

# MINUTES OF THE HEALTH AND WELLBEING BOARD

Wednesday 8th September 2021 at 3.00pm

## ATTENDANCE

**PRESENT:** Cllr Chris Best (Deputy Mayor of Lewisham and Cabinet Member for Health and Adult Social Care); Tom Brown (Executive Director for Community Services, LBL); Dee Carlin (Director of Adult Integrated Commissioning, LBL); Philippe Granger (Chief Executive, Rushey Green Time Bank); Donna Hayward-Sussex (Service Director, South London and Maudsley NHS Foundation Trust); Michael Kerin (Healthwatch Lewisham); Faruk Majid (Lewisham Member of South East London CCG); Dr Catherine Mbema (Director of Public Health, LBL); Sukhvinder Kaur-Stubbs (Vice-Chair of the Lewisham and Greenwich NHS Trust); Angela Scattergood (Director Of Education Services, LBL); Martin Wilkinson (Director of Integrated Care and Commissioning, LBL/South East London Clinical Commissioning Group); and Cllr Chris Barnham, Cabinet Member for Children's Services and School Performance.

**APOLOGIES:** Damien Egan (Mayor of Lewisham); Val Davison (Chair of Lewisham & Greenwich NHS Trust); 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 (Chair of Lewisham Local Medical Committee).

## Welcome and introductions

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

### 1. Minutes of the last meeting

1.1 The minutes of the last meeting on 4<sup>th</sup> March 2021 were agreed with no matters arising.

### 2. Declarations of interest

2.1 There were no declarations of interest.

### 3. Local COVID-19 Outbreak Engagement Board

3.1 Catherine Mbema presented the latest data on COVID-19 in Lewisham. As of 20<sup>th</sup> August 2021 there had been a total of 31,010 confirmed cases of Covid-19 in Lewisham. Since July there has been a decrease and stabilisation in the number of confirmed cases. Catherine confirmed the Lewisham Health and Wellbeing Board will continue to act as the Local Outbreak Engagement Board going forward to oversee local efforts to manage Covid-19. The Lewisham COVID-19 Local Outbreak Management Plan will be updated in line with the contents of the national framework later this month and published on the Council's website.

3.2 Martin Wilkinson updated the Board on the roll-out of the vaccine across Lewisham and reported that continued good progress was being made. The focus is now on increasing

the uptake of the vaccine amongst young people aged 16 to 24 years old and vulnerable young people between 12 and 15 years old. The CCG has developed a strong relationship with local schools to facilitate the vaccination programme. Vaccine rates in Lewisham are comparable with other Inner London boroughs. The CCG continues to work closely with the community champions and local grassroots organisations to increase vaccination levels across all population groups. Martin explained that the CCG had intended to deliver the Covid-19 booster and flu jabs simultaneously, but delays in the guidance being issued for the former made this unlikely. The eight pharmacies in the borough who administer the vaccine will continue to be used to dispense the booster and flu jabs.

3.3 Sukhvinder Kaur-Stubbs updated the Board on the position in local hospitals, where there is a problem of staff not being able to come to work because they are self-isolating. The surge in the demand for beds, which usually begins at the start of winter, is now becoming acute with currently 97% bed occupancy. There is a concerning trend of more young people being admitted to A&E, especially with respiratory illness, which is very atypical. Staff exhaustion because of the constant clinical pressure is also an issue that is being carefully monitored. Waiting lists for elective surgery continue to grow, with the most urgent cases being treated first.

3.4 Donna Hayward-Sussex updated the Board on developments around mental health services and confirmation that all services are now open. There is growing pressure on acute pathways, especially from female patients. There is currently 100% bed occupancy and new patients are only being admitted on the basis of another patient being discharged. The major reconfiguration of services is now coming to an end and will be completed by the end of the year. SLAM is also working with partners to increase vaccination levels amongst staff who work at CQC registered care facilities. The launch of an advice line to help people contact mental health services directly from 9.00am to 5.00pm daily (Monday to Friday) is on track and should be operational in the coming weeks.

3.5 Philippe Granger emphasised that services were beginning to return to normal across the third sector, but there continues to be a growing problem around recruiting a sufficient number of volunteers to carry out planned activity. This is partly due to fatigue on the part of many people who have volunteered in the past and the requirement for many volunteers to self-isolate because of contact with someone who currently has Covid-19. Philippe stressed that while recruitment campaigns had been launched to increase volunteering, it was becoming increasingly clear that statutory agencies and voluntary bodies needed to establish joint rosters to make the most of limited resources. As there is insufficient cover currently available at busy periods, such as bank holidays. The Board expressed sympathy for this proposal.

3.6 Michael Kerin highlighted rising patient concerns arising from the growing waiting list for elective surgery and the impact the increasing number of cancelled operations was having on people's psychological wellbeing. He emphasised the need to analyse all the feedback received over the course of the pandemic from health and social care users, to establish if current practice can be improved to reassure people that partner agencies were getting on top of the situation.

**3.7 Action:**

**The Board noted the content of the report.**

#### 4. Better Care Fund 2021/22

4.1 Martin Wilkinson updated the meeting on the latest position regarding the development of the BCF Plan for 2021/22. Although the policy framework had been published in August, more guidance was still awaited and this was needed before the plan can be finalised. As in previous years the BCF 2021/22 Plan will be jointly developed by the Council and CCG following publication of the policy framework and planning guidance. It was highlighted the draft BCF Plan for 2021/22 will be presented to this Board, possibly at the December meeting, for final approval before submission to NHSE.

4.2 The BCF 2021/22 Plan will focus on improvements on two key metrics: reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days; and improving the proportion of people discharged home using data on discharge to their usual place of residence.

#### 4.3 Actions:

**The Board supported the recommendations made in the report:**

- Note the delay in publication of the formal policy framework and planning guidance by NHS England.
- Delegate development of the plan and agreement on the schemes to the S75 Agreement Management Group.
- Agree to receive the BCF 2021/22 plan for formal sign off by members of the HWB at the next appropriate Board.
- Delegate future approval of the BCF/IBCF quarterly returns to the S75 Agreement Management Group, with members to receive the returns for information at the next available HWB following submission.

#### 5. Lewisham Health Inequalities Toolkit

5.1 Catherine Mbema introduced the report which updates the Board on the latest actions to develop a comprehensive Health Inequalities Toolkit for Lewisham. The aim of this toolkit is to present data in a user-friendly format that is available to all sections of the community in the same way, which will be refreshed every year to allow different communities and representative organisations to gauge for themselves, the progress that has been made in addressing inequality.

5.2 A Lewisham Health Inequalities Summit will be organised in October 2021 to take stock of what we have achieved to date in terms of addressing health inequalities in Lewisham and to plan for a system-wide approach going forward. A planning group has been convened for the summit and developed a proposal for the objectives and approach required. The aim of the summit and associated events will be to support behaviour change in senior leadership and shift organisational decision making and investment, to address health and wellbeing inequalities and inequity in Lewisham. Catherine stressed that the summit will not be a one off event but represents a more developmental approach, building on the new learning incrementally.

5.3 The main objectives of the summit and associated events will be threefold: to develop system leaders' understanding of the scale and implications of health inequalities in Lewisham and their individual and organisational role and responsibility in addressing them; support understanding across system leaders of evidence-based actions and investment to address health and wellbeing inequalities; and identify specific, measurable actions and investments across anchor organisations and others to address health and wellbeing inequalities. It was hoped that a prominent external speaker could be secured to present at the summit.

5.4 A three staged approach is being proposed for taking the work forward:

- i) Develop individual and organisational understanding of health inequalities and inequities and their role and responsibility – October 2021
- ii) Support collaborative evidence-based action planning and investment with a specific workshop/summit to facilitate this – November 2021
- iii) Identification of actions – January-March 2022
  - Organisations develop their own action plans for addressing health inequalities in health equity.
  - Develop a community event to present and discuss plans.

5.5 Members supported the suggestion that a more developmental approach to the summit should be taken and the importance of fostering strong community relationships to ensure learning is incorporated into practice. However, the importance of not letting the timetable slip and agreeing a definite direction of travel by March 2022 was stressed. It was also agreed that the focus of the toolkit should focus on the wider determinants of health inequalities, which should include a broad range of factors, including the impact of digital exclusion and communities where English is second language on their ability to access services.

#### **5.6 Action:**

Members of the Health and Wellbeing Board agreed to note:

- the contents of this report
- the updates to the Health Inequalities Toolkit
- the updated approach to the proposed Health Inequalities Summit

## **6. Joint Strategic Needs Assessment**

6.1 Catherine Mbema introduced the report and informed the Board that the JSNA process which had been paused over the pandemic, will resume from September 2021 for priority work to inform COVID-19 recovery. The JSNA process will resume with two priority areas:

- A JSNA topic assessment examining the wider COVID-19 impacts to support recovery planning and commissioning. This will be led by the Lewisham Public Health Team and be supported by the 'What Works Centre for Wellbeing': <https://whatworkswellbeing.org/>.
- A JSNA topic assessment/refresh will also be performed on the topic of Air Quality

6.2 The outstanding JSNA topic assessments, where completion was paused due to the pandemic, will also now be reviewed with appropriate timescales allocated for their completion. The updated timescales for completion will be presented at the December 2021 meeting of the Health and Wellbeing Board. The outstanding JSNA topic assessments include:

- LGBT health and wellbeing
- Self-harm in children and young people
- Transition between children to adult services

6.3 These priority JSNA topic assessments will be presented at the July 2022 meeting of the Health and Wellbeing Board and it is hoped that the three JSNA topic assessments will also be presented at that meeting.

6.4 The Board agreed that the JSNA work needed to look at the key issues from a fresh perspective informed by the psychological impact of the pandemic on people's lives, for example the disruption to schooling and experience of isolation. The review should also use all the evidence gathered over the pandemic to ensure that the groups with the highest levels of need, post-pandemic, are the ones who will receive priority.

6.5 **Action:** The Board agreed to:

- Note the contents of the report
- Approve the revised timelines for the revision of the JSNA process and review of the most recently published JSNA Topic Assessments

## 7. Healthwatch Lewisham Annual Report 2020/21

7.1 Michael Kerin presented the Healthwatch Lewisham Annual Report for 2020-21. The report highlighted the range of work that was carried out in order to capture people's experiences of health and care services during the COVID-19 pandemic. In terms of work, Healthwatch Lewisham were able to adapt their engagement approach from a face-to-face to a comprehensive digital model around making direct telephone calls to residents and gathering online reviews. The report included several metrics that demonstrate the high level of engagement with patients and local people over the duration of the pandemic, the practical support given to the local vaccination programme and the level of volunteering activity that has been undertaken by Healthwatch Lewisham over 2020/21.

7.2 The Board expressed their appreciation of the work of Healthwatch Lewisham under very difficult circumstances during the pandemic. The view was also expressed that the role of Healthwatch Lewisham is likely to be enhanced, given the significance of place within the new ICS arrangements that will be introduced from April 2022. Michael confirmed that a task and finish group has been set up to look at service accessibility in response to more services being delivered through digital channels.

7.3 **Action:**

**The Board noted the contents of the report and expressed their thanks**

## **8. For Information items**

### **Adult and Young People JSNAs for substance misuse**

8.1 These reports were included for information on the agenda because the separate substance misuse JSNAs for adults and young people will significantly inform the Council's re-procurement decisions over the coming years. In producing these JSNAs, the Council selected an external partner through a competitive open process in September 2020. The contract was awarded to Therapeutic Solutions. A multidisciplinary project group was established to oversee the work and liaise with the provider, culminating in the two JSNAs attached.

## **9. Any other business**

- 9.1 The Chair discussed potential agenda items for the December 2020 and March 2021 meetings of the Board and a number of items were agreed for inclusion on the agendas for these meetings. A draft forward plan of items for these meetings will be circulated following the meeting.
- 9.2 For the 2021/22 cycle of Board meetings, the Chair expressed the view that with the introduction of the Integrated Care System arrangements from April 2022, the number of meetings should be increased to four per year from 2022/23 and for these to meet on a three month frequency cycle.
- 9.3 It was also discussed if meetings ought to revert back to being held in person or to retain the existing virtual, digital meeting arrangement. It was agreed that a hybrid ought to be adopted and that the matter would be discussed again at the December meeting of the Board, after members had had time to reflect.

The meeting ended at 16:22 hours