

**LEWISHAM PEOPLE’S PARTNERSHIP**

**Discussions and actions from the meetings held on 6th December 2023 – In Person & Online Meetings**

**Lewisham People’s Partnership – Agenda for the meeting held on 6th December.**

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| **1.** | **What voices were at this meeting**  |
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| **2.** | **Engagement programme for Same Day Urgent Care - Improving Access to Primary Care** |
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| **3.** | **Update on the Charter for Health, Care and Wellbeing in Lewisham** |
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| **4.** | **Actions and date of next meeting**  |

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| **Agenda Item 1 – Voices at the meeting**  |
| **In Person Meeting Attendees**Anne Hooper, Chair, Lewisham People’s PartnershipCharles Malcolm-Smith, People & Provider Development LeadRachel Ellis, Table TalkDaniel Johnson, Communication and Engagement Manager Jack Emsden, St. Christopher’s HospiceDeeta Henry-Smith, Project Manager, System Transformation & Change (Item 2)Lauren Woolhead, PA & Business SupportLisa Fannon Public Health, Lewisham CouncilRosemarie Ramsay, Capital AgendaBarbara Gray, Kinaara**Online Meeting Attendees**Anne Hooper, Chair, Lewisham People’s PartnershipCharles Malcolm-Smith, People & Provider Development LeadLauren Woolhead, PA & Business Support (Lewisham)Daniel Johnson, Communication and Engagement Manager Deeta Henry-Smith, Project Manager, System Transformation & Change (Item 2)Helen Eldridge, Head of Communications and Engagement (Lewisham)Andrew Cook, Delivery ManagerSharon Latter, Three Cs (learning disability, autism, mental health)Alexandra Camies, South Lewisham Patient Participation GroupSue Boland, BLG MindPeter Ramrayka, Indo Caribbean group and air cadetsMichael Kerin, Healthwatch Lewisham |

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| **Agenda Item 2 – Engagement programme for Same Day Urgent Care – Improving Access to Primary Care** |
| **Background**This agenda item was introduced by Deeta Henry-Smith who explained that, in May 2022, a report called the Fuller Stocktake was published. This work was undertaken by a GP, Dr. Claire Fuller, and the recommendation in the report are now a national programme being implemented by all Integrated Care Systems (ICS) and Integrated Care Boards (ICBs). At the heart of the Fuller Stocktake is a new vision for integrating primary care and improving access, experience and outcomes for our people `and communities, which centres around three essential offers: * **streamlining access to care and advice** for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
* **providing more proactive, personalised care with support from a multidisciplinary team of professionals** to people with more complex needs, including, but not limited to, those with multiple long-term conditions
* **helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention

Deeta explained that the Primary Care team has approached GPs, hospital community teams and out of hours services. An initial workshop was held in October to bring in service user voices which will be followed by a number of events throughout December 2023 and January 2024 including one at Lewisham Shopping Centre, at the Learning and Disability Autism Big Health Week, the Lewisham People’s Partnership as well as at digital drop in centres. These events will use a short questionnaire to gather experiences and learning from people and communities in Lewisham on the following questions:* How do people access services
* What is your understanding of what is available to you?
* How can Lewisham Health and Care Partnership support people and communities to access same day services effectively?

**Following discussion, the meeting gave the following responses to the above questions and how to engage effectively with people and communities:****What are your experiences of how people access services – what can we learn from these experiences?*** There is a lack of knowledge in how to access GP services and each surgery seems to have different ways of people getting appointments
* Some people report that their access to GP services has been improved whilst others report access is challenging, time consuming and frustrating
* There is a need for clear and consistent communication with the Lewisham population about change
* There is a feeling that time is wasted within General Practices when it comes to triaging – involving people in how it could be dealt in a different way would be a positive resulting in people being less anxious and feeling they are being treated with respect

**What is your understanding of what is available to you?*** Many people don’t know what is available to them from their general practice and they don’t know what they should be able to expect is available – this situation could be improved by effective communication from practices directly to their patients
* Similarly, knowledge about how to self-refer - and for what - is patchy and, again, could be improved by effective communication from practices directly to their patients
* The services offered by pharmacies are not clearly known to people and communities nor is the Pharmacy First service
* There is limited understanding of the additional staff now employed in general practice, what they offer, how to get an appointment and how they can support improved health and wellbeing
* Simple flow chart to show where people can go for certain services which can be adapted to specific practices

**How can Lewisham Health and Care Partners support people and communities to access same day services effectively?*** There needs to be a shift in perspective – the local health and care system does not work for the system but for people and communities – the system needs to demonstrate to people and communities that it is willing to change and is committed to learning from people and communities what needs to be changed and how that change can be brought about
* Need to be more granular with diversity – inequalities in the provision of services exist and there needs to be consistent focus on the BLACHIR recommendations in all aspects of primary care planning, commissioning, decision making and co-production
* Similarly, population profiles need to influence primary care planning, commissioning, decision making and co-production and highlight the impact of decision making on each part of our population
* There is a lack of communication with the patients, especially if there is a significant change happening – we need to find a better way to communicate with people and communities about change
* We need a strong and strategic focus on health promotion
* There is excellent work being done in the North Lewisham Hub, health equity staff and health and wellbeing champions – experiences and lessons learnt from all this work should be widely disseminated and demonstrably utilised in future planning
* Identify why patients are attending the emergency department and is there anything that could have been done to avoid attendance - potentially shadow the receptionist to see from the front line.

**How to engage effectively with people and communities:*** Many participants offered to work with Deeta and the primary care team to utilise existing community and voluntary sector organisations and links to reach into different part of our communities – e.g. mental health, learning disability, autism, primary care networks,
* Utilise the work currently being undertaken by BLACHIR and health equity fellows to reach into communities
* Re-visit previous work with people and communities to look at lessons learnt and how we can improve joining up engagement and co-production activities to increase trust by demonstrating inclusivity and the difference made
* Outreach work needs to demonstrate diversity and equity – ensure people who prefer face to face interaction rather than online survey or questionnaires have that opportunity and that people who chose not to access online engagement are not left out
* There needs to be a systematic, strategic and long-term approach and commitment to how people and communities are involved in decisions about local health and care services
* We need to promote long term conversations with people and communities and ensure they are joined up across the Lewisham Health and Care Partnership
* There is a lack of patient groups within general practice - each surgery having an effective and diverse Patient Participation Group (PPG)would be a positive way to encourage people to join in and expand knowledge and influence in primary care planning and decision making
* Identify ways in which PPGs would link in with other community groups to share information
* Approach a broader range of service users as they will have different experiences, especially carers, people who use mental health services and those who use the services on a regular basis
* Demonstrate what has been done with clear information

**Next steps** * These responses will be taken to the Lewisham Health and Care Partners Strategic Board for discussion and to influence ongoing discussions
* Deeta will touch base with colleagues who offered to support and will come back to the Lewisham People’s Partnership with the interim report
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| **Agenda item 3 – Update on the Charter for Health, Care and Wellbeing in Lewisham** |
| Anne introduced this item explaining that the latest version of the Charter for Health, Care and Wellbeing in Lewisham had been discussed at Lewisham’s Healthier Communities Select Committee on 6th September 2023.At that meeting, the Committee agreed that the Charter needed to be more relevant and meaningful to residents. The Committee advocated further engagement with people and communities in Lewisham and for the Charter to:* Support people and communities to improve their health and wellbeing
* Reflect what people and communities could do themselves for their health and wellbeing and
* What people and communities could expect from health and care partners

.**Following discussion, the meeting gave the following responses to the above questions:****Support people to improve their health and wellbeing*** Understand what is happening for people and communities regarding their health and wellbeing by involving community and voluntary sectors organisations to find out from the communities they work with
* Use the BLACHIR report recommendations and the health equity teams to work with communities to gain their trust and what support they need to improve their health and wellbeing
* Need to be talking about social care and the NHS as they are one system and where there is impact in one area it will also impact the other - support needs to be across all aspects of health and care – NHS and social care working together
* Increased investment in preventative health care and offer incentives e.g. attend 6 classes and get 7th free
* Have a better understanding what is out there for people for them to take some responsibility for better health, recognising that not all people’s health is around clinical services, therefore there needs to be a change in how we ask the questions and how we provide the services
* Providing purpose and social wellbeing though increasing community cohesion and spaces
* Reinvestment in what worked well previously and into the voluntary sector
* Gather information from School Children combined with university students
* Regular spot on the radio and newspaper to increase awareness

**Reflect on what people and communities could do themselves for their health and wellbeing*** Attend appointments, screenings, health checks
* We could look after ourselves better and be open to conversations about improving our health
* We could take time to find out what is available to help us improve our health and wellbeing
* We could listen to trusted voices on how we could improve our health and wellbeing

**What people and communities could expect from health and care partners*** When commissioning services there is a need for better understanding of inequalities and the recognition of them and that they exist within the borough
* Integrated commissioning is at the centre of understanding inequality and, focusing on the needs of the population, to support the delivery of services that reduce health inequalities
* Revisit the work previously undertaken on community development, asset-based approaches and participatory budgets to identify what went before that worked and could still have value today in enhancing people’s health and wellbeing, promote resilience and independence and involve people and communities in how public money is spent
* Reinvestment in what worked well previously and into the voluntary sector
* For many people their health and wellbeing is not to do with clinical services but with other factors such as employment, housing, pollution, money etc – for the Charter to be effective it needs all partners in the local system to work together
* Use – and fund - community, voluntary and social enterprise organisations to access the many diverse communities in Lewisham – they have greater reach into these communities than the statutory sector has
* Review what services are no longer being provided and the impact it has had on people’s motivation, the availability of support and maintaining a healthier lifestyle
* The lack of trust that some people and communities have with the health and care system is a factor in health and care inequalities. This is compounded by the lack of diversity in the infrastructure. To tackle inequality, Lewisham needs people who understand it to lead it and to gain respect, Lewisham needs to have black communities at the top table
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| **Agenda Item 4 – Date and location for the February 2024 meeting of the Lewisham People’s Partnership** |
| A note of the meeting discussions and actions arising will be sent to all those at the meeting and to all those on the Lewisham People’s Partnership mailing list as well as being posted on the Lewisham People’s Partnership web page. They will also be shared with the Lewisham Health and Care Partners Strategic Board for consideration and to influence ongoing discussions.Please feel free to distribute these notes to any of your networks and connections. If you have any comments or suggestions you would like to make then please do contact Anne Hooper, Chair, Lewisham People’s Partnership at anne.hooper@nhs.net.The next meeting is to be confirmed date and timing will be confirmed shortly. A suggested agenda for this meeting will be sent out shortly.  |