

MINUTES OF THE LEWISHAM HEALTH AND WELLBEING BOARD

Wednesday 9th March 2022 at 3.00pm

ATTENDANCE

PRESENT: Damien Egan (Mayor of Lewisham); Cllr Chris Best (Cabinet Member for Health and Adult Social Care); Tom Brown (Executive Director for Community Services, LBL); Michael Kerin (Healthwatch Lewisham); Dr Faruk Majid (Lewisham Member of South East London CCG); Dr Catherine Mbema (Director of Public Health, LBL); Pinaki Ghoshal (Executive Director for Children and Young People, LBL); Val Davison (Chair of the Lewisham and Greenwich NHS Trust); Martin Wilkinson (Director of Integrated Care and Commissioning, LBL/South East London Clinical Commissioning Group); Helen Buttivant (Public Health Consultant, LBL); Sarah Wainer (Director of Systems Transformation, Lewisham Health and Care Partners); Cllr Chris Barnham (Cabinet Member for Children's Services and School Performance); Barbara Gray (Advisor to Mayor of Lewisham on Health Inequalities of Black and Minoritised People); Michael Preston-Shoot (Chair, Lewisham Adult Safeguarding Board); Karl Murray (Kinaraa); Hamza Hussein (Guest); Leon Thompson (Guest); Rose Euphrase (Guest); Lesley Mukenge (Guest); Joseph Oladosu (Guest) and Livia Royle (Guest)

APOLOGIES: Sam Hawksley (Lewisham Local); Dr Simon Parton (Chair of Lewisham Local Medical Committee); and Sam Gray (South London & Maudsley NHS Trust)

Welcome and introductions

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

1. Minutes of the last meeting

1.1 The minutes of the last meeting on 15th December 2021 were agreed with no matters arising.

2. Declarations of interest

2.1 There were no declarations of interest.

3. Local COVID-19 Outbreak Engagement Board

3.1 CM updated the Board that as of 11th February 2022 there have been a total of 82,477 confirmed cases of Covid-19 in Lewisham. Since December 2021 there had been a significant increase in confirmed cases of Covid-19 in Lewisham due to the Omicron variant. There has since been a decline in cases nationally and locally, which alongside a number of other factors has led to a change in the national response to Covid-19.

3.2 The Lewisham Covid-19 Health Protection Board had considered the implication of the government's new 'Living with Covid-19' guidance, which came into effect on 24th

February, on the Local Outbreak Management Plan (LOMP) for Lewisham. As further guidance is issued partners will maintain a state of preparedness to respond to future variants and health protection threats.

3.3 The remaining non-pharmaceutical interventions (NPIs) will form the basis of local communications to residents. These include:

- Vaccination
- Staying at home if unwell
- Test if you have symptoms
- Face coverings in crowded places when rates of transmission are high

Tailored messaging for complex settings e.g. schools and care homes will be developed as further government guidance is issued.

3.4 Free symptomatic and asymptomatic Covid-19 testing is due to be stood down from 1st April. Free testing will remain in place for social care and (a small number of) at-risk groups. Testing leads will be making preparations to stand down testing in the borough and await clarification from government on the groups that will still receive free testing. Local contact tracing was stood down on 24th February 2022.

3.5 The local outbreak response support is to be refined and streamlined with prioritisation for complex settings: care settings, supported living, schools and childcare settings. This will be supported by further guidance issued by the UK Health Security Agency (UKHSA).

3.6 Lewisham will continue to encourage those yet to complete their course of Covid-19 vaccination to do so via a number of primary care network, hospital and pharmacy vaccination sites in the borough. Planning for ongoing engagement and vaccination provision particularly for those aged 5-11, 12-15 and over 75 (for a further booster dose) are underway via a weekly Lewisham Covid-19 vaccination group.

3.7 CM confirmed the future direction of the Covid-19 Champion programme will be decided in the coming months to build on the success of the programme to engage and communicate with Lewisham residents around health. This will be aligned with community engagement planning via the emerging South East London Integrated Care System (ICS).

3.8 The Acting Chair thanked the local contact tracing staff for the invaluable work they had carried out over the course of the pandemic.

3.9 Action:

The Board noted the content of the report.

4. Lewisham Health Inequalities Toolkit

4.1 CM introduced the report which provided an update to the Board on the Lewisham Health Inequalities programme. The report included updates on the spectrum of work that has been undertaken to address Inequalities in Lewisham: achievement of the existing Black, Asian and Minority Ethnic Health Inequalities work streams (mental health, obesity, cancer and Covid-19); a presentation of the Birmingham and Lewisham

African and Caribbean Health Inequalities Report (BLACHIR) and BLACHIR engagement report; and the proposed approach for a refreshed Lewisham Health Inequalities and Health Equity Plan for 2022-24.

4.2 Overseeing this work were:

- Nine external advisory board members and elected members across Lewisham and Birmingham who brought a range of knowledge, skills and lived experience via their community networks;
- An external academic board that consists of a network of fifteen academics.

Both the external academic and advisory boards had provided outputs on all topics following meetings of the respective boards for each review theme. These board outputs had been used to develop actionable solutions i.e. opportunities for action that have been collated to be included in the final review report.

4.3 Seven key themes have been outlined for action alongside 39 opportunities for action.

The seven key themes include:

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

4.4 Community engagement activities were commissioned for the wider community to check and challenge findings and refine the opportunities for action. This work has been led by KINARAA, A Black and Minority Ethnic Third Sector organisation, with experience of engaging people from Black African and Black Caribbean communities on issues related to the determinants of health and wellbeing and health inequalities. KM gave a presentation to the Board on the BLACHIR programme. The community consultation took place with Lewisham residents over January/February 2022. The engagement involved 88 participants from the three approaches adopted:

- Online questionnaire survey (55 participants)
- Focus groups (28 participants)
- 1-2-1 interviews (5 participants)
- The top three themes identified as priorities by respondents were:
 - Structural racism and discrimination;
 - Mental health;
 - Staying healthy as you age (40yrs+). These priorities resonated with the overarching summary findings in the main report and reflected in the Lewisham Health Inequalities and Health Equity Plan for 2022- 24.

4.5 Priorities for engaging in community-led service design and delivery were:

- Greater work with local community groups to gather information to arrive at positive changes which will educate and improve lifestyle;
- Training and awareness raising - better customer care and culturally appropriate considerations;
- GPs to spend more time with patients;
- Health hubs in the community;
- Mental health and early help support space for young people.

Based on the characteristics of the respondents the key features were:

- 54% were Black African and 40% Black Caribbean
- 78% were female, 16% male and 6% non-binary
- 41% were in the age range 41 - 55yrs, 32% within the broader 56 - 64yrs age and 20% within the 25 - 40yrs age band
- 49% were employed (full/part-time) while 30% were unemployed with the rest being students and retired (21%)
- 18% of respondents lived in SE6 post code, 14% in SE13 and 10% SE8, while 10% lived in Catford and New Cross wards.

4.6 Among the key findings from the consultation were: many respondents felt there were being prescribed before they had the opportunity to describe their illness; health professionals need to be better trained to understand the differences between communities in their health needs; fear of crime and high crime levels contribute towards higher incidences of illness; and there should be a greater focus on 'community bridging' in how different communities are engaged, to work through differences in perception and interpretation of health needs.

4.7 Representatives from the community organisations that had contributed towards the work of Kinaraa (360 Life Support Network; Red Ribbon Living Well Project; and Action for Community Development - AfCD) commented on their experiences of local health services and the problems they had encountered in accessing specialist services. All speakers expressed the view that urgent action was needed to improve health outcomes for Black, Asian and Minority Ethnic communities in Lewisham and the importance of organisations like theirs to ensure the health inequalities gap was closed.

4.8 A refreshed plan of action is being developed to tackle health inequalities across the different work streams in and work towards achieving health equity in Lewisham. This work will be informed by the Health Inequalities Community day which had been held on 2nd March. This plan will cover the next two years, taking learning from the challenges identified from the existing work, in addition to building on the achievements and opportunities to take the work forward with stakeholders.

4.9 Funding from Health and Wellbeing Board partners has been secured to develop, co-produce and implement the plan. A community-centred approach to tackling health inequalities and achieving health equity in Lewisham will be developed, building 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. The plan will be used to inform the development of a future Lewisham Health and Wellbeing Strategy.

4.10 Cllr Best thanked Barbara Gray and the community organisations for their hard work

and valuable insights, which have greatly assisted the programme. Other Board members congratulated Kinaraa for their reports and the contribution of the community organisations. The hope was also expressed by the Board that the community insight heard at the meeting would be reflected in the next iteration of the Health Inequalities Toolkit.

4.11 **Action:**

Members of the Health and Wellbeing Board agreed to:

- Note the achievements from the existing Black, Asian and Minority Ethnic Health Inequalities work streams (mental health, obesity, cancer and COVID-19).
- Approve the BLACHIR report and note the contents of the BLACHIR engagement report.
- Approve the approach for a refreshed Lewisham Health Inequalities and Health Equity Plan for 2022-24.

5. Lewisham Safeguarding Adults Board Annual Report

5.1 MP-S introduced the report and stated that in response to the pandemic the work of Board had focused particularly on: domestic abuse and the delivery of local services; adult mental health services; and the voice of the adult-engaging with Lewisham adults living with a learning difficulty, who have been disproportionately affected by Covid-19.

5.2 Key actions taken by the Board have included: revising the Self-Neglect and Hoarding Multi-Agency Policy, practical guidance and toolkit; launching the Lewisham Adult Safeguarding Pathway including the publication of a revised Single Agency Adult Safeguarding Policy and a series of new leaflets and posters to spread the message; the review of the Statutory Advocacy Service which started in March 2021 and will be completed in September.

5.3 MP-S stated that current priorities included mental health and establishing deeper links with all the diverse communities in Lewisham, to develop a better understanding of the work of the Board and ensure equal access to the services provided and move towards co-production. Another priority was to improve synergies between partners in terms of delivery and to improve the lines of communication between the different agencies involved in safeguarding activities.

5.4 **Action:**

The Board agreed to note the content of the report and thanked the Chair of LSAB, Michael Preston-Shoot, for all his hard work.

6. Healthwatch Lewisham Digital Exclusion Report

6.1 MK introduced the report based on the findings of research which engaged with people who are more likely to be digitally excluded to gain a better understanding of how

this might impact on their experience with health and care services. The research focused on primary care as this is the first point of contact for people accessing services. However, the findings were also relevant to all services which are using or moving towards digital delivery.

- 6.2 Phone interviews were carried out with 45 residents either by staff, volunteers or community organisations as part of the project. Those contacted included older people, people who speak English as their second language, and people with disabilities. These groups were chosen because they traditionally experienced barriers before the pandemic, and Healthwatch wanted to understand whether these barriers had worsened as a result of the Covid-19 lockdowns. The findings from the report were mixed with some people finding remote GP consultations to be beneficial and understanding the need to shift to digital care methods whilst the pandemic was spreading rapidly. Others were unhappy with access barriers and the quality of care and treatment received using remote consultations and didn't feel confident with the diagnosis and/or treatment plan they received. The report found that people with a disability were particularly badly impacted by the loss of face to face services. Another key finding was many people expressed concern around having to share personal information over the phone with a receptionist as part of the triage process. They were also uncomfortable with discussing private health matters with anyone other than trusted health professionals. MK set out that contact networks would be used to develop the findings into definite proposals which could be reported back to a future meeting of the Health and Wellbeing Board. A Task & Finish Disability Group will be set up to establish the extent that the pandemic caused service users to feel excluded and disadvantaged and what practical steps could be taken to prevent this from happening in the future.

6.3 Action:

The Board supported the summary of recommendations set out in the report:

- Services to clearly outline and communicate to their patients all appointment types available and how to access them. Additional efforts should be put in place to communicate with adults most at risk
- Services must look to re-establish the option of booking appointments in-person to ensure residents who cannot engage with the digital systems are able to access care
- Training for front line staff on digital isolation and how to sensitively support people access appointments
- With the expansion of digital services, local systems should provide clear and comprehensive support and a digital training offer for service users
- When services are developing new appointment models, they should always seek to capture patient feedback to shape services that meet the needs of digitally excluded residents
- Services should look to capture information on whether a resident is digitally excluded or has a basic level of IT skills, in order to better understand if they have additional communication or access needs and what support is needed

7. Joint Strategic Needs Assessments

- 7.1 HB introduced the report and informed the Board that forthcoming JSNAs were planned for the impact of Covid-19 and the Pharmaceutical Needs Assessment (PNA). The broad purpose of the Covid-19 Impact JSNA was to identify the effect of Covid-19 on the Lewisham population and inequalities in terms of their vulnerability to Covid-19, their experience of the disease and outcomes including the impact of Long-Covid, mortality from Covid-19 and impacts on life expectancy. The JSNA will also look at how the response to the pandemic impacted other areas of health including; access to care/delays in diagnosis, mental health and wellbeing, pregnancy and child-birth. This will help inform the development of the new Health and Wellbeing Strategy and other strategies relating to the boroughs recovery from Covid-19.
- 7.2 The assessment will look to use Lewisham data wherever possible but will use regional/national information when needed, giving context as and when it is considered that the Lewisham population is likely to be similar or different to the population for which the data applies. It is intended to complete this JSNA by July 2022.
- 7.3 The 2022 PNA has been contracted out due to continued pressures of Covid-19. The final document will provide an assessment of the need for pharmaceutical services within Lewisham; as well as outlining the current provision and considering what may be required in future. There are over 50 pharmacies in Lewisham, providing a range of services, including three core levels of services categorised as Essential, Advanced and Enhanced. As a minimum, all community pharmacies are required to provide Essential Services which include dispensing, signposting and promotion of healthy lifestyles.
- 7.4 The PNA is due to be published by October 2022. In many local authorities the HWBB defers the sign off of the finished assessment to the PNA Steering Group. If agreed by the Lewisham HWBB this could then be added to the PNA Steering Group's Terms of Reference, with the final assessment coming back as an information item. HB confirmed an LGBT+ JSNA will be the next topic to be assessed and work will start in July, when the Impact of Covid-19 JSNA is finalised.

7.5 Action:

The contents of the report was noted.

The delegation of the 2022 Lewisham PNA to sign off to the PNA Steering Group was agreed.

8. Annual Public Health Report

8.1 HB introduced the report on the theme of the next Annual Public Health Report (APHR). As Lewisham is the Mayor's London Borough of Culture 2022 and will be home to a range of cultural activity over the year through a programme created by and with the people of Lewisham, the Public Health team therefore proposed the topic of 'Culture and Health' for the APHR for 2021-22. There are several clear links between aspects of culture and health and wellbeing.

8.2 The proposed 2021-22 APHR on 'Culture and Health' will aim to cover:

- An overview of the role of culture on health and wellbeing

- Best practice examples (national and international) of how cultural activities and initiatives can impact positively on health and wellbeing of Lewisham residents
- Local examples of how cultural activities and initiatives impact positively on the health and wellbeing of Lewisham residents
- Case studies of London Borough of Culture activity and health
- Recommendations for further local work on culture and health building on recommendations from the last APHR on 'Health in all Policies'
- Overview of health and wellbeing indicators for Lewisham

8.3 In line with the Borough of Culture ethos, HB said the team will take a community-centred approach to develop the report. The completed report will be presented to the Lewisham Health and Wellbeing Board in December 2022.

8.4 Action:

The Board supported the proposal that the theme of the 2021-22 Annual Public Health Report would be 'Culture and Health' to complement the year of culture

9. Integrated Care System Update

9.1 MW introduced the report setting out the progress achieved in establishing the ICS NHS Body from July 2022 and the key actions which remain to be completed. A chief executive and Chair for the South-East London ICS have now been appointed and key governance and structure actions that remain include: the appointment of an Executive Place Lead; the appointment of Chair for Lewisham LCP; representation from all partner organisations to the place leadership team; Primary care representation agreed for primary care networks (PCNs), LMC and GP alliance (One Health Lewisham). Further engagement with the voluntary and community sector to identify members for the LCP to provide strategic representation and a voice for the sector and clinical and care professional leads, are also being recruited to develop a strong multi-disciplinary leadership network within the partnership.

9.2 A task group has been established with senior leadership from the partnership to implement recommendations for an improved approach that embodies co-design and effective co-ordination, around achieving better citizen and community engagement.

9.3 **Action:**

The Board noted the progress made so far and the actions outstanding.

10. For Information items

10.1 It was agreed that information on the South London Listens Programme, the development of the Be Well Hubs and an update on progress against Lewisham pledges will be circulated to the Board following the meeting.

10.2 The centres below are considering becoming Be Well Hubs:

- Lewisham Refugee and Migrant Network (LRMN)
- St Mary's CE Primary School, Lewisham
- New Testament Church of God, Lee
- Lewisham Islamic Centre
- Sydenham Girls School

There were no further for information items.

11. Any other business

11.1 No other business was raised.

The meeting ended at 16:43 hours