MINUTES OF THE LEWISHAM HEALTH AND WELLBEING BOARD

Wednesday 8th March 2023 at 3.00pm

ATTENDANCE

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

APOLOGIES: Cllr Campbell (Cabinet Member for Communities, Refugees and Wellbeing); Cllr Chris Barnham (Cabinet Member for Children's Services and School Performance); Pinaki Ghoshal (Executive Director for Children and Young People, LBL); Sarah Wainer (Director of Systems Transformation, Lewisham Health and Care Partners); and Dr Simon Parton (Lewisham Local Medical Committee);

Welcome and introductions

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

1. Minutes of the last meeting

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

2. Declarations of interest

2.1 There were no declarations of interest.

3. General Practice Access Update

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

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

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

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

3.4 **Action:**

The Board noted the content of the report.

4. Lewisham Pharmaceutical Needs Assessment

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

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

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

4.4 **Action:**

The Board agreed to note and approve the report.

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

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

5.2 Progress since the 2019 strategy and action plan had been slower than planned but has seen important developments: the Council's public health team has access to anonymised data from the Police and Thrive London on those who are recently bereaved by suicide – the real time surveillance system (RTSS). This allows partners to respond rapidly to support those who may be at risk of suicide themselves after suffering bereavement. The rates of suicide declined because of the pandemic, although the reasons for this remain unclear. The importance of mental health and responding to poor mental

health as a risk factor for suicide has become a priority for the government since the pandemic.

5.3 The 2022-25 Suicide Prevention Strategy was developed with key stakeholders who were part of the task and finish group. The group discussed findings from the most recent suicide audit, evidence-based practice and expert feedback from those working locally with Lewisham communities. A public consultation and focus group were conducted over the summer of 2022 to enhance the evidence and data gathered. During the spring of 2022 (9th May to 10th June 2022) the Council ran an online consultation for residents' asking questions about knowledge of suicide prevention intervention and training. The consultation received a total of 89 responses, two thirds of respondents were female (66%), and the majority self-reported as white ethnicity (84%). Respondents felt more promotional material should be available and running prevention sessions in community spaces, free of charge, for residents to attend. There was a feeling that to create more open discussion about suicide in the community there needed to be more mental health support, including recruiting and training allies, faster access to services, early identification of escalating mental health concerns, and removing stigma.

5.4 The vision of the Suicide Prevention Action Plan is that no one in Lewisham will take their own life is ambitious but underpinned by an action plan with five objectives. Lewisham has lower suicide rates in comparison to rates for England. Although lower overall, since 2014/16 the rate has been steadily increasing, with a minor decline during 2020/21 which may be as a direct impact of COVID. Male suicide is three times more prevalent than female suicide and around one third of suicide victims were first generation migrants/refugees. Most suicides also occurred in the north of the borough.

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

5.4 **Action:**

It was agreed to note the report.

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

6.1 CM introduced the report that the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) was a two-year partnership between Lewisham Council and Birmingham City Council, to gather insights on health inequalities within Black African and Caribbean communities in Birmingham and Lewisham. Seven key themes

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

6.2 The Lewisham Health Inequalities and Health Equity Programme 2022-24 aims to strengthen local health & wellbeing partnerships across the system to enable equitable access, experience and outcomes for Lewisham residents, particularly those from Black and other racially minoritised communities. The key objectives of the Programme are:

- System leadership, understanding, action and accountability for health equity
- Empowered communities at the heart of decision making and delivery
- Identify and scale-up what works
- Establish the foundation for the new Lewisham Health and Wellbeing Strategy
- Prioritise and implement specific opportunities for action from BLACHIR

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

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

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

2) Health equity teams

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

3) Community development

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

4) Community of practice

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

5) Workforce toolbox

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

6.) Maximising data

Meetings have taken place to explore synergies with the Population Health Board and related working groups. Logic models and outcome measures that are being defined in workstreams 1, 2, 3 and 5 will determine the data collection requirements. Maximising the use of data has been identified as a key requirement in each of the logic models.

7) Evaluation

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

8) Programme enablement and oversight

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

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

6.5 **Action:**

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

7. LGBTQ+ Joint Strategic Needs Assessment (JSNA)

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

the LGBT+ community.

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

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

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

7.5 **Action:**

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

8. Developing the new Lewisham Health & Wellbeing Strategy

8.1 CM introduced the report and stated the new strategy will lean heavily on the JSNA to understand both the direct and in-direct impacts of COVID-19 within Lewisham, as well as seeking to identify any impact on health inequalities. The overall number of cases, deaths and vaccine uptake were summarised in the report. There were 2,341 deaths recorded in Lewisham in the financial year 2020/21, this was an increase from 1,874 in 2019/20. 547 (23%) deaths were due to COVID-19 and 490 (21%) due to cancer. Pre-pandemic cancer was the biggest cause of death, (538 of

the total 1,874 deaths in 2019/20). In 2021/22 there were far fewer deaths (1,257) in Lewisham. 82 (7%) of deaths were due to COVID-19, and 354 (28%) were due to cancer. Both the number of deaths due to COVID-19 and the total number of deaths in Lewisham in the second year of the pandemic were significantly reduced. Pre-pandemic the typical number of deaths per year in the borough was closer to 2,000. Due to the age bias of COVID-19 mortality, analysis by ethnicity was deferred to national data. At the start of the pandemic, people from a Black ethnic group had the highest mortality rate. In the second wave, it was then people from an Asian ethnic group. People from a White ethnic group saw the lowest COVID-19 mortality rate throughout the pandemic.

8.2 In terms of Long COVID, ONS data estimated that in May 2022, two million people in the UK were experiencing self-reported symptoms or 3.1% of the total population. In Lewisham, analysis of the local Population Health Management System showed that between May 2020 and May 2022, 1,332 people had been given a Long COVID diagnosis (0.38% of registered patients). This makes the local diagnosed Long COVID rate significantly higher than the England rate. Those of working age saw higher rates of Long COVID, (peaking within 40-49-year-olds). Women were also twice as likely to be diagnosed as men. The ethnic group most diagnosed with Long COVID in Lewisham was Black Caribbean. The rate was significantly higher than those from a White or Black African ethnic group.

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

- *Immunisations*: Childhood immunisation levels are also yet to return to pre-pandemic levels. Whilst Lewisham has better uptake than many similar areas, overall uptake is significantly lower than the national average. Therefore, any drop leaves a greater proportion of the population exposed to illness and potential outbreaks.

- *Child and Adolescent Mental Health Service*: The Lewisham service saw over a 40% increase in the number of referrals between 2020/21 to 2021/22. Around 7 in 10 referrals were accepted in both years, meaning that caseloads have increased. The increase in demand for services coupled with challenges around recruitment and retention of staff that is being felt nationally, has contributed to increased waiting times.

8.4 Action:

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

9. Lewisham Adult Safeguarding Board Annual Report 2021/22

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

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

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

9.3 **Action:**

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

10. For Information items

10.1 There were no for information items.

11. Any other business

11.1 No other business was raised.

The meeting ended at 17:00 hours