

LAMBETH TOGETHER STRATEGIC BOARD

Date and Time: Wednesday 20 January 2021 1.00 pm

<u>Venue</u>: Online: hosted by NHS South East London CCG Committee Room (B6) - Lambeth Town Hall, Brixton, London, SW2 1RW – please copy and past the following link into your browser: bit.ly/39p1j5d

BOARD MEMBERS:

Councillor Danial Adilypour

Dr Dianne Aitken Sarah Austin Tom Barrett Jane Bowie Liz Clegg

Fiona Connolly Natalie Creary Councillor Edward Davie

Councillor Jim Dickson

Bayo Dosunmu Sabera Ebrahim Andrew Eyres

Therese Fletcher Sue Gallagher Graham Gardiner Heather Gilmour Peter Hesketh Ruth Hutt Penelope Jarrett Sandra Jones Merlin Joseph

Sadru Kheraj Adrian MacLachlan

- Cabinet Member for Health and Social Care (job-share)
- Doctor
- Strategy Manager
- Director: Integrated Commissioning
- Assistant Director of Commissioning for Older Adults
- Executive Director, Adults and Health
- Cabinet Member for Children and Young People
- Cabinet Member for Health and Social Care (job-share)
- Strategic Director, Resident Services
- Strategic Director of Integrated Health and Adults Care
- Lay Member
- Assistant Director of Finance, ACS
- Director of Public Health
- --- Strategic Director of Children's
- Services
- CCG Clinical Governing Body Member
- Chair, Lambeth CCG

Raj Mitra	-
Abi Onaboye	 Director: Children's Commissioning &
	Community Safety
Andrew Parker	-
Catherine Pearson	- Healthwatch Lambeth Chief Executive
Neil Robertson	-
Jane Stopher	-

FURTHER INFORMATION

This meeting will be held in accordance with Section 78 of the Coronavirus Act 2020 and the related Regulations which details that members of the public and press be provided access to the meeting through remote means, such as video conferencing and live streaming.

If you require any further information or have any queries please contact: Cheryl Smith, lamccg.lbsat@nhs.net

Attachements

Guideline timings

- 1. AgendaLTSB200121ap.3
- 2. 2. LTSG 181120 draft minutes
- 3. 3. 210105 LTSB LWNA Jan 21 Draft Final
- 4. 4. 2021_2022 Meeting Dates

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Lambeth Together Strategic Board

Wednesday, 20 January 2020, 14:00 – 15.30 Microsoft Teams meeting

AGENDA

Agenda Item No. and Time	Agenda Item Reference and Title	Attachment / Supporting Information	Agenda Item Lead
14:00	Public Forum - Introduction		Cllr Jim Dickson
1	Covid-19 Borough Status update		Ruth Hutt/Andrew Eyres
	Questions from the public		
	Please click below to join the Public Forum		Cllr Jim Dickson
	<u>Click here to join the meeting</u>		
14.40	Meeting in Public		
2	Introductions Welcome and Introductory comments and apologies		Andrew Eyres
3	Declarations of Interest Members are asked to declare any interests on items included in this agenda		
4	Minutes of the Meetings 18 November 2020	Enc	
14.45	Lambeth Living Well Network		
5	Annual Report and presentation	Presentation	Guy Swindle/ David
	Mosaic Club House – video	Enc	Orekoya
15.15	Improving Health and reducing inequalities		
6.	Inequalities	Verbal	Dr Di Aitken
0.	To receive an update and endorse the next steps on an approach to inequalities for Lambeth Together		
15.30	Date of Next Meeting/ Close		Andrew Eyres



Lambeth Together Strategic Board - informal meeting agenda



Lambeth Together Strategic Board

Wednesday 18 November 2020 1.00- 4.00

Microsoft Teams Meeting

Councillor Danny Adilypour	 Cabinet Member for Health and Social Care (job-share)
Dr Dianne Aitken	 GP and Assistant Chair NHS SEL CCG, clinical lead for Lambeth Neighbourhood & Wellbeing Delivery Alliance
Sarah Austin Tom Barrett Jane Bowie Liz Clegg	 Director Integrated Care, GSTT Lambeth Together Programme Lead Director of Integrated Commissioning (Adults), NHS SE London CCG (Lambeth) and Lambeth Council Associate Director – Integrated Commissioning, Adults NHS SE London CCG (Lambeth) and Lambeth Council
Fiona Connolly Natalie Creary	 Executive Director of Adult Social Care Programme Delivery Director, Black
Councillor Jim Dickson	Thrive - Cabinet Member for Health and Social
	Care (job-share)
Councillor Edward Davie	- Cabinet Member for Children and Young People
Andrew Eyres	 Strategic Director, Integrated Health & Care NHS SE London CCG (Lambeth) and Lambeth Council
Therese Fletcher	- Managing Director, GP Federations
Peter Hesketh	 Assistant Director of Finance, ACS
Ruth Hutt	- Director of Public Health
Penelope Jarrett	- GP & Chair, Lambeth LMC
Sandra Jones	 Lambeth Patient Participation Group Network
Adrian McLachlan	 GP and Governing Body Member NHS SEL CCG, clinical lead for Lambeth Living Well Network Alliance
Edward Odoi	 Associate director. Finance NHS SE
Abi Onaboye	London CCG (Lambeth) Director of Children's Commissioning and Community Safety, NHS SE



Andrew Parker	London CCG (Lambeth) and Lambeth Council - Director of Primary Care & Transformation, NHS SE London CCG
Catherine Pearson	(Lambeth) - Healthwatch Lambeth Chief Executive
Neil Robertson	- Alliance Director, Lambeth Living Well
	Network Alliance
Sabrina Phillips	- Lambeth Living Well Network Alliance
Sarah Corlett	- Healthwatch
Yasmin Kamara	 Neighbourhood Nursing
Dr Vikesh Sharma	- GP at the Gratham Practice and
	Clinical Director for Stockwell PPN
David Orekoya	 Associate Director, Integrated
-	Commissioning, NHS SE London CCG
	(Lambeth) Lambeth Council
Juliet Amoa	- Associate Director Community Health
	and Engagement

1. Welcome, introductions and apologies

Andrew Eyres, Strategic Director, Integrated Health & Care, Lambeth Council and NHS South East London CCG (Lambeth), welcomed attendees to meeting.

Apologies were received from Graham Gardner, Andrew Parker and Heather Gilmour. Brian Reynolds attended for Andrew Parker and Palmer Winstanley attended for Heather Gilmour.

2. <u>Declarations of Interest</u>

There were none.

3. Minutes of previous meetings

The minutes of the meeting of 23 September were agreed as an accurate record.

An action point from the meeting was that a video that was not able to be played due to technical difficulties would be shown at the November meeting of the Board. As most of the Board had seen the video in the interim, and it was available on the Lambeth together website, it was felt that this did not need to be shown.



4. System Stories

Adult Safeguarding

Richard Outram presented a video about adult safeguarding.

Advanced Care Planning Consortium

Kate Damiral, Engagement Lead for Older People Healthwatch, provided a presentation on the Advanced Care Planning Consortium.

The Consortium was an open network promoting advanced care planning in Lambeth and involved both national and local organisations. Lottery funding had been received to develop the service. The elements of the project included:

- Community awareness raising,
- one to one support for people with long-term conditions,
- early stage dementia,
- learning disabilities and also
- carers and Portuguese speakers
- Embedding the service in the system.

Details would be provided on GP websites and it was agreed that other websites, including community forums and Lambeth council online publications should also be used to disseminate this information. Kate asked for any personal leads Board members had with community forums.

The first stage of evaluations were about to start and personal stories would be collected as part of this.

Kate said that she was working with the Alzheimer's Society who were referring clients to the service.

Board members suggested that Kate talk to GPs, the PCN and Clinical Cabinet.

RESOLVED

The updates were noted.

Covid-19 Wave 2

Public Health

Ruth Hutt presented an update on Public Health.

Cases of Covid were rising in the borough as well as elsewhere. This growth had largely been seen in the young but was now spreading to the older population. Lambeth numbers were at in the average range of London boroughs.





New initiatives had been seen for non-systematic testing for NHS clinical staff, local authority targeted pop-ins and university students. Care homes already had regular testing and this would be extended to hospices.

Lambeth Test and trace went live on 5 November. The Service was dealing with those people that the national system had failed to reach and one quarter of these had been contacted by the Lambeth service.

Vaccinations

Adrian McLachlan provided detail of the vaccination programmes.

A general practice Covid 19 vaccination service was being commissioned. General practice would be the preferred delivery model for at risk patients, care home residents and staff.

The importance of getting the communications around vaccinations correct was stressed and everything possible to encourage uptake should be done.

The existing Lambeth Flu & Immunisations Taskforce and Plan were being adapted to include Covid Vaccination, and this group would meet fortnightly with a range of stakeholders from across Lambeth.

Supporting 'Clinically Extremely Vulnerable' and others

Fiona Connolly gave an update on the Clinically Extremely Vulnerable.

There was a requirement from government that those who were 'clinically extremely vulnerable' should be contacted. A letter had been drafting setting out the support and advice that was available.

A partner had been commissioned to assist with the provision of food.

There had not yet been a spike in the number of calls received and there were a wide range of VCS organisations that were on hand to assist.

Care Homes

Jane Bowie gave an update on care homes.

System support to care homes had continued throughout the year.

It had been made sure that basic criteria in every support network was in place for all homes, including a named and identified GP lead.

The Council had provided additional financial resources.

A routine testing mechanism for residents and staff was in place.

Work was being done to instil the best infection, prevention and control measures in care homes and this would continue to be a focus.

Discharge Arrangements

Richard Outram gave an update on discharge arrangements.



Hospital discharge service requirements were published by the government on 19 March.

There was a single point of Access hosted by GSTT, which was receiving the referrals from the hospital sites.

Intermediate Care Lambeth had gone live on 10 November and was picking up the urgent response work in the community.

There was ongoing work around continuing health care and integrating services in that area.

Data mapping was being undertaken to map the patients at the two acute sites and build a dashboard of need.

Supporting Children and Families

Abi Onaboye gave an update on supporting children and families.

There had been an announcement from government about the winter fund.

There was lots of work being done around Violence against Women and Girls (VAWG). A Youth Strategy Programme plan had been agreed and work had commenced.

School attendance was being closely monitored. 86% of Children with an Education, Health and Care Plan (EHCP) were attending.

Children's Centres had continued to operate through the second lockdown and youth services were being supported to look at safe delivery models.

GSTT provider update

Sarah Austin provided an update from Guys and St Thomas'.

There was a balance being struck between recovering the position of people awaiting appointments and surgeries and reducing the spread of infection. Infection control procedures to keep those suspected of having an infection separate were in place.

The usual winter pressures were also present at the same time as there was an increase with people coming to the hospital with positive Covid results.

Frontline staff testing was in place.

GSTT would play a part in the Covid vaccination programme.

GSTT were involved in the transformation of the 111 pathway to encourage people away from A&E where suitable.

Mental Health pressures were continuing and being made worse by the pandemic.





<u>KHC</u>

Palmer Winstanley provided and update for Kings College Hospital.

There was a transition to a new clinically led and site based model

Ward and bed reconfiguration was underway to maintain effective surgical capacity.

There was huge problems being experienced with mental health.

Lambeth mental Health Alliance and South London and Maudsley (SLaM)

Sabrina Phillips provided an update from SLaM and Lambeth Mental Health Alliance.

Mental services were open and a single point of access was in place and referrals were being monitored.

Staff were being tested twice a week.

A progress report for the Living Well Alliance had been published and this was available on the Lambeth Together website.

Provider Primary Care

Adrian McLachlan provided an update from Provider Primary Care.

Covid had caused a huge impact across the system but primary care services had been maintained. Services such as health checks continued to run and new ways of working had been put in place.

Remote monitoring of people was taking place.

Andrew Eyres said that questions in the chat would be picked up and responded to after the meeting. The importance of getting behind the vaccination campaign was stressed. There was a need to have input in to the public debate in order to debunk myths.

In answer to questions posed by the Board about care home visiting and whether this was happening in all care homes Jane responded that Lambeth had worked with Health colleagues to help family members retain contact. Support had been given to Care homes to allow visiting. Whilst it was a fluid situation visiting was being encouraged.

Questions raised about the 111 system, the support being given to those with dementia and whether progress had been made at Kings on reaching the London Living Wage would responded to in writing due to time constraints.

RESOLVED The updates were noted.



6. Lambeth Together update

Tom Barrett, Programme Lead, Lambeth together, provided an update on Lambeth Together.

The Recovery Plan had been approved and was provided.

Tom asked the Alliance leads to give an update on their alliances.

Living Well Alliance

Sabrina Phillips provided an Update from the Living Well Alliance.

An 18 month business plan was being developed along with a number of services.

Children's Alliance

Abi Onaboye presented an update on the Children's Alliance

The Children's Alliance was progressing and programme infrastructure was being built. Information has been circulated around Early Years, Emotional Health and Wellbeing and the Community Health Workstreams. The chair of the Community Health workstream was being confirmed.

Neighbourhood Alliance

Amanda Coyle presented an update on the Neighbourhood Alliance.

The structure had been rationalised and the outcomes to the programme had been identified. The programme was about neighbourhood programmes on the ground using a test and learn methodology around early interventions to reduce loneliness.

Work on the communications aspect of the programme and also outcome measures to track impact were being investigated.

Equalities oversight group

Di Aitken, GP and Assistant Chair NHS SEL CCG, clinical lead for Lambeth Neighbourhood & Wellbeing Delivery Alliance, provided an update on the development of a Lambeth Together Equalities oversight group. It was though that a committee was needed and Di provided two proposals for Board Members:

- A session on heath inequalities should be run at the next organisational work event or meeting.
- That Partnerships identify individuals to scope out the work that this oversight group should carry out. Di hoped that at the next Strategic Board outcomes from the oversight group would be able to be brought. Tom Barrett would coordinate this.



Communications and Engagement

Catherine Flynn, Head of Communications and Engagement gave an update from the Communications and Engagement group. The focus for the Group now was on the delivery of the Covid 19 recovery Plan for Health and.

Outcomes in the Recovery Plan were being identified with partnership leads.

Shared ways of countering myths around the flu and covid vaccinations were being investigated.

There would be improvements to the Lambeth Together Website.

RESOLVED

The report and updates were noted

7. South East London integrated Care System.

Andrew Eyres provided an update on the Integrated Care system.

Our Healthier South East London (OHSEL) had been working together since 2016 and formal governance has been in place since then. OHSEL was awarded Integrated Care systems (ICS) status in June 2019. A new ICS Chair, Richard Douglas was in position.

There had been a temporary operating model in place throughout the pandemic led through a SEL ICS Recovery Board with a 50/50 NHS/LA membership. A new governance and operating model would be in place by the end of 2020.

The ICS role was to coordinate the shared transformation activities and to provide collective management of system performance.

Place or borough was being used as the building block for activities, providing representative and inclusive interaction with a political and clinical leadership voice. The ICS remained a partnership of sovereign bodies. The new approach provided a greater prominence for local government and enhanced joint leadership for the borough. Collaborative working was taking place across the system, including though provider collaborative networks.

The ICS Partnership Board would be supported by the ICS Executive, Professional Leadership Group, Patent and Public engagement Group, Equity Board; Integrated Government and Performance committee; Patient and Public Engagement Board and system transformation Boards. There would also be standing leadership from council leaders, primary care forums and provider chairs.

Further ongoing information would be coming through SEL and this would be provided as it became available.





The Board commented.

Cllr Dickson noted the importance of elected members and community leaders and the sub regional level and asked that the structure take account of this. He noted that the SEL arrangement was more developed than in other parts of London and partners were working well together. The vaccinations process would be a good test of this.

It was thought that the messages from Central government around centralisation was not helpful and anything that could be done locally show the importance of local people and connections was welcomed.

The Equity Board was an important new feature that would need to be developed over time.

Part B

Adrian McLachlan, GP and Governing Body Member NHS SEL CCG, clinical lead for Lambeth Living Well Network Alliance, took over as Chair for this part of the meeting.

Integrated Assurance Reporting

Brian Reynolds, Associate Director Health and Care Planning and Intelligence, NHS South East London CCG, presented a report on Integrated Assurance Reporting. The report updated the Board on the process to develop new borough based integrated health and care assurance arrangements and reporting, together with a summary and links to the range of existing assurance reports.

This work had been on hold through the Covid-19 period as key Lambeth leads had been reassigned to support the Covid-19 response.

A time-limited working group would meet during the remainder of the financial year to develop an assurance framework on behalf of Lambeth Together. It would consider both the contents and format of a bi-monthly assurance report to providers and give an integrated view of assurance for respective parts of the Strategic Board.

A proposal for approaching risk locally had been developed by SEL CCG and this was also included in the paper provided.

A proposal would be brought back to the Board when it meets in January 2021.

Finance

Peter Hesketh, Assistant Director of Finance LBL, provided an update on Lambeth council's Finance. Quarter 2 figures were not available at the meeting but detail would be provided for the next meeting.





The council's finances were difficult as over £40m of costs had resulted from the pandemic. There was also likely to be a shortfall of funding around lost income. Adult and Health was overspent by £13m and £12m of that was coronavirus related.

Expectancy of increased costs over the winter period had been built into forecasts but there remained a great deal of financial uncertainty for the council.

Edwards Odoi, Associate Director. Finance NHS SE London CCG, provided the month 6 position of the CCG. There was a £12.2m overspend in month but a break even position for the year was forecast.

A revised financial framework was in place for months 7-12 which moved away from retrospective elements. CCG funding has been confirmed for that period. The money was broadly in line with the costs incurred within the first half of the year.

The Board commented.

It was asked if a narrative could be part of the reporting. There needed to ensure that there was a meaningful narrative accompanying any data.

Cllr Davie emphasised the seriousness of the financial position to local government.

RESOLVED

The Board:

- 1. Noted the update on proposals to further develop Lambeth Together performance and assurance arrangements and reporting.
- 2. Noted the establishment and draft terms of reference of a working group to develop the integrated assurance arrangements over the remainder of the financial year coming months.
- Noted the current performance reporting information from London Borough of Lambeth, NHS South East London CCG and the Lambeth Living Well Network Alliance, recognising that these materials will feed into proposals for the development of integrated assurance reporting.

The next meeting would take place on 20 January 2020.



MEY VILLACE



Khan Mobiles

Lambeth Living Well Network Alliance

An update for Lambeth Together Strategic Board 20th January 2021





Welcome

- Introduction Overview Successes and Challenges Sabrina Phil
- NHSE Community Mental Health Transformation Bid Request for LTSB to support submission
- Lambeth Staying Well Prototype
- Culturally Appropriate Peer Support Advocacy (CAPSA)
- Mosaic Clubhouse

Alliance Progress Report..

https://lambethtogether.net/lambeth-living-well-network-alliance-progress-report-november-2020/







Introduction - Successes

- Reduced acute bed usage from 89 beds in our first year to 78 beds in our second year supporting people in less restrictive, more appropriate settings
- Created a new Crisis Outreach Service able to travel to and support those in crisis within 4 hours for the most urgent cases
- Opened a new 'front door' our Single Point of Access simplifies access to adult mental health services in Lambeth, with people able to introduce themselves using an online form or via their GP
- Joined up support we brought Community Mental Health Teams, social care and voluntary sector staff together into two joined up teams - Short Term Support and Focused Support - within three new Living Well Centres – minimising 'hand-offs', multiple assessments and waiting to get the right support when needed





Introduction - Challenges

- Covid 19 all services remain open, use of phone and video support where this is safe and appropriate, face to face continues where required – contingency plans in place to keep staff and the people we support safe – monitoring potential demand surge
- Finances historic budget pressures in mental health continue to challenge us to find more cost effective ways to meet growing demand and complexity
- Inequalities in access to, experience of and outcomes from mental health support, remains a long-term challenge. We are working with Black Thrive, community groups and people we support to develop more culturally appropriate services
- Staff vacancies and turnover national shortages of certain staff such as nurses and social workers are being addressed by the increased use of VCS and peers and by developing new roles to 'grow our own'





NHSE/I Community Mental Health Transformation Bid – submit 20.1.2020

- NHSE 3 year programme to transform mental health service delivery to improve physical and mental health outcomes, promote recovery and deliver personalised 'right care, right time'
- LWNA SEL pathfinder with respects to programme priorities, i.e. single front door, seamless generic community offer including VCS, better integration and partnership working with PCNs
- LTSB asked to approve Lambeth Year 1 bid proposals (£870k) developed with input and feedback from with key partners including service users and carers:
 - VCS led community reablement-including peer support and social prescribing to facilitate and embed recovery in community based on flexible step up/step down goal oriented offer
 - 'Mind and Body Workers' embedded within LWCs linking with primary care to provide holistic, integrated medication and physical and mental health support building on successful 'shared care' arrangements
 - Young people's transition leads-improve understanding, communications and pathway for 18-25 who may be referred in from CYP partners
 - Expanding dual diagnosis expertise to improve clinical outcomes with co-occurring substance misuse and mental health conditions
 - Physician and Health Care Assistants to oversee quality physical health input across LWCs and primary care











Staying Well Prototype

- Aims to improve outcomes for people with severe and ongoing mental health conditions by testing model of MDT working between PCNs and LWNA
- Test pilots for 3 months to in North PCN and Brixton and Clapham PCN
- Multi-professional meetings: GPs, PCN Link Workers and pharmacist; consultant psychiatrists; Living Well Centre staff; voluntary sector leads; social care;
- Patient issues raised encompassed complex and interdependent mental and physical health and social circumstances
- Interim evaluation in progress to generate insight and learning to inform service developments for 2021-22
- The prototype has been extended to the end of March 2021





Staying Well Prototype - initial learning benefits

- Improved communication flows between General Practice and mental health
- Supported better multi-disciplinary shared understanding of patient assets and needs
- Valued by GPs for high quality learning and improving knowledge and confidence to support patients
- Opportunity to address both medication issues identify options for supporting prescribing in primary care i.e. Senior Primary Care Mental Health Pharmacist
- Identification of gaps in support and service improvements and aid integration of social prescribing and social care
- Testbed for PCN/neighbourhood development plans: prototypes have informed the Lambeth CMHT Transformation strategy





Culturally Appropriate Peer Support Advocacy (CAPSA)

- The aim is to design a service which provides support to members of the Black community who have mental health needs through peer support.
- The peer support service will be focused on striving for recovery, acknowledging the inherent challenges of racism for Black communities within traditional mental health services.

Design Process

- Pre-discovery define the goals and indicators success
- Discover generate insights of the unmet needs, gaps and opportunities
- Define make sense of the data
- Develop identify appropriate training content for peer support and advocacy
- Deliver launch a CAPSA offer







• Community Engagement (2 sessions)

- Explore what culturally appropriate means
- Identify what Black communities want from mental health services
- Understand what is currently known and unknown









- Service User Working Group (SUWG)
 - Community researchers with lived experience
 - Co-design activities and development
- Peer support and Advocacy recruitment
- CAPSA training
- Patient and Carers Race Equality Framework (PCREF)
- Culturally Appropriate Inpatient Care Model







Mosaic Clubhouse

https://www.youtube.com/watch?mc_cid=39da04b0e3&mc_eid=b5739dd4cf&v=2W U1F9RCK0o&feature=youtu.be

Questions?

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LAMBETH TOGETHER STRAEGIC BOARD 2021/2022 MEETING DATES

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DATE	TIME	ТҮРЕ	
28 April 2021	2:00 – 4:00pm (tbc)	Informal	
26 May 2021	1:00 – 4:30pm (tbc)	Meeting in Public	
23 June 2021	2:00 – 4:00pm (tbc)	Informal	
28 July 2021	1:00 – 4:30pm (tbc)	Meeting in Public	
25 August 2021	2:00 – 4:00pm (tbc)	Informal	
29 September 2021	1:00 – 4:30pm (tbc)	Meeting in Public	
27 October 2021	2:00 – 4:00pm (tbc)	Informal	
24 November 2021	1:00 – 4:30pm (tbc)	Meeting in Public	
15 December 2021	2:00 – 4:00pm (tbc)	Informal	
26 January 2022	1:00 – 4:30pm (tbc)	Meeting in Public	
23 February 2022	2:00 – 4:00pm (tbc)	Informal	
23 March 2022	1:00 – 4:30pm (tbc)	Meeting in Public	

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