People's Programme are establishing a model of care for older people which specifically addresses: Proactive Care, Admission Avoidance, Integrated Discharge and Intermediate Care for this cohort. The outcomes will contribute to:

- A reduction in unplanned admissions and attendances for Older People; and
- An increased proportion of Older Adults remaining at Home, resulting in a reduction in people moving into care homes

7.8 The BCF resourcing of community-based care services, in particular those services which interface with the hospital, including preventative services, urgent care and discharge services, will continue to be closely monitored to assess capacity, demand and effectiveness. The BCF funding which is available to respond to Winter pressures is overseen by a joint Urgent and Emergency Programme Board with representatives from acute, community and social care. Similarly, a partnership approach has been adopted to develop and agree the discharge funding plan.

7.9 The BCF continues to fund Lewisham's voluntary and community sector which supports residents to improve their health, wellbeing and social welfare by connecting them to community services run by local organisations. Through their work, the voluntary and community sector organisations address wider factors contributing to a person's health and wellbeing including social, mental, physical, financial, and environmental factors and aim to help people to live as well as possible. Social Prescribing is now well embedded in Primary Care and is provides proactive preventative support to maintain health and wellbeing. In addition to the work that the VCS undertakes in support of admission avoidance, we continue to fund the voluntary and community sector to support timely discharge from hospital. This includes continuation of funding to Age UK's Take Home and Settle service to reduce the likelihood of any deterioration once patients get home.

7.10 To further promote independence, in 2023/24, funding from the BCF will continue to support Lewisham's Assistive Technology provision (LinkLine) to help people to stay safely in their own homes. We are seeing an increase in referrals for this provision as we continue to build the use of assistive technology into preventative approaches including the planning for both admission avoidance and hospital discharge.

Population Health Management

7.11 Our focus on delivering the right care in the right place, and on keeping people safe and independent at home, is underpinned by good data analysis provided by Lewisham's integrated Population Health and Care Management system. This system, part funded by the BCF, brings together data feeds from partners across Lewisham including:

- Acute Trust data
- Community data
- Mental health data
- Primary care data

7.12 Using this integrated data, we can support individuals by identifying those who we believe are at risk of a particular illness or condition, or who appear to have a disease or condition but have not yet been diagnosed. This was evidenced to good effect in the Lewisham Frailty pilot which tested a model of proactive care for people aged over 65 with a moderate or severe frailty to provide better support for them to live well at home and to better identify and meet their health and care needs. These patients received a home visit with a comprehensive geriatric assessment and had their needs reviewed at a multi-disciplinary team meeting.

7.13 Our integrated data system is also used to support the planning of services by analysing the population more widely. Recently this has looked at the 'Vital 5' health characteristics which have the most direct impact on people's lives and wellbeing. By analysing how these affect the population in Lewisham, we can make evidence-based decisions and plan which services we and our partners across the borough should focus on for our population, now and in the future.

Lewisham's Home First approach

7.14 In Lewisham, system partners have been running a Home First improvement programme since May 2022. This approach has been co-designed by frontline staff, with patient input and includes representatives from primary care, acute, community health and adult social care. At present the programme is focusing on acute hospital discharges so has not yet included mental health practitioners although we are currently seeking a dementia specialist to advise acute discharge teams.

The programme focuses on three key areas:

(i) A one team approach: working seamlessly across organisational boundaries with residents in the centre

(ii) Embedding a Home First Ethos: we believe home is the best place for people to be enabled and to receive ongoing care

(iii) Early identification: working together to proactively identify people who will require ongoing care once discharged.

7.15 With support of the funding from the BCF/IBCF, to date the programme has reduced discharges to care homes by 30% over the last year, improved resident outcomes from our ICB by 30%, significantly improved staff satisfaction, and reduced 21+ length of stay by 10%. It is now in year two of delivery with improvement activity focused on therapies and care homes. As the number of discharges to care homes is relatively small, this significant improvement is not visible in the Discharge to Usual Place of Residence metrics.

Use of Additional Discharge Funding

7.16 The additional Discharge Funding is being used to improve the ability of adult social care and community health services to respond effectively to meet hospital discharge demand. Investment in 2023/24 will fund Trusted Assessors, Brokerage and Social work posts adding much needed capacity to teams and providing longer-term security and stability. This additional capacity also ensures that teams retain knowledge and system understanding and can plan activity in a systematic way.

7.17 These posts all support delivery of the High Impact Change Model including Trusted Assessment, Discharge 2 Assess capacity and MDT working. Further investment is directed at packages of care, residential placements and pathway 2 discharges to secure availability of step-down beds and meet the increasingly complex requirements of some people when they are discharged; including a growing number of double-handed discharges and people requiring 1:1 care. This work ensures that home is the primary discharge location. Finally, investment is being put into securing additional therapies resource to support the double-handed discharges into a person's own home and to ensure that everyone who has the ability to benefit from reablement is given the chance to do so. These investments are part of the Home First approach in Lewisham and will help to meet the ministerial priority of continuing to reduce delayed discharges for Lewisham and bring about sustained improvements in outcomes for people discharged.

Rationale for Capacity and Demand Plan

7.18 The Capacity and Demand plan uses 22/23 SitRep discharge data from SEL acute providers to provide a projection of anticipated demand for 23/24 for pathways 1,2 & 3 for hospital discharge. Pathway 0 discharge support from the voluntary sector is the Take Home and Settle service which directly supports discharges. While last year we reported on a wider range of vol sector services, many of these contributed to a wider range of outcomes in addition to hospital discharge so this year following consultation we have agreed to take these numbers out.

7.19 The discharge numbers for Lewisham patients are split across the Trusts based on the SitRep data.

7.20 SitRep returns do not currently include MH data and we are therefore seeking to develop our understanding of MH demand and capacity separately in discussion with SLaM.

7.21 The community demand projection is based on service-level data using actuals from the first three months of this year. Referrals into enablement from the community have more than doubled since last year but the number of referrals remains relatively low and therefore manageable within current capacity.

7.22 During the winter of 22/23, care home capacity was under severe strain which significantly affected timely discharges to care homes., We developed a number of approaches to mitigate against this including: (i) Winter Pressures funding to provide additional staff in the brokerage team – agreement has been given to fund these posts recurrently through the Discharge Fund which will provide longer term security; (ii) The Home First programme, alongside other improvement work has been focusing on ensuring as many people as possible can go home with appropriate support. Interventions including MDT reviews of patients prior to discharge, weekly ward rounds to proactively identify complex cases, the piloting of an MDT therapy-led team to re-able people with more complex needs requiring double-handed packages of care, have resulted in a reduction in new care home placements from hospital by 30%. The therapy-led MDT team is now being funded from the new Discharge Fund element of the BCF.

7.23 Care Home placements are now being made more quickly, thus reducing the number of delayed discharges, although this could also be as a result of reduced demand from those people privately seeking placements.

7.24 Intermediate bedded care has also seen a major change in terms of demand since last year. This outstripped capacity on average by 10% last year, creating waits in hospital. Part of the Home First programme has been to improve LOS and patient outcomes at the intermediate bedded unit, Brymore, and LOS has now reduced from an average of 82 days to 30. This faster flow through the Intermediate Care Bedded Unit has led to regular vacancies in the Unit as well as improved functional outcomes for the patients, and capacity now adequately meets demand for this service.

7.25 Referral patterns increased marginally in winter months but across the year are relatively stable.

8. Supporting Unpaid Carers

8.1 Data from the Office for National Statistics shows 19,957 people in Lewisham were looking after someone without being paid when the census was carried out in March 2021. Of these, 9,890 people were providing more than 20 hours of unpaid care a week in 2021, including 5,133 people doing so for more than 50 hours a week.

8.2 With the BCF funding, Lewisham has recently procured a Maximising Wellbeing of Unpaid Carer service. This service, which has been developed and procured in collaboration with unpaid carers, will maximise the wellbeing of unpaid carers by identifying, valuing and supporting them. The service will support them in their caring role by enabling them to:

- Have access to information, advice and guidance
- Have access to joined up services
- Have a life of their own
- Have support to stay mentally and physically well
- Promote their financial wellbeing.
- Have a voice about services for their cared-for person and for themselves

8.3 The new service has seven core elements and will go live in July 2023. These elements include:

- Lewisham Unpaid Carer Hub and Spoke model
- Unpaid Carer Primary Care Coordinator
- Young Carer Schools Facilitator
- Championing Unpaid Carers Lead
- Wellbeing Carer Coordinators
- Unpaid Carer Activities Coordinator
- Access to Specialist Wellbeing coaches

9. Disabled Facilities Grant (DFG) and wider services

9.1 The suitability and quality of a home can have a substantial impact on people's lives. The Council, as a member of the LHCP, recognises that there are many households who are unable to maintain their homes because of age, disability or lack of resources.
The link between poor health and poor housing conditions is well known and addressing housing conditions can help people improve their health and wellbeing.

9.2 In funding adaptations to homes and assisting residents with their access and mobility in their homes, the DFG plays an important part in helping people to live independently for as long as possible. Lewisham Council's contribution to the BCF includes the DFG allocation of £1,518,970 in both 2023/24 and 2024/25.

9.3 Lewisham is undertaking an end-to-end process review to bring our HIA processes in line with the updated DFG delivery guidance. Lewisham's revised

Housing Improvement Policy was also approved by the Council's Housing Select Committee in June 2023. Last financial year (22/23) the Council was underspent on its DFG allocation by just under £200k, due to a combination of staffing and supply-chain issues.

9.4 To improve out outturn in 2023/24, Lewisham has revised its policy to increase our means-testing threshold, maximise eligibility and introduced a new hospital prevention and discharge grant. The aforementioned process review is expected to drive significantly improved outcomes in terms of spend. This will be completed by the middle of this financial year (2023/24).

9.5 Lewisham is also building on its existing Health and Housing Coordinator programme, having recently recruited a new sickle cell and long-term conditions lead, which will help to eliminate health and social inequalities and bridge the gap between health and housing. Through our internal and external partnership working we aim to maximise the supply of adaptable properties through the empty homes route, the landlord DFG route, as well as scoping a project to fund adaptations through the DFG to a bank of properties for PRS discharge.

9.6 This work is expected to drive efficiencies, increase referrals and numbers of completed adaptations. However the impacts of inflation, supply chain issues and staffing challenges will continue to be a challenge. Therefore, while Lewisham expects to spend its full allocation this year and the equivalent amount in 24/25 the expected outputs in terms of numbers of adaptations have been adjusted accordingly.

9.7 As a result, Lewisham is confident in being able to spend its full allocation in 2023/24 and in subsequent financial years delivering 65 adaptations per year.

10. Equality and health inequalities

10.1 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.

10.2 Seven key themes have been outlined alongside 39 opportunities for action. The seven key themes are:

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

10.3 The 39 opportunities for action are 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. All 39 of these opportunities for

action have been mapped to current or planned activity across the Lewisham Health and Care Partnership providing ownership and a clear plan as to how they will be implemented to reduce health inequalities in Lewisham.

10.4 A detailed implementation process has been co-developed and formally initiated at a wider stakeholder engagement event as part of the BLACHIR report launch in June 2022. The Lewisham Health Inequalities and Health Equity Programme 2022 – 24, approved by the Lewisham Health and Wellbeing Board in March 2022, is the vehicle for delivery of the opportunities for action identified in the BLACHIR report.

10.5 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.

10.6 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 BLACHIR

10.7 The Programme has eight concurrent and intersecting workstreams:

1) Equitable preventative, community and acute physical and mental health services
   Aim: To design, test and scale up new models of service provision that achieve equitable access, experience and outcomes for all
2) Health Equity Teams
   Aim: To create place-based teams to provide leadership for system change and community-led action
3) Community Development
   Aim: To develop infrastructure to empower communities and delivery community-led service design and delivery
4) Community of Practice
   Aim: To share synergies across Health Equity Teams, workforces and communities
5) Workforce Toolbox
   Aim: To increase awareness and capacity for health equity within practice
6) Maximising Data
   Aim: To maximise the use of data, including Population Health platform, to understand and take action on health inequalities
7) Evaluation
   Aim: To evaluate within and across programme to identify what does and doesn't work towards achieving vision
8) Programme Enablement and Oversight
   Aim: To support, coordinate and oversee the Programme across Lewisham.

10.8 Within these workstreams, in particular workstreams one, two and three, are multiple, targeted projects aimed at addressing a number of specific health inequalities that the local population face. Over the last year the Programme, and the projects

within it, have been established, co-designed, initiated and progressed into their current delivery phase. As such, the outcomes achieved will be monitored and reported on over the next year with a full academic evaluation to be completed in the first half of 2024.

10.9 The Programme adopts a keen focus on data as seen in workstream six which underpins the entirety of the Programme. As part of our internal monitoring, we require project leads to report how they are effectively adopting population health management approaches and tools such as the Core20PLUS5. All projects within the Programme engage in these approaches and tools and use them to inform their project design and delivery to reduce health inequalities in Lewisham.

10.10 Where appropriate, the services and activity funded by the BCF/IBCF will implement this approach and be reviewed to monitor impact, particularly on how activity is addressing health inequalities.

11. Conclusion

11.1 The schemes funded through the Better Care Fund and Improved Better Care Fund in 2023/24 and planned spend for 2024/25 have not changed significantly from those which received funding in 2022/23. However, all schemes, including those now funded via the Additional Discharge Funding, continue to support and deliver against the BCF objectives, the priority areas identified by Lewisham Health and Care Partners, and contribute to the achievement of better health and care outcomes overall.

Health and Wellbeing Board

Developing the new Lewisham Health and Wellbeing Strategy – update

Date: 18th July 2023

Key decision: No.

Class: Part 1

Ward(s) affected: All

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

Outline and recommendations

This paper provides an update on the process that will be followed to develop Lewisham's new Joint Health and Wellbeing Strategy. The existing Health and Wellbeing strategy expires this year.

Timeline of engagement and decision-making

The development of the new Lewisham Health and Wellbeing strategy was covered during a previous Lewisham Health and Wellbeing Board item in March 2023. At the March 2023 meeting of the Health and Wellbeing Board it was agreed that a new strategy would be developed and a working group representing members of the Board would be formed to oversee development of the new strategy.

1. Summary

1.1. This report gives the Health and Wellbeing Board with an update on the development of a new Health and Wellbeing Strategy (HWS).

2. Recommendations

2.1. It is recommended that the Health and Wellbeing Board note the contents of this report.

3. Policy Context

3.1. The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs) as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

3.2. The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs).

3.3. HWBs remain a formal statutory committee of the local authority, and will continue to provide a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities.

3.4. HWBs continue to be responsible for:

- assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA).
- publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA.
- The JLHWS, which should directly inform the development of joint commissioning arrangements in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.

4. Background

4.1. 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.

4.2. 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

4.3. 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

4.4. At the March 2023 meeting of the Health and Wellbeing Board it was agreed that a new strategy would be developed with an outline of development being presented to the July 2023 meeting of the Board. It was also agreed that a working group representating members of the Board would be formed to oversee development of the strategy.

5. Developing the new Lewisham Health and Wellbeing Strategy

5.1. Lewisham Health and Wellbeing Board Strategy Working Group

5.2. A task and finish strategy working group has been set up to oversee the development of the new Health and Wellbeing strategy. The working group has representation from the following Health and Wellbeing Board members:

- Lewisham Council – Public Health
- Lewisham Council – Children and Young People Directorate
- Lewisham and Greenwich Trust
- South East London Integrated Care System – Lewisham Place
- Lewisham Healthwatch
- Lewisham Council – Adult Social Care

This group started meeting in June 2023 and will continue to meet on a monthly basis until completion of the strategy.

5.3. Focus of new strategy – interface between health services and wider determinants of health

5.4. In line with the findings from the impacts of COVID-19 JSNA topic assessement and previous considerations of the Board, there will be an ambition to develop a new strategy that takes a holistic approach to address both needs around health and care services and the wider determinants of health.

5.5. The strategy working group will aim to work with a wide range of stakeholders to develop priority areas and actions for the Health and Wellbeing strategy that focus on the interface between wider determinants of health and health services, where local action and influence lead by the Health and Wellbeing Board can have maximal impact.

5.6. A number of strategy development workshops will be held in September 2023 to bring together stakeholders to develop priority areas for action in line with the recommendations from the following reviews:

5.7. Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England (December 2020)

5.8. Health Equity in England: The Marmot Review 10 Years On (February 2020)

5.9. Alongside the strategy development workshops, a mapping exercise will be undertaken to understand the range and breadth of Lewisham strategies that address wider determinants such as housing, employment and education to ensure that the new strategy will add value and complement existing strategies and initiatives.

5.10. The draft priority areas for action and proposed actions will be presented at the October 2023 meeting of the Health and Wellbeing Board.

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 Joint 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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