

# MINUTES OF THE LEWISHAM HEALTH AND WELLBEING BOARD

Wednesday 7th September 2022 at 3.00pm

## ATTENDANCE

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

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

## Welcome and introductions

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

## 1. Minutes of the last meeting

1.1 The minutes of the last meeting on 9<sup>th</sup> March 2022 were agreed with no matters arising.

## 2. Declarations of interest

2.1 There were no declarations of interest.

## 3. Local COVID-19 Outbreak Engagement Board

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

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

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

#### Other communicable diseases

- 3.3 CM informed the Board that Monkeypox is a rare infectious disease, usually associated with travel to west and central Africa. Since May 2022 there had been an increase in the number of cases within the UK. However, the overall risk to the UK population remains low and there have been no deaths in the UK to date. The World Health Organisation (WHO) has been monitoring the situation and declared the current outbreak a public health emergency of international concern on 23<sup>rd</sup> July 2022. The implications for the UK strategy to control the outbreak are being reviewed in the light of this announcement but most measures are already in place.
- 3.4 Monkeypox is caused by a similar virus to smallpox, vaccination against smallpox can be used to provide protection against Monkeypox. The NHS is offering smallpox (MVA) vaccination to people who are most likely to be exposed to Monkeypox and local NHS services will contact those eligible to offer them a vaccine if they are at risk of exposure. Lewisham is working with the UK Health Security Agency (UKHSA) and South East London Integrated Care System (ICS) to ensure that there is a robust local response for any cases and for those eligible for vaccination.
- 3.5 CM highlighted that because of the success of the polio vaccination programme, there have been no cases of natural polio infection in the UK for over 30 years (the last case was in 1984) and polio was eradicated from the whole of Europe in 2003. The Joint Committee on Vaccination and Immunisation (JCVI) has advised that children aged 1 to 9 years old in London will be offered a dose of polio vaccine, following the discovery of type 2 poliovirus in sewage in north and east London. The number of children vaccinated in London is lower than it should be, so boosting immunity in children should help protect them and reduce the risk of the virus continuing to spread. In Lewisham health partners are working with GPs (who already deliver routine childhood vaccinations including polio vaccination), the hospital and some local pharmacies to support local delivery of the polio booster vaccination programme. Families with eligible children will have received a letter and text message to let them know about the programme.
- 3.6 Board members raised several points relating to Monkeypox including: the role of the 'community champions' in raising public awareness of the importance of seeking advice and getting the vaccine, if at risk of contracting the disease; reinforcing public messaging and meeting the communications challenge around the importance of accessing local sexual health clinics especially for vulnerable people; and monitoring the take-up of these services to ensure provision is sufficient to meet needs. CM reiterated that at this stage there was no alarm, but that the situation would continue to be closely observed. CM confirmed that more GPs are now making appointments with patients for polio booster vaccinations, as well as children's centres with outreach facilities. The Lewisham and Greenwich Hospital is also running a clinic for three days a week over September to cope with demand.

#### 3.9 Action:

The Board noted the content of the report.

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

- 4.1 NS and CH introduced the report which provided an overview of the state of mental health in Lewisham throughout the COVID-19 recovery period (2021/22) for children and young people and adults in Lewisham. The report also provided a summary of key work planned for 2022/23. The percentage of secondary age school pupils with social, emotional and mental health needs in Lewisham in 2020 was reported at 1.9%, which is lower than the rate in London (2.6%). Despite this, the estimated number of young people aged between 16 and 24 years with a potential eating disorder in Lewisham is 4,380 or approximately 15% of that age group. Hospital admissions as a result of self-harm aged 10-24 years during 2018/19 were higher in Lewisham (291 per 100,000) than London (195 per 100,000). There had also been a 40% increase in CAMHS referrals in Lewisham between 2021-22. 21.8% of adults in Lewisham had a mental health disorder, a significant increase since the pandemic.
- 4.2 The report stated that Covid-19 had had a detrimental impact on the mental health and wellbeing of Lewisham residents across the age spectrum. Data produced following the lifting of lockdown restrictions showed a return to pre-Covid-19 levels of demand on services. A great deal of work is underway in the borough to improve services and the support offered within the significant financial constraints public bodies face. The cost of living crisis poses a number of risks related to the level of demand that may be experienced in wellbeing and mental health services over the coming year, as well as the capacity and capability of services to manage growing demand with worsening recruitment and retention of staff. A number of services (including primary care and Improving Access to Psychological Therapies services) are already experiencing difficulties in this respect.
- 4.3 Prevention and community-focused activity continues to work with the borough's ethnic minority communities to improve access and experience of services, in recognition of the strong inequalities experienced by this population. Following the Covid-19 recovery period, officers have been able to focus again on the strategic needs within the community and a number of strategies and action plans will be launched this autumn. The working groups that underpin these are now back to full capacity. Work will be required to ensure these groups are managed in the most efficient way to ensure a lack of duplication across work-streams. Amongst innovations to help those with a mental health issue, a new community crisis café will go live on 1<sup>st</sup> December and active steps are being taken to establish crisis homes – one for children and young people and one for adults – offering residential support for local people to be operational by the end of the year.
- 4.4 Board members raised several issues in relation to the current state of mental health support services in the borough: concerns were raised regarding young people waiting in Emergency Departments for a mental health assessment or an emergency placement - in response the officers said this linked to the work contained in the Placement Sufficiency Strategy and the development of the two crisis houses which should make a positive difference; concerns were also raised regarding the over representation of young black men in crisis presentations at emergency departments, with mental health issues in general and the need to address clear inequalities – the officer response focused on the ongoing BLACHIR equalities work, which should make a big difference to health inequities once the changes introduced have the opportunity to bed in, but in the interim more effective monitoring was needed.
- 4.5 Further questions included clarification about CAMHS waiting times to include Referral to First Contact and First Contact to Treatment and what support is available to families when a child is on the CAMHS waiting list. In response it was mentioned that CAMHS

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

#### 4.6 **Action:**

Members noted the key findings of the report.

## 5. Final governance arrangements for South-East London ICS

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

### **South East London Integrated Care Partnership**

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

### **South East London Integrated Care Board**

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

### **Provider Collaboratives**

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

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

### **The Lewisham Local Care Partnership Strategic Board**

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

### **The Lewisham Place Executive Group**

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

### **Lewisham LCP Priorities**

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

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

### **5.9 Action:**

The Board agreed to note the content of the report.

## 6. Better Care Fund

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

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

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

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

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

- i.) Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).
- ii.) Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.
- iii.) Unplanned hospitalisation for chronic ambulatory care sensitive conditions.
- iv.) Improving the proportion of people discharged home to their usual place of residence.

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

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

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

## 7. For Information items

### Lewisham Sexual & Reproductive Health Local Action Plan

- a.) CM introduced the report and highlighted that Lambeth, Southwark and Lewisham (LSL) agreed a shared Sexual and Reproductive Health (SRH) Strategy for 2019-2024 and shared LSL SRH Action Plan, given the three boroughs have a similar demographic profile and share the same sexual health challenges. LSL has a shared Action plan to deliver the LSL SRH Strategy 2019-24, delivering strategic needs assessments and cross-cutting projects to improve sexual and reproductive health across LSL.
- b.) Lewisham recognised the need to have a Local Action Plan to bring together local stakeholders in the borough to work collaboratively to improve sexual health outcomes for residents. This was agreed in December 2020. The report set out the progress made in delivering against the Strategy and the Lewisham Local SRH Action Plan. CM highlighted that services had been remodelled and reshaped since the end of the pandemic, towards more contact based provision in clinics and other health care settings.
- c.) The Board raised several points in relation to the Action Plan including how unmet demand was recorded, the monitoring of calls and the follow up action taken when clients can't get through to the service, as well as the better promotion of sexual and reproductive health services to improve access. In response, it was recognised that more data needed to be collected to identify gaps in provision and where demand was most acute. The issue of calls not being answered, because lines were busy, will also be investigated further to establish the scope for improving the response rate.

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

### Digital Exclusion and Access to Health Services 2021

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

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

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

#### Healthwatch Lewisham Annual Report 2021-22

- a.) MK introduced the report and stated that over 2021/22 Healthwatch Lewisham engaged 4,025 people who shared their experiences of health and social care services, helping to raise awareness of issues and improve care. 166 people contacted Healthwatch for clear advice and information about topics such as mental health and Covid-19. 112,888 visits were made to Healthwatch's social media platforms and website.
- b.) The major projects worked on over the year were Healthwatch's Youth Board to understand the emotional wellbeing needs of young people and how they would prefer to access support, with the findings presented to the South-East London Quality and Safety Sub Committee. Eight feedback Forums were organised which saw Healthwatch engage with 40 residents. The Forums are a platform for residents to discuss health and social care issues, leave feedback on specific services and seek signposting support. Patient experience data captured was analysed to understand the experiences of Black, Asian and Ethnic Minorities when using local hospital services. 453 people communicated their experience of the COVID-19 vaccination Programme, which was shared with the local vaccination team to help maintain a good quality service.
- c.) The Board endorsed the consultation and engagement activities of Healthwatch Lewisham. The scope for a broader consultation with a greater number of local health service users was raised and the benefits of triangulating this feedback with other data sources to get the big picture and use this to improve overall services.

#### Healthwatch Lewisham Quarter 4 Patient Experience Report

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

There were no further for information items.

## 8. Any other business

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





