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# HEALTH AND WELLBEING BOARD

**Date: TUESDAY, 17 OCTOBER 2023 at 3.00 pm**

**Civic Suite  
Lewisham Town Hall  
London SE6 4RU**

**Enquiries to: [committee@lewisham.gov.uk](mailto:committee@lewisham.gov.uk)**

**MEMBERS**

Mayor Damien Egan	London Borough of Lewisham
Councillor Paul Bell	
Tom Brown	London Borough of Lewisham
Ross Diamond	Age UK Lewisham and Southwark
Pinaki Ghoshal	London Borough of Lewisham
Michael Kerin	Healthwatch Lewisham
Dr Catherine Mbema	Public Health, London Borough of Lewisham
Dr Simon Parton	Lewisham Local Medical Committee

**Members are summoned to attend this meeting**

A handwritten signature in black ink, appearing to read "Jeremy Chambers".

**Jeremy Chambers  
Monitoring Officer  
Laurence House  
London SE6 4RU  
Date: Monday, 9 October 2023**

## ORDER OF BUSINESS – PART 1 AGENDA

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**Lewisham**

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



## Health and Wellbeing Board

### Election of Vice Chair

**Date:** 17 October 2023

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Head of Governance and Committee Services

### Outline and recommendations

**Members are asked to consider electing a Vice Chair of the Health and Wellbeing Board for the remainder of the 2023/24 municipal year.**

#### Recommendation

That a Vice Chair of the Health and Wellbeing Board be elected for the remainder of the 2023/24 municipal year.

# Agenda Item 2



## Health and Wellbeing Board

### Minutes

**Date:** 17 October 2023

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Head of Governance and Committee Services

### Outline and recommendations

**Members are asked to consider the Minutes of the meeting of the Health and Wellbeing Board, held on 18 July 2023**

#### Recommendation

That the Minutes of the meeting of the Health and Wellbeing Board held on 18 July 2023 be confirmed and signed.

# Public Document Pack

## MINUTES OF THE LEWISHAM HEALTH AND WELLBEING BOARD

Tuesday 18 July 2023 at 3.00pm

### ATTENDANCE

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

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

#### 1. Minutes of the last meeting

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

#### 2. Declarations of interest

There were no declarations of interest.

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

3.1. Dr Mbema introduced the report. She said that members were recommended to note the report and the progress that had been made since the last meeting and consider a specific proposal around the Workforce Toolbox. Members were recommended to agree that training be provided by commissioning an external organisation that would support our community to develop a framework of training for all Lewisham health and care front line staff. Work would also be undertaken with individual organisations like Lewisham and Greenwich trust and Lewisham Council.

3.2 Councillor Campbell noted that a lot of work had started, but there was no impact of this work and she was concerned that the outcomes could be lost. She said that BLACHIR was the opportunity to improve health inequalities for Caribbean and African communities and these inequalities needed to be addressed and reduced to ensure better outcomes.

3.3. Councillor Campbell also said that she Chairs the LSP workshop on Race and Equality which was looking specifically at race inequalities and the needs of disabled people. The Head of People at Lewisham Hospital had advised that they had already produced work in this area, and it was agreed with the LSP that Lewisham would take on their cultural competency training offer.

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

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

Resolved that

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

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

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

ONS for this information.

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

RESOLVED that

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

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

## **5. Better Care Fund Plan for 2024/25**

- 5.1 Sarah Wainer introduced the report.
- 5.2 The Executive Director for Community Services wanted to flag with members that the additional discharge finding was only 60% of the funding that was received last year. Pressure in the hospital system and the complexity of people who needed support, continued to rise. He said that it was important that these residents continued to be supported and that a good quality of life retained to ensure that people were able to remain at home as long as possible.
- 5.3 Councillor Best asked about the spend for the Disabled Facilities Grant (DFG) and whether enough money had been spent. The Executive Director for Community Services said that the DFG was a certain amount that came with grant conditions. He said that after some years of not achieving full spend, there was now a waiting list and Occupational Therapy were having to manage the spend carefully. It was a challenge because the grant was for people living in the private sector housing.
- 5.4 Councillor Best was concerned that there would be greater pressure on funding next year and asked what could be done to ensure that people could return home quickly, in a safe environment with the required aids and adaptations. The Executive Director for Community Services said that he had discussed the pressure on this service with the former Executive Director for Corporate Resources. Although they agreed that the grant needed to be increased, sometimes it was in the best interests of this Council to use revenue for aids and adaptations if money was saved in the long run. Ms Wainer said that the Better Care Fund provides funding for equipment which included chair raisers for example.
- 5.5 The Chair said that it was disappointing that funding had been cut by 40% and discharge remained a significant issue for the NHS, hospitals and social care. The issue raised by Councillor Best on the DFG was important. Lewisham Homes would be coming in house on 1 October 2023 and he asked for future updates to be provided on the real time spend of the DFG and the implications for Lewisham Homes coming in house.

RESOLVED that

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

## **6. Lewisham Health & Wellbeing Strategy Update**

- 6.1 Dr Mbema presented the report.
- 6.2 The Executive Director for Children and Young People referred to the list of



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

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

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

## **7. Status of Dentistry Services in Lewisham**

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

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

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

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

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

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

### **Any Other Business**

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

The meeting ended at 4.15pm.

# Agenda Item 3



## Health and Wellbeing Board

### Declarations of Interest

**Date:** 17 October 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).

# Agenda Item 4



## Health and Wellbeing Board

### **Better Care Fund (BCF) Plan 2022-23 end of year report**

**Date:** 17 October 2023

**Key decision:** Yes

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Executive Director for Community Services, Director of Integrated Care and Commissioning for SELCCG (Lewisham), System Transformation and Change Lead

### **Outline and recommendations**

To approve the Better Care Fund Plan 2022-23 end of year report

### **Timeline of engagement and decision-making**

## **1. Summary**

- 1.1. Better Care Fund (BCF) planning guidance for 2022/23 was published on 19<sup>th</sup> July 2022. Plans were submitted to NHS England by 29<sup>th</sup> September 2022 and local area Health and Wellbeing Boards approved the plans submitted.



- 1.2. This report provides members of the Health and Wellbeing Board with the end of year report against delivery of the BCF plan 2022/23 (which includes the Improved Better Care Funding, Disabled Facilities Grant fund and Discharge Fund).
- 1.3. The BCF 2022/23 end of year report was submitted to BCF national team on 27<sup>th</sup> May 2023, and has been approved subject to Lewisham Health and Wellbeing Board approval which is being sought here.
- 1.4. This report recommends that the Board formally agree the end of year BCF report 2022/23.
- 1.5. The BCF plan for 2023/4 was approved by the Health and Wellbeing Board on 18<sup>th</sup> July 2023 and submitted to BCF National team 24<sup>th</sup> July 2023. The 2023/24 plan has been approved by the BCF national team who will issue the approval letter once this report relating to 2022/23 is approved by the Health and Wellbeing Board.

## 2. Recommendations

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

- Formally approve the Better Care Fund End of Year report 2022/23
- Delegate future approval of any BCF/IBCF quarterly returns to the S75 Agreement Management Group.
- Agree to receive the 2023/24 quarterly returns for information at the next available Health and Wellbeing Board following submission.

## 3. Policy 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 BCF is a joint health and social care integration fund managed by Lewisham Council and SEL ICB (Lewisham). The strategic framework is set out in the national BCF policy framework and planning guidance.
- 3.4. There are a number of upcoming reforms taking place to the health and social care system, including the Integration White Paper: [Health and social care integration: joining up care people, place and populations](#), the [Adult Social Care Reform White Paper, People at the Heart of Care](#); the Health and Care Act 2022 and reforms to the public health system which provide an important context for the BCF going forward.

## 4. BCF Plan 2022/23

- 4.1 On 19 July 2022, the Government published the Better Care Fund Policy Framework for 2022/23. The document set out the national conditions, metrics and funding arrangements for the BCF in 2022/23.
- 4.2 The Policy Framework stated that a full planning round would be undertaken in 2022/23 with areas required to formally agree BCF plans and fulfil national accountability requirements.

4.5 The BCF 2022/23 plan was developed by SEL ICB (Lewisham) and the Council. The BCF Plan 2022/23 covers one financial year and continues to fund activity in the following areas:

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

## 5. Funding Contributions

5.1. In 2022/23 the financial contribution to the BCF from SEL ICB (Lewisham) is £25,971,817. The financial contribution from the Council in 2022/23 is £773,989, in addition to the DFG contribution of £1,518,970. The IBCF grant to Lewisham Council has been pooled into the BCF and totals £14,941,703. A report against Discharge Funding of £2,414,989 received during the year is required to be included in this BCF end of year report. In 2023/24 and 24/25 the Discharge Fund will be included in the BCF. The financial contribution from the Council to the Discharge Fund is £1,139,902. The financial contribution from the ICB to the Discharge Fund is £1,275,087. The total BCF pooled budget for 2022/23 was £45,621,468.

5.2. 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.

5.3. As set out in the plan, the table below shows the areas of expenditure within the BCF and IBCF plan for 2022/23.

Summary	Areas of Expenditure	22/23
Assistive Technologies and Equipment	Equipment and telecare	£ 1,132,888.00
Additional or redeployed capacity from current care workers		£ 335,000.00
Bed based intermediate care		£ 121,000.00
Care Act Implementation Related Duties	Deprivation of Liberty Safeguards support	£ 900,000.00
Carers Services	Advice, information and support	£ 589,971.00
Community Based Schemes	Extended primary care and urgent care access, Medicine Optimisation and Enablement	£ 11,635,938.00
DFG Related Schemes		£ 1,518,970.00

Enablers for integration	Connect care, managing pressures, Provider Alliance support, Population Health System	£ 1,789,746.00
High Impact Change Model for Managing Transfer of Care	D2A staffing, Trusted Assessor, CHC, Hospital discharge team	£ 4,556,295.00
Home Care or Domiciliary Care		£ 6,572,279.00
Housing Related Schemes	Learning disability supported accommodation	£ 164,000.00
Integrated Care Planning and Navigation	Discharge team, HR resource	£ 5,454,303.00
Local recruitment initiatives	Neighbourhood teams	£ 421,000.00
Personalised Care at Home	Community Falls, Social Prescribing	£ 4,380,844.00
Prevention / Early Intervention	reablement	£ 1,209,875.00
Reablement in a Person's Own Home	Extra-care provision, Transition support, MH provision	£ 469,000.00
Residential Placements		£ 4,370,359.00
<b>TOTAL</b>		<b>£ 45,621,468.00</b>

## 6. National Conditions, Capacity and Demand Plans and HICM

6.1 The national conditions for year 2022/23 are:

- i) A requirement for a jointly agreed plan between local health and social care commissioners, signed off by the HWB.
- ii) NHS contribution to adult social care to be maintained in line with the uplift to the minimum contribution.
- iii) Requirement for investment in NHS commissioned out-of-hospital services.
- iv) Implementing the BCF policy objectives, which are to:
  - (1) Enable people to stay safe, well and independent at home for longer and
  - (2) Provide the right care in the right place at the right time.

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

6.3 For the first time in 2022/23, the BCF submission required development of a local Capacity and Demand plan for intermediate care, this plan has been updated for the 2023/24 BCF plan and was submitted to the HWB as part of the 2023/24 approval process. This plan provides detail on local expenditure on intermediate care, whether this is funded via the BCF or other finance sources.

- 6.4 Intermediate care is defined as “a multidisciplinary service that helps people to be as independent as possible” which. “provides support and rehabilitation to people at risk of hospital admission or who have been in hospital” (NICE, 2022)
- 6.5 **High Impact Change Model:** The BCF requires local areas to self-assess against the High Impact Change Model. This element of the BCF report does not form part of the assessment of a local area’s BCF plan by NHSE.

## 7. Metrics

- 7.1 This end of year report sets out the achievement for the year each of the national BCF metrics. These metrics are:
- i) Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).
  - ii) Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.
  - iii) Unplanned hospitalisation for chronic ambulatory care sensitive conditions.
  - iv) Improving the proportion of people discharged home, based on data on discharge to their usual place of residence.
- 7.2 In previous years, the BCF included a metric for hospital length of stay. This metric has been removed from the BCF for 2022/23.

## 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 2022/23 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 Funding 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 CCG 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 a report against delivery of the Better Care Fund 2022/23 plan and seeks formal approval from Members on the end of year 2022/23 report which has been submitted to NHS England. Members are asked to note the contents and agree the recommendations set out in the report.

## **15. Report authors and contact**

- 14.2 If you have problems opening or printing any embedded links in this document, please contact [clare.weaser@lewisham.gov.uk](mailto:clare.weaser@lewisham.gov.uk).
- 14.3 If there are any queries on this report, please contact [Amanda.lloyd@selondonics.nhs.uk](mailto:Amanda.lloyd@selondonics.nhs.uk).

# Agenda Item 5



## Health and Wellbeing Board

### **Lewisham Annual Public Health Report 2021-22: Culture and Health**

**Date:** 17<sup>th</sup> October 2023

**Key decision:** No

**Class:** 1

**Ward(s) affected:** Borough

**Contributors:** Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham, Helen Buttivant, Senior Consultant in Public Health, Jack Davies, Public Health Specialty Registrar

### **Outline and recommendations**

The purpose of this report is to provide an overview of the Lewisham Annual Public Health Report for the 2021-22 period. The topic of this report is Culture and Health.

### **Timeline of engagement and decision-making**

N/A

## **1. Recommendations**

1.1. The Health and Wellbeing Board are recommended to:

- Note the contents of the report.

## 2. Summary

- 2.1. This report introduces the 2021-22 Lewisham Annual Public Health Report by the Director of Public Health.
- 2.2. The report uses Lewisham's year as Borough of Culture to shine a light on the links between culture and health and explore the role that culture, in its broadest sense, plays in influencing health and wellbeing.

## 3. Recommendations

- 3.1. The board is recommended to note the contents of the report and consider how it can support the implantation of the recommendations.

## 4. Policy Context

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

## 5. Annual Public Health Report 2021-22: Culture and Health

- 5.1. The annual public health report 2021-22 provides:
  - A definition of culture.
  - An overview of the relationship between culture and health and wellbeing.
  - Case studies demonstrating the positive impact that cultural initiatives can have on the health and wellbeing of Lewisham residents.
  - Key questions for stakeholders to consider when seeking to use cultural activities to influence health and wellbeing.
  - A snapshot of indicators summarising the health of the population of Lewisham.
- 5.2. The definition of culture used in the report is the holistic UNESCO definition:  
'the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, that encompasses, not only art and literature, but lifestyles, ways of living together, value systems, traditions, and beliefs'
- 5.3. The report outlines case studies that examine the role of culture on health in wellbeing in terms of:
  - Prevention: Cultural activities that aim to have a positive impact on health and wellbeing and prevent the onset or progression of disease.
  - Management and treatment: Culturally specific initiatives that aim to take culture into account when designing health interventions.
  - Policy and strategy: How culture can be embedded into strategy and policy e.g. [We](#)

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5.4. The report poses three questions are recommendations to facilitate the translation of the learning from the case studies into practice:

- **How can culture amplify the conversation?**
- **How can I co-design with those this will impact?**
- **How can I ensure that the impact of culture is considered in my organisation?**

5.5. The report closes with a snapshot of the latest Lewisham Health and Wellbeing data.

5.6. The report will be available on [the Lewisham Council website](#) and [Lewisham Observatory](#) after the Board meeting.

## **6. Financial implications**

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

## **7. Legal implications**

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

## **8. Equalities implications**

8.1. The equalities implications for this report are outlined in the main body of text.

## **9. Climate change and environmental implications**

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

## **10. Crime and disorder implications**

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

## **11. Health and wellbeing implications**

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

## **12. Report author and contact**

12.1. Dr Catherine Mbema, Director of Public Health, [catherine.mbema@lewisham.gov.uk](mailto:catherine.mbema@lewisham.gov.uk)





## Health and Wellbeing Board

### **An update on vaccinations for children aged 12-15 years in Lewisham**

**Date:** 17<sup>th</sup> October 2023

**Key decision:** No

**Class:** 1

**Ward(s) affected:** Borough

**Contributors:** Kerry Lonergan, Consultant in Public Health, Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham, Tonya Choya, GP Trainee in Public Health

### **Outline and recommendations**

The purpose of this report is to update the Lewisham Health and Wellbeing Board about the coverage of vaccinations amongst children aged 12-15 years in Lewisham. This report will specifically cover the 3-in-1 Teenage Booster (Td/IPV), the MenACWY vaccine and the Human Papillomavirus (HPV) vaccine.

### **Timeline of engagement and decision-making**

N/A

## **1. Recommendations**

- 1.1. The purpose of this report is to update the Lewisham Health and Wellbeing Board about the coverage of relevant vaccinations amongst children in Lewisham between the ages of 12 and 15 years.

1.2. The Health and Wellbeing Board are recommended to:

- Note the contents of the report.

## 2. Summary

- 2.1. This report gives the Health and Wellbeing board an update on the coverage of vaccinations among Adolescents in Lewisham.
- 2.2. The report analyses the most recent data, identifies trends and compares vaccination coverage in Lewisham to that of London and England. The objective is to offer insights into Lewisham's performance in recent years in the context of adolescent vaccinations.
- 2.3. The analyses reveal that Lewisham's vaccination coverage for both the the 3-in-1 teenage booster (Td/IPV) and MenACWY vaccines generally falls below averages for London and England
- 2.4. However, Lewisham's coverage of the Human Papillomavirus (HPV) vaccine in this age group appears to be in alignment with, and in some cases, surpasses the average for both London and England.
- 2.5. In recent years, there appears to be a decline in vaccination coverage for all three vaccinations. This trend is consistent with the decrease in vaccination uptake observed throughout England and London as well. A plausible explanation for this decline could be the disruptions caused by the COVID-19 pandemic, as these vaccines are predominantly administered within schools.

## 3. Background

- 3.1. Routine vaccinations are offered to children from the age of 8 weeks as part of the National Immunisation Programme.
- 3.2. Adolescents, specifically those aged between 12- 15 years (academic years 8-10), are recommended to receive three vaccines during this period: the 3-in-1 teenage booster (Td/IPV), the MenACWY vaccine and the Human Papillomavirus (HPV) vaccine.
- The 3-in-1 teenage booster or school leaver booster is given as a single dose to boost protection against 3 separate diseases: tetanus, diphtheria and polio. It is typically given to Year 9 students alongside the MenACWY vaccine.
  - The MenACWY vaccine is a single dose vaccine which is given to provide protection against 4 strains of the meningococcal bacteria- A, C, W and Y which can cause meningitis and septicaemia.
  - The HPV vaccine provides protection against the Human Papillomavirus. It targets two high-risk HPV types associated with cancer and two types that most commonly cause genital warts.
  - The HPV Vaccine has been part of the routine vaccination programme for girls in year 8 since 2008 and for boys since 2019.
  - The dosing regimen for the HPV vaccine has transitioned to a single dose since September 2023. Consequently, this report will focus on the data and trends related to the uptake of at least one dose of the vaccine.
- 3.3. These vaccines are typically administered in secondary schools but can also be obtained through GP services. Given that vaccinations predominantly occur in schools, the denominator population includes all students attending Lewisham schools, which may include non-residents of Lewisham.

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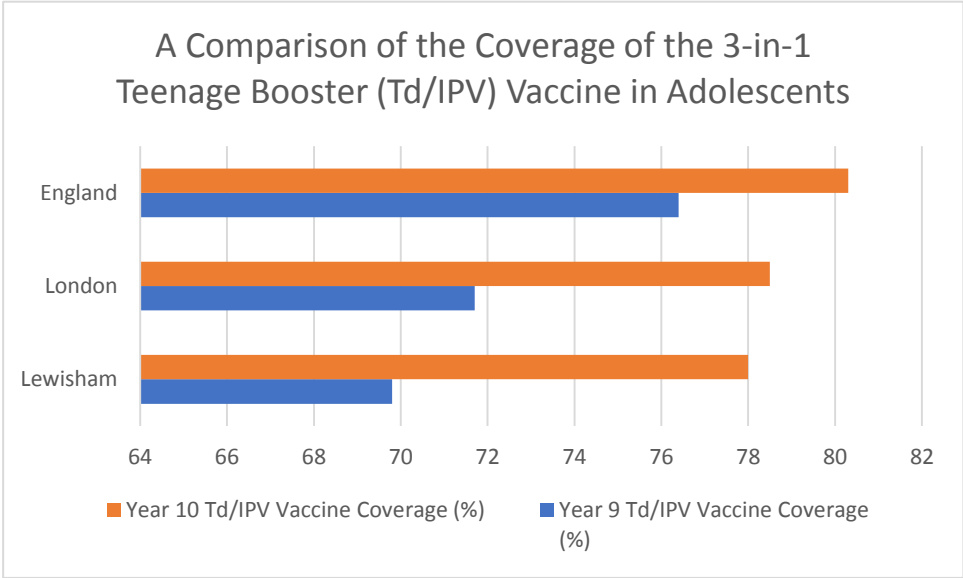
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## 4. Findings from the analysis of vaccine coverage in older children

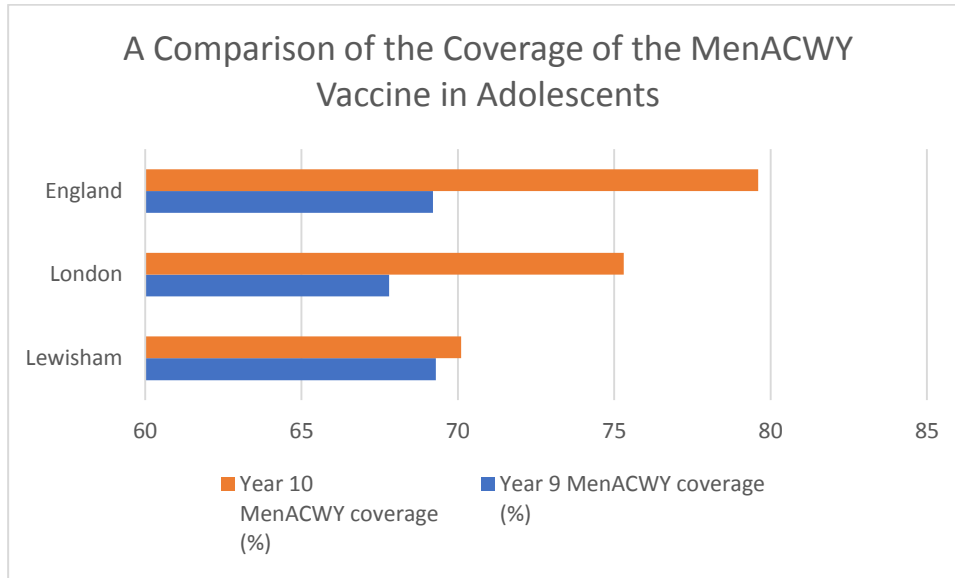
- 4.1. An examination of the most recent data available, spanning September 2021 to 31<sup>st</sup> August 2022, pertaining to the vaccination coverage of HPV, MenACWY and Td/IPV vaccines among adolescents, was conducted. This data was compared between Lewisham, London and England. Furthermore, historical data from previous years was incorporated to facilitate a comprehensive analysis and to discern prevailing trends. The subsequent findings are outlined below:
- 4.2. The Td/IPV vaccine is routinely administered to both girls and boys in Year 8 and is frequently administered concurrently with the MenACWY vaccine. In the academic year 2021 to 2022, the routine offering of the Td/IV vaccine to Year 9 students was introduced, accompanied by a catch- up vaccination campaign for the year 1 cohort. In this report, figures from both Year 9 and Year 10 will be analysed to give a more accurate representation of vaccine coverage.
- 4.3. The data highlights that Lewisham’s 3-in-1 teenage booster (Td/IPV) vaccine coverage during the period from September 2021 to August 2022 slightly trails behind the averages of both London and England, particularly within the 13-14(Year 9) age group. This difference is more pronounced among Year 9 students, with Lewisham’s coverage exhibiting an improvement in Year 10, aligning more closely with London’s figures. (See figure 1)
- 4.4. Figure 1: A comparative analysis of the 3-in-1 teenage booster (Td/IPV) vaccine coverage for both boys and girls aged 13-15(encompassing school years 9 and 10) in Lewisham, London, and England for the period spanning September 2021 to 31<sup>st</sup> August 2022



- 4.5. It is worth emphasising that data regarding the coverage of the Td/IPV in previous years was not readily accessible prior to the compilation of the report. An exploration of the trends spanning multiple years would offer a more comprehensive understanding of Lewisham’s performance in this domain.
- 4.6. In the context of the MenACWY vaccine, an examination of the 13-14 age group (Year 9) within Lewisham reveals a vaccination coverage of 69,3%, This figure slightly surpasses London’s average of 67.8% and closely aligns with England’s average of 69,2%. However, in the 14-15 age group (Year 10), Lewisham’s coverage lags behind both London (75.3%) and England (79.6%), with a vaccination rate of 70.1%. Overall,

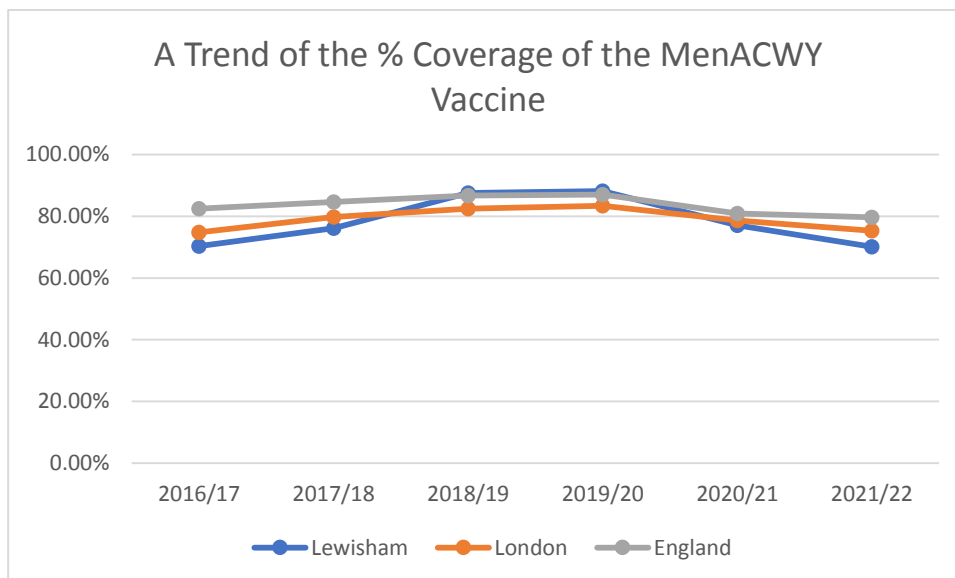
Lewisham’s MenACWY vaccine coverage appears to be lower when compared to both London and England.

- 4.7. Figure 2: A comparative assessment of the coverage of the MenACWY vaccine among 13-15- year-olds (encompassing school year 9 and 10) in Lewisham, London and England, during the period of September 2021 to 31<sup>st</sup> August 2022.



- 4.8. When assessing these figures from September 2016 to August 2022, a downward trend is discernible. Notably, Lewisham has observed a significant 7% decline in vaccination uptake between 2020 and 2021 (70.1% from 77.1%), whereas England and London experienced a more modest 1.3% and 3.3% decrease respectively (See Figure 3)

- 4.9. Figure 3: An illustrative comparison of vaccination coverage trends for the MenACWY vaccine among boys and girls by the end of the Year 10 academic year in Lewisham, London and England between September 2016 and August 2022.



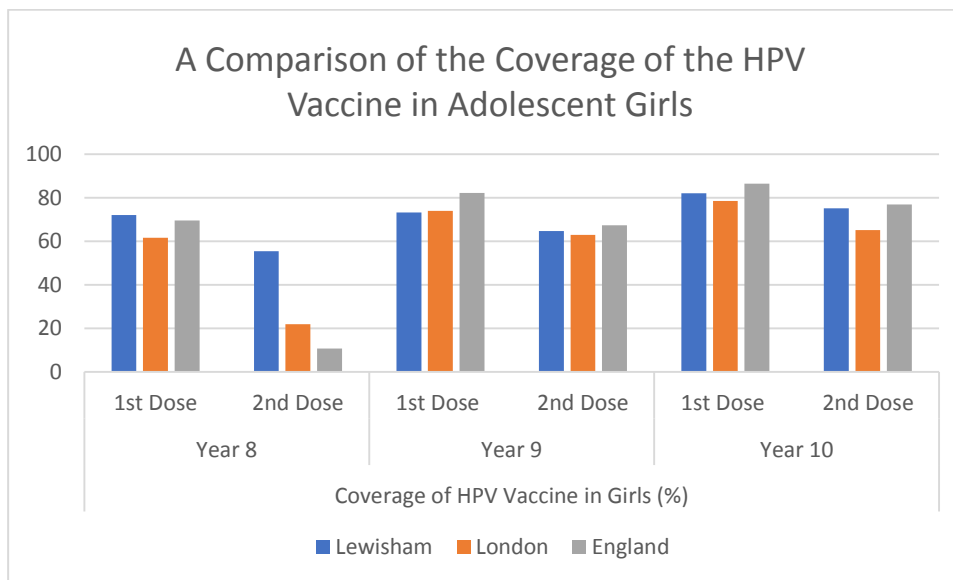
- 4.10. In the context of the HPV vaccine coverage, Lewisham exhibits a commendable performance compared to London and England when considering the most recent data

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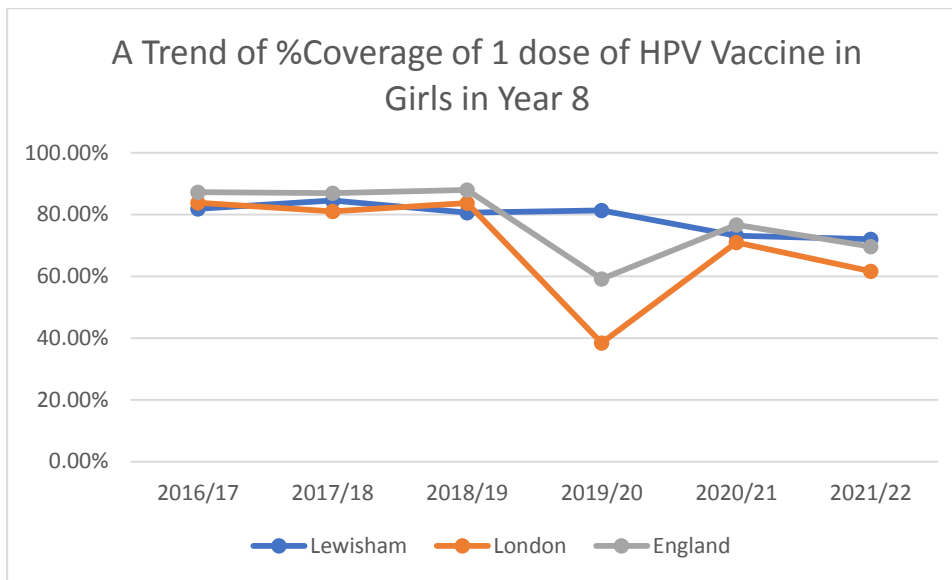
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(September 2021 to August 2022). Among girls aged 12-13 (Year 8), Lewisham leads with rates for both one dose (72%) and two doses (55.5%), surpassing London (61.6%, 21.9%) and England (69.6%, 10.7%). In the 13-14 age group (Year 9), Lewisham maintains competitive rates with 73.2% for one dose and 64.7% for two doses, outpacing London and closely aligning with England's figures. In the age group 14-15 (Year 10), Lewisham remains strong with rates of 82.1% for one dose and 75.1% for two doses, surpassing London and closely mirroring England's figures (See Figure 4)

- 4.11. Figure 4: An illustrative comparison of the HPV vaccine coverage in girls aged 12-15 (school years 8-10) in Lewisham, London, and England from September 2021 to August 31<sup>st</sup> 2022.



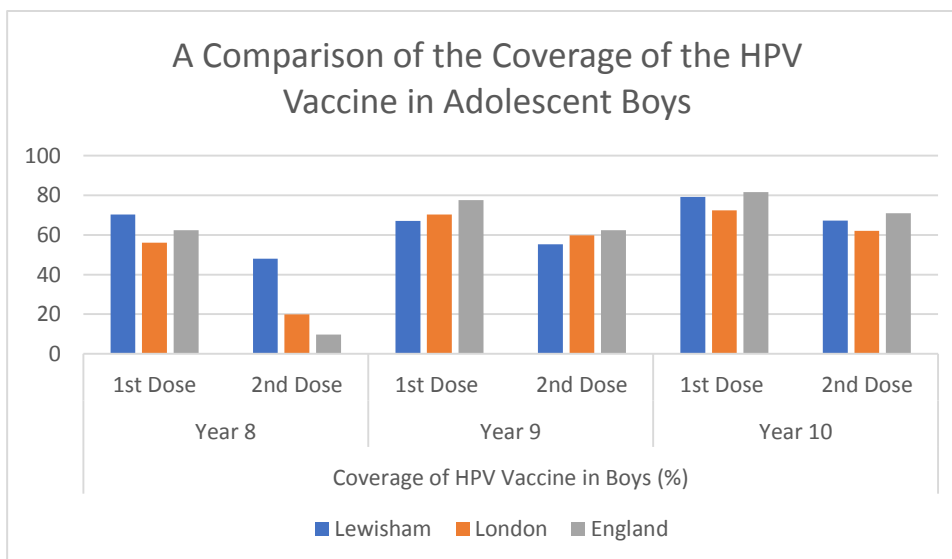
- 4.12. With recent guidance changes in mind, a review of the one-dose HPV coverage among Year 8 girls between September 2016 to August 2022 has been conducted and compared to rates in London and England. As anticipated, there was a decline in vaccine coverage during the COVID-19 pandemic. Lewisham, along with England and London, experienced an overall decrease in rates, but its coverage appears slightly higher. (See Figure 5).
- 4.13. Figure 5: An illustrative comparison of the trends in the coverage of one dose of HPV vaccine among Year 8 girls in Lewisham, London and England.



4.14. The HPV vaccine was introduced as a routine vaccine for boys in 2019.

4.15. In the context of the HPV vaccine coverage for boys, during the period between September 2021 and August 2022, Lewisham demonstrates an impressive performance in comparison to London and England. Among boys ages 12-13 (Year 8), Lewisham’s vaccination coverage surpasses both regions, with 70.3% for one dose and 48% for two doses, while London and England lag behind in both categories. In the 13-14 age group (Year 9), Lewisham maintains a competitive coverage with 67% for one dose and 55.2% for 2 doses. London and England exhibit similar rates. In the 14-15 age group (Year 10), Lewisham’s rates of 79.2% for one dose and 67.2% for two doses continue to showcase strength. (See Figure 6)

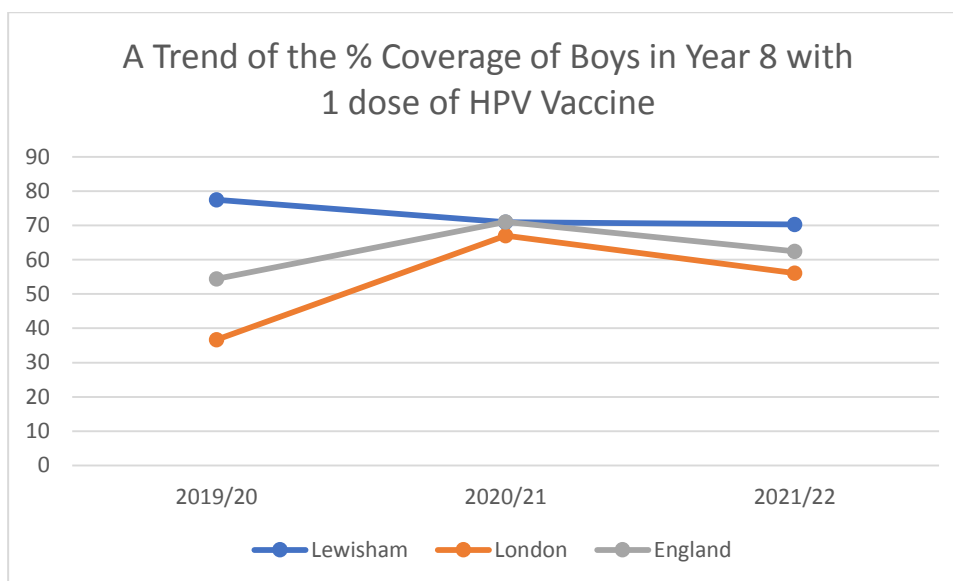
4.16. Figure 6: An illustrative comparison of the coverage of HPV vaccines in boys aged the 12-15 ( School Years 8-10) in Lewisham, London and England between September 2021 and August 31<sup>st</sup> 2022.



4.17. With recent guidance changes in mind, an evaluation of the coverage rates among Year 8 boys who received one dose of the HPV vaccine was done. This period encompasses the time when the vaccine was first introduced for boys to the most recent data available

(September 2019 to August 2022). Lewisham demonstrates consistently higher rates of coverage when compared to London and England's averages.

- 4.18. Figure 7: An illustrative comparison of the trends in vaccine coverage in Lewisham, London and England among Year 8 Boys with one dose of the HPV vaccine.



- 4.19. It is worth acknowledging that within the data available on vaccination rates, gender specific breakdowns in Td/IPV and MenACWY vaccine coverage, as well as data on uptake by school or ethnicity, are not regularly published. This presents a challenge in effectively monitoring inequalities in vaccine uptake.

## 5. Financial implications

- 5.1. There are no significant financial implications of this report.

## 6. Legal implications

- 6.1. There are no significant legal implications of this report.

## 7. Equalities implications

- 7.1. The equalities implications for this report are outlined in the main body of text.

## 8. Climate change and environmental implications

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

## 9. Crime and disorder implications

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

## 10. Health and wellbeing implications

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

## 11. Report author and contact

Kerry Lonergan, Consultant in Public Health, [Kerry.lonergan@lewisham.gov.uk](mailto:Kerry.lonergan@lewisham.gov.uk)

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# Agenda Item 7



## Health and Wellbeing Board

### **Update on the Lewisham Combating Drugs Partnership and Tobacco, Drug & Alcohol Strategy**

**Date:** 17th October 2023

**Key decision:** No.

**Class:** Part 1

**Ward(s) affected:** Borough

**Contributors:** Kerry Lonergan, Consultant in Public Health, Iain McDiarmid, Assistant Director of Integrated Commissioning

### **Outline and recommendations**

The purpose of this report is to update the Board on the progress of Lewisham's combating drugs partnership and development of the associated Tobacco, Drugs & Alcohol borough strategy.

### **Summary**

In December 2021 the Government released a new 10 year drugs strategy titled "From harm to hope: A 10-year drugs plan to cut crime and save lives".

The Office of Health Improvement and Disparities (OHID) offered Lewisham a supplementary substance misuse and treatment recovery grant (SSMTRG) from 2022/23 to support improvements in the quality and capacity of drug and alcohol treatment, as part of a combating drugs partnership.

In December 2022 it was agreed that overall oversight would be incorporated within the work of the Safer Lewisham Partnership.

Whilst the national strategy has a broad partnership and whole system focus, the current



delivery plans required by OHID have a narrower focus on the treatment system. Given the wider ambitions in Lewisham for the strategy, officers have begun the process of bringing partners together to develop a broader Tobacco, Drugs & Alcohol strategy and Action plan for the borough. This will be brought to the Board for sign off by Spring 2024. Despite the challenges to date with implementing the aims of the partnership, outcomes and successful completions from treatment have also shown significant improvements since the start of the strategy. Officers plan work with providers, partners and experts by experience to have firm year 3 proposals by end November 2023.

## **Recommendations**

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

## **Policy Context**

This report aligns with Lewisham's Corporate Priorities, as set out in the Council's [Corporate Strategy \(2022-2026\)](#):

- Children and Young People
- Safer Communities
- Health and Wellbeing

In particular, this report is closely aligned to the following priorities:

- We will ensure the most vulnerable children are protected from harm, driving improvement in children's social care and aiming to reduce the number of children coming into care through earlier targeted support for families in crisis.
- We will reduce the number of young people who enter the criminal justice system, focusing on prevention and expanding our trauma-informed approach, championed by our Youth Offending Service.
- We will continue to focus and develop our successful public health approach to youth violence, aiming to tackle knife crime and reduce sexual exploitation across the borough.
- We will collaborate with other organisations to deliver the places, activities and programmes our residents need to feel empowered to live a physically active lifestyle.

Since the work of the partnership and strategy development is cross cutting – a health in all policies approach is being adopted by working with partners to deliver the ambitions set out in national policy.

## **Background**

In December 2021 the Government released a new 10 year drugs strategy titled “From harm to hope: A 10-year drugs plan to cut crime and save lives”. The strategy is built on the findings and recommendations of the recent review undertaken by Dame Carol Black. This strategy has 3 overarching aims:

- Break drug supply chains – by increasing the response to the supply of the most harmful drugs, attacking all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons from being academies of crime
- Deliver a world-class treatment and recovery system – by rebuilding drug treatment and recovery services, including for young people and offenders, with new commissioning standards to drive transparency and consistency
- Reduce the demand for recreational drugs – by strengthening the evidence for how best to deter the use of recreational drugs, ensuring adults change their behaviour or face consequence, and with universal and targeted activity to prevent young people starting to take drugs

The Office of Health Improvement and Disparities (OHID) offered Lewisham a supplementary substance misuse and treatment recovery grant (SSMTRG) from 2022/23 to support improvements in the quality and capacity of drug and alcohol treatment, as part of a combating drugs partnership. This supplemental funding is confirmed until 2024/25.

There was a requirement from OHID (as part of a multiple government department initiative) for a strong multi-agency Combating Drugs Partnership for oversight of the strategy, with proactive oversight of the implementation of all three strategic priorities of the Drug Strategy. In December 2022 it was agreed that overall oversight would be incorporated within the work of the Safer Lewisham Partnership.

Lewisham’s officers developed a needs assessment, adding data from a range of sources. In February 2023 a delivery framework and action plan were submitted to OHID, including plans for investment

## **Strategy Development, consultation and coproduction**

Whilst the national strategy has a broad partnership and whole system focus, the current delivery plans required by OHID have a narrower focus on the treatment system. Given the wider ambitions in Lewisham for the strategy, officers have begun the process of bringing partners together to develop a broader Tobacco, Drugs & Alcohol strategy and Action plan for the borough.

On 6th September, a workshop was held to bring together partners across the tobacco, alcohol & drugs system – those from prevention through to treatment and recovery. The day

was a great success and had representatives from Parks and Green Spaces, Police, University Hospital Lewisham, Experts by Experience, Office of Health Improvement and Disparities (OHID), Licensing and Enforcement, and the Youth Justice team, as well as providers and primary care representation.

During the workshop, participants were asked to consider what should be part of the wider strategy to tackle addiction to alcohol, drugs and tobacco, and where they could make some significant contributions. These will be written up and shared with participants and built upon at the next workshop to be arranged toward the end of October/middle of November.

The current proposed structure strategy focuses on tackling addictions under 6 key themes (which may change as co-design progresses). These are:

- Challenging stigma and norms
- Prevention and early intervention (including education and schools, and Youth Justice Board)
- Minimising harm, protecting health and environment (including parks and green spaces)
- Treatment and recovery
- Community safety (including legislation and enforcement)
- Emerging challenges

This is underpinned by cross-cutting enabling themes of data and research, workforce training, capacity and capability building. Further work with partners who couldn't attend the workshop and an additional workshop will contribute the further development of the strategy.

September is Recovery month and saw a huge amount of activity across the borough in partnership with experts by experience and our providers. This included a Council organized recovery day hosted at the Civic Suite, with talks from experts by experience, partnership stalls and networking, and a talk from a leading academic on the role of shame on treatment and recovery from addiction.

Officers also commissioned a community consultation, including interviews with stakeholders, direct days interviewing the public and a full day citizens' panel. This is attached as appendix 1. The report made a number of recommendations, and officers are working with partners to develop an action plan to respond to these.

### **Challenges and performance**

The strategy and associated investment and ambition has created significant challenges nationally in workforce and recruitment, both in roles funded both from additional grant and core Public Health and MOPAC services. Currently in Lewisham there are 18 vacancies across the local system.

Increasing overall numbers in treatment, whilst reducing caseloads in line with the strategy

ambitions therefore remains challenging in Lewisham as elsewhere. A range of initiatives and a partnership focus on this has seen significant improvement in more recent local data in line with the required trajectory.

Continuity of Care (continued treatment and recovery from addiction for those leaving prison) targets are nationally set at 75%. In Lewisham, as the rest of London this is a challenging target, and officers are working with colleagues across South East London to understand and rectify some of the issues that may be hindering progress towards meeting it, particularly the role of our largest prison (Thameside)

Despite the challenges, outcomes and successful completions from treatment have also shown significant improvements since the start of the strategy.

	Baseline period		D.O.T		Latest period		Top Quartile range for Comparator LAs	Range to achieve Top Quartile
	(%)	(n)	B	LQ	(%)	(n)		
Opiate	4.4%	35 / 792	▲	▲	5.4%	39 / 716	6.11% - 11.38%	44 to 81
Non-opiate	33.7%	61 / 181	▲	▲	39.1%	54 / 138	38.21% - 47.30%	53 to 65
Alcohol	36.4%	116 / 319	▲	▲	40.5%	126 / 311	40.51% - 55.89%	126 to 173
Alcohol and non-opiate	24.2%	67 / 277	▲	▲	36.9%	83 / 225	33.91% - 50.00%	77 to 112

**Next steps and future funding**

Year 3 supplementary grant funding (204/25) proposed plans include a continued focus on ensuring we are engaging communities who aren't well represented in our services, continuing with prevention and education activity to ensure people don't start taking substances, and an increased effort around our treatment and recovery pathways to better support those who are ready to enter treatment (peer support helpline) and ensuring they have the best recovery journey (supportive housing options).

Plans for the spend of the Year 3 supplementary grant will be alongside the core offer for substance use treatment, the rough sleeper's drug and alcohol grant, the stop smoking service, all under the vision developed and set out in the overarching strategy.

Whilst OHID timelines remain unclear, officers plan work with providers, partners and experts by experience to have firm year 3 proposals by end November 2023.

**Financial implications**

This service is funded from a mixture of Grant, Reserves, and Health. The funding breakdown is as follows;

**SSMTRG:**

- 2022/23 - £590,000
- 2023/24 - £970,000

2024/25 - £1,890,000 (indicative)

#### **Public Health:**

- Public Health Core funding £3,412,000
- Public Health £453,000 (PCT Reserve Funding)

#### **Other Grant:**

- Rough Sleeping Drug and Alcohol Treatment Grant (Grant allocation for 23-24 £626,495 - 24-25 allocation to be confirmed)

There are no further financial implications to consider.

#### **Legal implications**

There are no significant legal implications of this report.

#### **Equalities implications**

A future Lewisham drugs, alcohol and tobacco strategy would aim to address any existing health inequalities relating to the use of tobacco, alcohol and drugs in Lewisham.

#### **Climate change and environmental implications**

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

#### **Crime and disorder implications**

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

#### **Health and wellbeing implications**

The contents of this report relates to the health and wellbeing of Lewisham residents impacted by the use of tobacco, alcohol and drugs.

#### **Background papers**

<https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

#### **Glossary**

<b>Term</b>	<b>Definition</b>
SSMTRG	Supplementary substance misuse and treatment recovery grant
OHID	Office of Health Improvement and Disparities
MOPAC	Mayor's office for Policing and Crime

## Report author(s) and contact

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## Health and Wellbeing Board

### **Developing the new Lewisham Health and Wellbeing Strategy – update**

**Date:** 17<sup>th</sup> October 2023

**Key decision:** No

**Class:** 1

**Ward(s) affected:** All

**Contributors:** Dr Catherine Mbema, Director of Public Health

### **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**

**Health and Wellbeing Board, March 2023** – Agreement to develop a new Health and Wellbeing Strategy and that a working group representing members of the Board would be set up to oversee development of the strategy.

**Health and Wellbeing Board, July 2023** – Agreement for two stakeholder workshops to be held to contribute to the development of the strategy.

**29<sup>th</sup> September and 6<sup>th</sup> October 2023** - Health and Wellbeing Strategy stakeholder workshops

## **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. The board is recommended to note the contents of the 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:
- 4.2. 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.
- 4.3. 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.
- 4.4. 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.
- 4.5. 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

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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

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

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

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

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

## 5. Developing the new Lewisham Health and Wellbeing Strategy

5.1. Stakeholder workshops – 29<sup>th</sup> September and 6<sup>th</sup> October 2023

5.2. Two stakeholder workshops were held to contribute to the development of a new Lewisham Health and Wellbeing Strategy.

5.3. Over 60 stakeholders attended the workshops over the two sessions and included representation from:

- Lewisham Healthwatch
- Lewisham Council (Culture and Communities, Children's Social Care, Children's and Adult's Joint Commissioning, Adult Social Care, Housing, Parks and Economy/Partnerships)
- Voluntary and Community Sector organisations: KINARAA, Bromley, Lewisham Greenwich MIND, Age UK, Community Connections Lewisham, Lewisham Local, Red Ribbon Living Well.
- Goldsmiths University
- Lewisham Primary Care Networks
- Lewisham Public Health
- South London and the Maudsley NHS Trust
- Lewisham and Greenwich NHS Trust

5.4. At both workshops the following topics were covered:

- Role of Health and Wellbeing Board

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- Purpose of a Health and Wellbeing Strategy
- Progress on existing Health and Wellbeing Strategy priorities
- Interactive activity to generate ideas for a new Strategy

5.5. At the workshop on 29<sup>th</sup> September, specific case studies around the role of income on health and adult education/libraries on health were shared with follow up discussion groups.

5.6. At the workshop on 6<sup>th</sup> October, a specific case studies around the role of parks in health and wellbeing was shared with follow up discussion groups about parks and housing.

5.7. The feedback from both workshops is being collated to be discussed at an upcoming Health and Wellbeing Board seminar session later this year. This will form the basis of draft actions for the new strategy.

## **6. Financial implications**

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

6.2. 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**

7.1. 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).

## **8. Equalities implications**

9. 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**

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

## **11. Crime and disorder implications**

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

## **12. Health and wellbeing implications**

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

## **13. Report author and contact**

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