

MINUTES OF THE LEWISHAM HEALTH AND WELLBEING BOARD

Wednesday 14th December 2022 at 3.00pm

ATTENDANCE

PRESENT: Damien Egan (Chair and Mayor of Lewisham); Tom Brown (Executive Director for Community Services, LBL); Michael Kerin (Chair, Healthwatch Lewisham); Dr Catherine Mbema (Director of Public Health, LBL); Jacky McLeod (GP, Moorside Clinic); Michael Bell, (Chair, Lewisham and Greenwich Hospital Trust); Ross Diamond (Chief Executive Lewisham Age Concern); Maria Higson, (South-East London Integrated Care Service); Wendy Dewhirst (South London & Maudsley NHS Trust) Ceri Jacob (Place Executive Lead at Lewisham, South-East London Integrated Care Service); Sarah Wainer (Director of Systems Transformation, Lewisham Health and Care Partners); Cllr Best (Chair of the Healthier Communities Select Committee); Helen Buttivant (Public Health Lewisham); Patricia Duffy (Public Health Lewisham); Lisa Fannon (Public Health Lewisham); Naheed Rana (Public Health Lewisham); Paul Aladenika; Anisha Faruk; Mark Bursnell

APOLOGIES: Cllr Paul Bell (Vice Chair and Cabinet Member for Health and Adult Social Care); Cllr Campbell (Cabinet Member for Communities, Refugees and Wellbeing); Sam Gray (South London & Maudsley NHS Trust); Pinaki Ghoshal (Executive Director for Children and Young People, LBL); and Dr Simon Parton (Lewisham Local Medical Committee);

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 7th September 2022 were agreed with no matters arising.

2. Declarations of interest

2.1 There were no declarations of interest.

3. Health protection updates for infectious diseases and outbreak preparedness planning

3.1 CM introduced the report and stated the latest position regarding the main infectious diseases currently affecting Lewisham and the actions being taken to prepare for future outbreaks.

Diphtheria in asylum seekers and refugees

3.2 An increase in cases of diphtheria has been identified in new asylum seeker arrivals into two large initial reception centres in Kent. The UK Health Security Agency (UKHSA) has recommended mass antibiotics and a single dose of diphtheria containing vaccine for specific groups of asylum seekers who have been through the initial reception centres. Local partnerships within Lewisham are established and a local action plan, which complies with UKHSA recommendations, has been signed off by the Director of Public Health and is ready for use.

COVID-19

Cases

3.3 As of 21st November 2022, there have been a total of 103,042 confirmed cases of COVID-19 in Lewisham, 73 of those in the previous seven days. Since the Board was last updated in September 2022, there have been a few outbreaks in University Hospital Lewisham. After careful management by the infection prevention team at the hospital, there have been no new cases in the last two weeks. During October and November 2022, there have been a small number of outbreaks in older adult care homes in the community. They were all managed and resolved with input from UKHSA South London health protection team and Lewisham public health and commissioning teams.

Autumn booster

3.4 The autumn 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. This winter it is expected that many respiratory infections, including COVID-19 and flu, may be circulating at high levels putting increasing pressure on hospitals and other health care services. The most recent data suggest that nearly 45,000 people in the borough have taken up the offer of a COVID-19 autumn booster. The majority of whom are over 65 years old. Those eligible have been offered an appointment between September and December 2022, with those at highest risk being called in first.

Other communicable diseases

Lewisham Acute Respiratory Infection (ARI) Plan 2022

3.5 Recent analysis has set out the increased risk of influenza. Alongside the continued transmission of COVID-19, a Lewisham Acute Respiratory Illness plan has now replaced Lewisham's Local COVID-19 Outbreak Management Plan (LOMP) from October 2022. The plan will remain interim until updated national and regional guidance from the NHS and UKHSA on pandemic planning have been published. The Lewisham ARI plan will be informed by the Council's winter preparedness plan, and the ICS winter pressure planning.

Influenza

3.6 Seasonal influenza vaccinations are being offered to; children up to Year 9, adults over 50, those who are pregnant, who have certain health conditions, those in long-stay residential care, those receiving a carer's allowance or who live with someone

with a compromised immune system. Vaccinations are available from local GP surgeries, some pharmacies and some maternity services. Children in primary school and secondary school years 7, 8 and 9 will be offered a flu vaccination by the school nursing team.

Other communicable disease concerns

Monkey Pox

3.7 Lewisham is continuing to work with colleagues in UKHSA and South-East London Integrated Care System to ensure that those eligible for vaccination for Monkey Pox have access to local vaccination sites. The delivery of the Monkey Pox vaccine is taking many several forms: the delivery of the vaccine in routine sexual and reproductive health appointments within SRH clinics and services; Clinic based timed appointments for vaccination only; Open access walk-in services; Mass vaccination sessions with invited timed appointments; A series of 'under-the-radar' events where the vaccine is taken to specific cohorts (such as Trans, Asian, homeless and other population groups). These events are designed to address vaccine equity after the first rollout of the vaccine identified limited access to the vaccine by certain groups.

Polio

3.8 The Joint Committee on Vaccination and Immunisation (JCVI) has advised that children aged 1 to 9 years old in London be offered a dose of polio vaccine, following the discovery of type 2 poliovirus in sewage in north and east London. In Lewisham, there are approximately 2,000 children who are unvaccinated against polio between the ages of 1 and 9 years. Lewisham Public Health 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. The programme to give polio booster vaccinations to children ends on the 23 December 2022, in Lewisham it will continue to encourage parents and their children to get up to date with their routine immunisations.

3.9 Following the presentation, several questions were raised by the Board: is the local health system satisfied with the local vaccination rate in general terms? The response was more needed to be done to increase uptake amongst vulnerable groups, who have historically low take-up. Action is ongoing to identify relevant groups and target community-based initiatives to increase take-up rates. In terms of the Polio vaccine, the uptake of the additional booster dose in Lewisham has gone reasonably well and the outreach work undertaken has borne fruit. For COVID-19 and flu there is still more work to do to achieve maximum community reach, but gains are being made, for example the cooperation with Lewisham Islamic Centre in raising local awareness of the importance of taking the jab. It was also highlighted that ensuring equitable levels of vaccination across all communities was one of the four priorities of the Lewisham Care Partnership and the work of the community champions was commended in this context. The Lewisham Sexual Health Team are doing a good job in increasing vaccine rates for vulnerable groups at more risk of contracting the disease, with take-up levels meeting expectations.

3.10 The Board's assurance role was highlighted regarding the local containment of infectious disease and ensuring adequate planning arrangements are in place to allow partners to control future outbreaks. The Board will receive periodic reports on the prominence of outbreaks for specific diseases, containing metrics and the impact on vulnerable groups. It was also asked if there was likely to be a surge in Strep A cases in Lewisham over the Coming months? The response was that the current picture is unclear and it is difficult to predict what will happen. However, the Public Health Team and NHS partners are using all existing communication channels to spread awareness and alert residents to the danger of not being vaccinated.

3.11 **Action:** The Board agreed to note the contents of the report and agree that the role of the Board reverts to one of assurance and that good health protection plans and structures are in place, led by the Director of Public Health. Appendix 1 'Interim Principles' was also agreed.

4. Developing the South-East London Integrated Care Strategy

4.1 MH introduced the report setting out progress in developing an integrated care strategy for South-East London (SEL). The ambition of the SEL Strategy is to identify a small number of major priorities for cross-system change that deliver real impact. In terms of engagement, strategy development workshops have been held online and face to face over November with local leaders, staff and community members from across the system. A second phase of online engagement with staff and the public is now underway. The launch event will take place in February/March to raise awareness of the new final strategy and to mobilise resources to achieve its objectives.

4.2 The four strategic priorities for the Strategy are: Prevention and Wellbeing (becoming better at preventing ill-health and helping people live healthy lives); Children and Young People (ensuring children and young people get the best possible start in life); Adult Mental Health (ensuring adults can access effective support to maintain good mental health and wellbeing); Primary care, long term conditions, complex needs (delivering convenient primary care and well-coordinated, joined-up and whole person care for older people and others with long term conditions and complex needs). SEL ICS are now in the process of refining their vision, strategic priorities and developing cross-cutting strategic themes. An 'Our Priorities' document for submission to NHSE will be submitted by the end of December and an initial draft publication will shortly be distributed to partners.

4.3 Following the presentation, the Board were invited to raise questions. It was highlighted the distinction between prevention and early intervention was framed in very broad terms and if this distinction could be drawn out further and the wording clarified in the next iteration of the document. The comment was made that the draft strategy overlapped Lewisham's own public health priorities and is moving away from reactive to proactive approaches to providing health services, which is welcome. The commitment to involve the Lewisham Health and Care Partnership in articulating the agreed outcomes across the system was also welcomed. It was generally agreed that the strategy must lead to a change in approach and that there should be an enhanced role for the third sector and community organisations

in supporting the vulnerable, for example through increasing social prescription funding and being more involved in community based mental health programmes.

- 4.4 The language used in the draft needed to be improved, be more direct and unambiguous. Any enlarged role for the third and community sectors should be spelt out in more detail, along with the practical support that will be offered to devolve services on the ground. The Chair asked how should the strategy be explained to residents and how the priorities will deliver real change? It was agreed that the comments will be taken on board and that the language used should be less technical and system focussed. Work is ongoing in terms of developing a concrete set of plans to deliver the strategy. However, there is still a window of opportunity for partners and through them the community, to get involved in identifying realistic outcomes they want to see delivered up until the end of March.
- 4.5 **Action:** The Board noted the state of the draft Strategy as it currently stands and requested that the comments made were considered in the final version.

5 Developing the new Lewisham Health and Wellbeing Strategy

- 5.1 CM introduced the report setting out the relevant issues for the Board to consider in developing the new Health and Wellbeing Strategy, which will replace the current 10-year strategy that comes to an end this year. The Board were also asked to consider the approach and timelines in producing the strategy. The aims and priorities of the new strategy will be informed by the available evidence including the findings from the wider impacts of COVID-19 Joint Strategic Needs Assessment. Lewisham's last Health and Wellbeing Strategy was published in 2013, with a refresh produced in 2015. A performance dashboard was developed to support monitoring of the strategy.
- 5.2 The Health and Wellbeing Board Away Session on 17th November 2022 facilitated by the LGA, began discussions about the future strategic priorities of the Board following previous discussions about developing a new Health and Wellbeing Strategy. Discussions reflected previous considerations of a strategy that focused on the wider determinants of health. The new strategy should also align with other emerging plans for health and care in the borough including the Local Care Partnership priorities and South-East London Integrated Care System Strategy. A follow up session supported by the LGA is being planned for early 2023 to take forward planning for the new Health and Wellbeing Strategy.
- 5.3 The JSNA Steering Group are in the process of reviewing the full needs assessment report to finalise recommendations, the purpose of which is to understand both the direct and in-direct impacts of COVID-19 within Lewisham - as well as seeking to identify any impact on health inequalities. The findings show the direct impacts of COVID-19 on the older population and those with certain underlying health conditions who were more vulnerable to the COVID-19 virus. Further inequalities were seen in terms of ethnicity, living conditions or the type of work people did, which impacted on how likely they were to contract COVID-19 and become seriously ill.
- 5.4 The wider impacts of COVID-19 have been felt right through the entire population with issues such as difficulty accessing healthcare both during lockdowns and subsequent delays and extended waiting lists. Those already in poorer health have been disproportionately impacted by this. Delays in accessing healthcare

are continuing and waiting times and targets are frequently not meeting operational standards.

5.5 The key findings to note include:

- **Cancer screening:** Rates of both cervical and breast cancer screening are yet to return to pre-pandemic levels. This is particularly concerning given Lewisham's levels were already significantly lower than the national average before COVID-19.
- **Immunisations:** Childhood immunisation levels are also yet to return to pre-pandemic levels. Whilst Lewisham has better uptake than many similar areas, overall uptake is significantly lower than the national average.
- **Hospital Treatment Waiting Times:** Fewer patients are being seen within the Operational Standard Waiting Time of 18 weeks to start treatment year on year since 2019. Whilst the proportion seen in January 2020 was lower than 2019 (pre-pandemic), the gap between the actual level and the operational standard has increased much more significantly in both 2021 and 2022.
- **Surgery:** Within the Lewisham & Greenwich Hospital Trust, the number of in-patient procedures dropped significantly during the 1st lockdown and then again between January-March 2021. Whilst levels have since returned to that seen in the last quarter before the pandemic, there does not appear to be any excess to account for those missed in the biggest waves.
- **The Lewisham service saw over a 40% increase in the number of CAMHS referrals between 2020/21 to 2021/22.** Around 7 in 10 referrals were accepted in both years, meaning that caseloads have increased. Increasing demand coupled with challenges around recruitment and retention of staff has contributed to lengthening waiting times.

5.6 HB gave a presentation on the main public health indicators used by Lewisham Public Health and partners in gauging health needs in the borough and comparative performance against a basket of indicators (obesity, smoking, alcohol use, mental health incidence, hospital admission etc.) in terms of the outturns and outcomes achieved. The presentation was welcomed by the Board as giving a good overall picture of the state of clinical and public health need in Lewisham.

5.7 The Board took the opportunity to raise several points in relation to the presentation including: if disaggregated data was available by ward or Local Super Output Area which would allow partners to identify those neighbourhoods with the most acute problems to be targeted for support - and allow for greater cross-sectionality in terms of other demographic or socio-economic factors such as ethnicity, disability or income deprivation; drawing attention to how the borough's distinct demographics impacts on outcomes; the importance of using the data to make a difference and improve measurable outcomes and report back to service users to prove change is possible; focusing on those indicators where it is possible to make a real impact at local level, rather than those where the local health system has only a minimum influence despite evidence of high need; the salience of using engagement with the public for partners to raise key areas of health concern and look to change behaviour to effect better outcomes; and the importance of looking at outcomes through the lens of equality to ensure better outcomes reflect a narrowing of the gap between different communities and characteristics.

5.8 **Action:** The Board agreed that the approach to framing the priorities of the new Health & Wellbeing Strategy should analyse the data thoroughly before setting priorities, and that these reflect areas of need and services where the

local partnership had the resources and means to make a significant difference to the outcomes achieved. It was also agreed that the work of the Lewisham Local Strategic Partnership should be looked at to establish if some of their priorities were relevant to the new Health & Wellbeing Strategy.

6 Birmingham and Lewisham African Caribbean Health Inequalities Review update

- 6.1 CM introduced the report which set out the progress that has been made by the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR), since the publication of the final report earlier this year. The Review has attracted much attention including a parliamentary presentation and won much praise. At a practical level the Review has enabled the development of practical opportunities for action to address systemic inequalities, with the ambition of breaking decades of inequality in sustainable ways that will lead to a better future for residents. Seven key themes have been outlined for action alongside 39 opportunities for action. The seven key themes are: Fairness, Inclusion and respect; Trust and transparency; Better data; Early interventions; Health checks and campaigns; Healthier behaviours; and Health literacy.
- 6.2 The Health Inequalities and Health Equity Programme 2022 – 24 is the vehicle for delivering the opportunities for action identified in the BLACHIR report. There has been strong support from community organisations and key stakeholders both locally and nationally, with a commitment from NHS England to take the report forward, through the emerging inequalities regional network boards, for action. Lewisham Council has now moved into the implementation phase to turn the report's findings into action, some of this work has already started.
- 6.3 Eight workstreams have been established to ensure partners meet the aims and objectives of the programme, which in the first instance will operate for a two-year period with the ambition of embedding itself longer term. Whilst the eight workstreams will operate through their own membership and Terms of Reference, there will be overall alignment with the programme and elements within workstreams that intersect more closely. Furthermore, the overall programme aligns with strategic priorities. The eight concurrent and intersecting workstreams are: 1) Equitable preventative, community and acute physical and mental health services; 2) Health equity teams; 3) Community development; 4) Communities of practice; 5) Workforce toolbox; 6) Maximising data; 7) Evaluation; 8) Programme enablement and oversight. The eight workstreams have been established and are progressing well with membership agreed.
- 6.4 The Board strongly endorsed the activities that were being undertaken through the eight workstreams and expressed the view they will have a major impact on challenging structural racism. For example, training all front-line staff in professional humility and competence skills using the workforce toolkit; and system leaders across the borough insisting all commissioners and providers achieve the required level of competence as defined in the toolkit. Progress against the key milestones for each of the workstreams will be reported back to the Health & Wellbeing Board next year. It was suggested that the Lewisham & Greenwich NHS Hospital Trust works with the Council

and other partners to develop a joint anti-racism statement.

6.5 The role-out of the activities as detailed in the report was noted. The Board was also asked to note Appendix 1. The Up!Up! Weight Management Service, introduced in the spring, which includes culturally appropriate interventions to support weight management for Black African and Black Caribbean communities.

6.6 **Action:** The Board agreed the contents of the report and the progress made with the Health Inequalities and Health Equity Plan

7. Practice access and Safe Surgeries update

General Practice

7.1 CJ presented the report on the access to GP services, which remains a high priority and focus for patients, the ICS and local system partners alike. Demand for GP services is at an all-time high and the need for care continues to increase, both for one-off episodes of care and for long-term complex conditions. Due to the national shortage of doctors and nurses, primary care is changing and to ensure GPs can focus on the most complex patients, practice teams now include other healthcare professionals who can together, meet the varied needs of patients. However, many local practices are managing significant vacancies and the turnover of staff is high, including in the new roles within the primary care team. In addition to patient appointments, there is a wide and varied range of work undertaken in GP practices including prescriptions, medication reviews, delivering vaccination programmes, chronic disease reviews, staff training, referrals, safeguarding, actioning hospital discharge management plans, etc.

7.2 There are several initiatives in place to support practices to review and seek to continually improve access including:

- **Telephony:** Financial support has been provided to practices to upgrade their telephony systems appreciating that this is still by far the most common way that patients interact with their practice.
- **Practice websites:** All Lewisham practices are being supported to review and update their websites to level 3 standardisation ensuring that a consistent set of information is available to support patients.
- **Online services:** Practices continue to offer a range of ways for patients to digitally interact with them including booking, appointments, requesting repeat prescriptions, reviewing medical records and undertaking online consultations. The ICS has developed a primary care digital inclusion plan which builds on the recommendations of the Healthwatch “Digital exclusion and access to health services 2021” report. It is intended that this will form the basis of a much wider digital inclusion plan across all local partners.
- **Enhanced Access:** All Lewisham practices have signed up to the national enhanced access service contract which offers additional appointments on weekday evenings 6.30pm-8pm and on Saturdays 9am-5pm.

- Home Visiting service: The Lewisham GP Federation has been commissioned to provide a dedicated Home Visiting service for housebound patients. This allows home visit requests to be addressed in a timely manner which evidence shows reduces the risk of complications and A&E attendance and emergency admissions.
- Pharmacy: Close working with local community pharmacy continues including through both informal and more formal referral routes from general practice. Community pharmacy are also undertaking an increasing number of services such as immunisations, NHS Health Checks and Blood pressure checks.
- Informing and educating the public on how primary care is working: A SEL wide primary care campaign launched in October 2022 and aims to ensure that everyone in southeast London gets the help and professional support they need.

7.3 There is an ongoing national programme of work to improve the quality of GP appointment data, and bring information collected by different IT systems together. Local work is underway to get a more accurate assessment of GP access data which can then be used to help inform and target interventions. A more detailed update on GP access will be taken to a future Health and Wellbeing Board meeting.

Safe surgeries

7.4 Everyone is eligible to register with a GP and receive primary care services free of charge, regardless of immigration status. A Safe Surgery is a GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. At a minimum, this means declaring the GP practice a 'Safe Surgery' for everyone and ensuring that lack of ID or proof of address, immigration status or language are not barriers to patient registration. The safe surgery initiative provides training to increase awareness, improve knowledge of these issues among clinical and non-clinical staff, and looks at how practices can make small changes to reduce barriers.

7.5 In December 2017 NHS Lewisham CCG started discussions with Doctors of the World (DOTW) about the numbers of people they were supporting to register in Lewisham. The CCG and the local community education provider network worked with DOTW to coproduce training materials and resources for GP practice reception staff to update their knowledge of the practical aspects of supporting vulnerable people to overcome barriers to registration. Practices were also encouraged to sign up to the Safer Surgeries initiative. The primary care team have been working closely with practices to ensure that sign up and are able to access the necessary training and support resources.

7.6 To support the initiative, in June 2021 Lewisham Councillors wrote to all Lewisham GP practices encouraging all practices to sign up to the safe surgeries initiative and help make the borough the first where all GP practices are safe surgeries. Currently, 24 of the 27 Lewisham practices have signed up to the initiative. Contact has been made with the outstanding 3 practices to encourage and support them to also sign up to the initiative (capacity to fully engage with the programme is the major reason cited by these practices for not yet signing up). The primary care team has committed to visit all Lewisham GPs practices between October and December 2022 and will use the opportunity to establish what practices are doing as part of the initiative and if any further support might be necessary.

7.7 The Board welcomed the comprehensive nature of the report and the actions that were being taken to improve GP services and the coverage of the Safer Surgeries initiative. The view was expressed that developing a charter to guarantee GP access for residents would be a step forward. It was felt that that pharmacies should be included within the umbrella of the Safer Surgeries scheme, given the synergies between GPs and prescribing medication through local pharmacies.

7.8 **Action:** The Board noted the content of the report.

8. The Suicide Prevention Strategy and Action Plan

8.1 This item was deferred to the next meeting of the Board on 8th March.

9. For Information items

Discharge Fund (Better Care Fund) Plan 2022/23

9.1 TB informed the Board that additional funding has been provided by NHSE to fund interventions that best support the discharge of patients from hospital over the winter months. Funding is being allocated to local areas in two ways: a) funds paid direct to local Councils and b) funds to ICBs for allocation to local areas. The funding is being pooled through the Better Care Fund at local level. For Lewisham the allocated amounts are London Borough of Lewisham – £1,139,902 and Lewisham ICB – £1,275,087, a total of £2,414,989. Plans must be submitted by 16th December to NHSE. Plans have been agreed by the Place Executive Lead on behalf of Lewisham ICB, and by the Executive Director of Community Services, Lewisham Borough Council, under delegated authority on behalf of the Council. As this is an addition to Lewisham's BCF plan for 2022-23, the Board are advised of the additional funding and are asked to approve the spending plan.

9.2 **Action:** The Board approved the spending plan for the Lewisham Discharge Fund as presented in the report.

There were no further for information items.

10. Any other business

10.1 No other business was raised.

The meeting ended at 17:05pm

