Annex A
Lewisham Local Care Plan
Progress Update

Lewisham's priorities: Progress against actions

South East London Integrated Care System

NHS South East London

1 Strengthening the integration of primary and community based care

The model, infrastructure and approach required to deliver effective integrated working at a neighborhood level will be established. Through this approach local models of care will be established for at least two long term conditions and to support older people. The provision of early intervention and community support for mental health will also be expanded.

Neighbourhood integrated working

Reports into the Lewisham Integrated Neighbourhood Network Alliance

After a period of stakeholder engagement through a series of workshops, interviews, and surveys we will strengthen primary and community working by focussing on one neighbourhood at a time to identify local challenges and adopt an integrated way of working to address these, taking the learning and scaling this up across the borough. Following an invitation to all Lewisham PCNs, Neighbourhood 3 will be the first neighbourhood pilot. Work has started including setting up a steering group and holding a deep dive session with stakeholders to identify neighbourhood priorities for action.

MDM Review

Stakeholders across the system have identified the need to review how practice-based MDM meetings are currently working and explore solutions for enhancement to ultimately improve patient outcomes. A task and finish group has been established and Self-Assessment Questionnaire developed with Stakeholders to help understand how the current Standard Operating Procedure is being implemented, including variation in practice across the borough, identify challenges around existing processes and behaviours (e.g. access to systems, recording and following up of actions, effective chairing of and participation in meetings) and explore opportunities to enable an anticipatory model of identifying and supporting patients before their needs become complex. A number of in-depth interviews will be undertaken following completion of the questionnaire.

Directory and Signposting working group

Project to work with stakeholders to map directories of services that are used to support health and wellbeing and to identify opportunities to promote existing platforms and align future developments. Prototyping use of Community Connections Lewisham Directory with health teams to determine if this resource can be of wider benefit to partners across the system.

Lewisham's priorities: Progress against actions

1	**Strengthening the integration of primary and community based care**	The model, infrastructure and approach required to deliver effective integrated working at a neighbourhood level will be established. Through this approach local models of care will be established for at least two long term conditions and to support older people. The provision of early intervention and community support for mental health will also be expanded.

Local models of care for LTCs

Reports into the LTC Delivery Forum

We have identified Respiratory (asthma) and Cardiovascular (hypertension) as our two main areas of focus and in recent months we have held a number of workshops/discussions with all key stakeholders to help us understand our current offer within the borough and what we need going forward to help us manage the current and predicted demand. This will include identifying any duplication within our system which will potentially give us the opportunity to release funding for additional investment.

We are also linked in with colleagues across our wider system which includes the SEL Respiratory Network and our Cardiovascular Programme leads where we are developing service maps for both areas. For CVD an initial service map was developed by colleagues at KCH which we are building on and we have since met with CESEL and our wider team to discuss priority areas for Lewisham.

We will continue to work with key stakeholders and partners on the BGL diabetes work programme and one of the areas that we are currently exploring is to identify additional space for the DSNs (Diabetes Specialist Nurse) to deliver community clinics and a request has been submitted to the Lewisham Estates Board for review.

Lewisham's priorities: Progress against actions

1	**Strengthening the integration of primary and community based care**	The model, infrastructure and approach required to deliver effective integrated working at a neighbourhood level will be established. Through this approach local models of care will be established for at least two long term conditions and to support older people. The provision of early intervention and community support for mental health will also be expanded.

Local models of care for older people

Reports into the Older People's Programme Board

ED attendances amongst older adults had returned by the end of 2022/23 to 2019/20 levels, while the number of ED admissions amongst older adults had doubled in this time. Lewisham now has the highest admissions rate per 100,000 people in SEL, and the highest readmissions and housebound rate in SEL.

Work is ongoing within the Older People's programme to identify which older adults would most benefit from a proactive service offering key preventive actions such Comprehensive Geriatric Assessments, Falls Risk Assessments, Structed medication reviews, Personalised Care and Supported Plans to prevent deterioration and unplanned admission. Ideas about how to identify this cohort include:

1. Older adults who are frail (test whether mild/moderate/severe) but not had recent (<1 year) primary care or community care contact
2. Identifying what factors are most common in admissions in older adults to build a predictive model, such as age, gender, ethnicity, frailty score, care home resident, end of life care flag, number of previous admissions, admissions for a reason prevalent amongst re-admitted patients, days since last admissions, deprivations index score, long term conditions.
3. Older adults who had a care needs assessment and not met the threshold to receive care.

In addition, work is ongoing to develop a business case for a Lewisham Twilight service to provide care to patients overnight (between 11pm and 7am) while other services are closed. The model being considered is pairing two wellbeing workers to visit a caseload of one patient per hour, using a fleet vehicle, to ensure they are stable overnight. Finally, work is ongoing to develop a Lewisham wide mechanism for capturing the voice of the older resident. This will be facilitated through the large number of community groups that support older people in Lewisham.

Lewisham's priorities: Progress against actions

1	**Strengthening the integration of primary and community based care**	The model, infrastructure and approach required to deliver effective integrated working at a neighbourhood level will be established. Through this approach local models of care will be established for at least two long term conditions and to support older people. The provision of early intervention and community support for mental health will also be expanded.

Early intervention for mental health

Reports into the All Age Mental Health Alliance

The continued focus of investment within the Alliance on the development and enhancement of our blended community mental health and Primary Care Mental Health Teams comprised of Health, Social Care and Voluntary Sector staff. Our intention is to continue to ensure that our community mental health offer is integrated into our neighbourhood and PCN footprint maximising opportunities to work collaboratively to meet the health and care needs of populations that we serve.

Mental Health Invest standard (MHIS) and Community Transformation priorities for Adults have been agreed through the Mental Health Alliance Leadership Board and are being taken through governance structures within the ICB and SLaM to be finalised in August. The three priority areas are:

- Additional Consultant Capacity x 2
- Discharge and flow workers including Supported Housing Uplift
- Additional Capacity within primary care and community mental health teams.

CYP MHIS priorities are yet to be agreed but will need to be finalised by the end of August.

The scoping phase of the Lewisham Adult Clinical model is at its later stage development and has been reported to SLaM's Board – a proposal for a 24/7 community hub (based on best practice models from other Mental Health Systems in other countries) is being considered for testing within one of our neighbourhoods with proposed investment via an NHSE Business case.

Lewisham's priorities: Progress against actions

2	**Building stronger, healthier families and providing families with integrated, high-quality, whole-family support services**	An integrated model for family hubs across Lewisham will be established and the integrated pathways that can be delivered through family hubs will be identified.

Reports into the CYP Transformation Board

Good progress has been made with the Family Hub in Clyde that is currently being piloted, supported by partners from health visiting and midwifery and across the voluntary sector. The pilot is being evaluated to ensure any lessons learnt can be implemented for the next Family Hubs. Additional services continue to be added, aiming to support related priorities such as paediatric outreach, vaccinations, weight management of children and CAMHS. The opening of the next Hub in Downderry (Downham) should take place by end September 2023 and in Bellingham in autumn 2023.

Local Child Health Teams are in development in Lewisham, with the first PCN pilot (TLCP PCN) being planned for autumn 2023. This will see enhanced clinical triage of children to assess whether General Paediatric Outpatients is the right pathway, and diversion of some patient cohorts into a joint GP- and Paediatrician-led community based clinic with shorter waiting times and closer to home care.

Lewisham's priorities: Progress against actions

3	Addressing inequalities throughout Lewisham health and care system	An agreed infrastructure will be implemented through which initiatives to address health inequalities and achieve health equity in the borough can be delivered.

Reports into the Health and Wellbeing Board

The Lewisham Health Inequalities and Health Equity Programme is progressing well, and a key achievement has been to develop a health equity team within each Lewisham Primary Care Network (PCN). Each team consists of a Health Equity Fellow (clinician) and commissioned community-based organisation. The teams are now being mobilised to co-produce specific health equity projects for their respective PCN footprint. Finalised projects will be confirmed at the end of August 2023.

Cancer Screening

The Lewisham Cancer Awareness Network (LCAN) continues to focus on improving cancer screening rates and improving awareness of the signs and symptoms of cancer. Of the three main cancer screening programmes, breast cancer screening uptake is the lowest in Lewisham. Specific work is underway to promote breast cancer screening across the borough including use of Council communications channels e.g. (Lewisham Life magazine breast cancer screening article due for distribution in August 2023) and engagement at local events over the summer period (e.g., Downham Celebrates in June 2023). Inequalities in breast and bowel cancer screening uptake have been highlighted in data for those with severe mental illness, learning disability, by geography and ethnic group. Similar analysis is underway for cervical cancer screening. Work to address inequalities includes:

- SEL Cancer Alliance bid submission to fund Lewisham voluntary and community sector organisations in target communities to support increasing cancer screening uptake.
- Working with Macmillan to develop Lewisham Cancer Champions, within the wider Lewisham Health and Wellbeing Community Champion programme, to raise awareness and improve uptake of cancer screening in specific communities. This will be a 3-year initiative with support from Macmillan.

Immunisations

Planning is underway to complete a JSNA topic assessment that will focus on inequalities in immunisation and cancer screening uptake. This will be completed over the course of the next year to inform work to address inequalities. A Lewisham vaccination and immunisation strategy has been developed to support improvements in vaccination uptake in the borough. Within this strategy, PCN immunisation open sessions are being planned to help address inequalities in access to vaccination appointments across Lewisham.

Workforce Toolbox

A proposal was taken to the July 2023 meeting of the Lewisham Health and Wellbeing Board to commission an external organisation to develop a framework for the Lewisham workforce toolbox to address health inequalities in Lewisham. This proposal was approved and will be progressed in coming months. As part of this consideration will be made to incorporate cultural competency training available via LGT into the toolbox.

Lewisham's priorities: Progress against actions

4	**Maximising our roles as anchor organisations, being compassionate employers and building a happier, healthier workforce**	Opportunities for joint apprenticeship programmes will be identified. Joint initiatives will be implemented to promote health and care careers and develop tools and approaches to inform workforce planning and address workforce.

Thread runs through all boards

The LHCP Workforce Group met in June and reviewed its purpose and partnership priorities. The particular areas of focus that have been agreed for this group are to assess the current apprenticeship offer across the partnership, to identify opportunities for joint working on equalities, and to explore an integrated workforce model. The next meeting of the group will focus on development of apprenticeships and the integrated workforce model with partnership apprentice leads and heads of nursing.

Work is also underway to connect the council's Lewisham Challenge programme for year 12 students with the proposed LHCP health and care careers insight programme, to launch in September/October.

5	**Achieving financial sustainability**	The LHCP will work to optimise the use of resources, align financial planning and maximise financial resilience to system pressures.

Thread runs through all boards

The LHCP is continuing to work collaboratively within the partnership and across Southeast London ICS to optimise use of resources and maximise financial resilience. We are working together to optimise outcomes across a range of funding sources including discharge to maximise patient flow, and winter resilience planning to ensure we get the best value from resources invested.

The ICS works to one financial plan across the system and has a substantial efficiency programme to deliver to ensure financial resilience. Further information regarding current pressures and progress are referenced in the finance paper presented to the LCP Board.