

LAMBETH TOGETHER STRATEGIC BOARD MINUTES

Wednesday 24 November 2021 at 2.00 pm
Microsoft Teams - hosted by SEL CCG

Members Present:

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| Dr Dianne Aitken | GP NHS SEL CCG, clinical lead for Lambeth Neighbourhood & Wellbeing Delivery Alliance |
| Sarah Austin | Guys' and St Thomas' Trust |
| Jane Bowie | NHS SE London CCG (Lambeth) and Lambeth Council |
| Councillor Lucy Caldicott | Lambeth Cabinet |
| Fiona Connolly | LB Lambeth |
| Natalie Creary | Programme Director, Black Thrive |
| Councillor Jim Dickson | LB Lambeth |
| Andrew Eyres | NHS SE London CCG (Lambeth) and Lambeth Council |
| Therese Fletcher | GP Federations |
| Sue Gallagher | Lay Member |
| Graham Gardiner | Age UK Lambeth |
| Penelope Jarrett | GP & Chair, Lambeth LMC |
| Councillor Jessica Leigh | LB Lambeth |
| James Lowell | South London and the Maudsley NHS Foundation Trust |
| Julie Lowe | Kings College Hospital Foundation Trust |
| Adrian McLachlan | NHS SEL CCG, clinical lead for Lambeth Living Well Network Alliance |
| Raj Mitra | Lambeth Children and Young People Alliance |
| Edward Odoi | Associate director. Finance NHS SE London CCG (Lambeth) |
| George Verghese | GP & Primary Care Clinical Cabinet Co-Chair |

In attendance:

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| Matt Dibben | LB Lambeth |
| Gerry Evans | LB Lambeth |
| Andrew Parker | NHS SE London CCG (Lambeth) |
| Edward Odoi | NHS SE London CCG (Lambeth) |
| Jo Keats | NHS SE London CCG (Lambeth) |
| Catherine Flynn | NHS SE London CCG (Lambeth) |
| Sabrina Philips | Lambeth Living Well Network Alliance |
| Samantha Lasbury | Lambeth Together |
| Sam Alexander | NHS SE London CCG (Lambeth) |

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| Daniel Noruwa | LB Lambeth: Graduate Trainee |
| Niymeti Ramadan | Lambeth Together Programme Office |
| Sophie Taylor | LB Lambeth: Lambeth Together Programme Lead |
| Sonia Colwill | NHS SE London CCG |
| Karen Sanderson | LB Lambeth |
| Brian Reynolds | NHS SE London CCG |
| Vanessa Wilson | LB Lambeth: Residents' Services |
| Amanda Coyle | Lambeth Together (Neighbourhood & Wellbeing Delivery Alliance) |

Apologies:

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| Ruth Hutt | LB Lambeth |
| Merlin Joseph | LB Lambeth |

1 Agenda - Lambeth Together Strategic Board

1a Introductions

Andrew Eyres welcomed attendees to the meeting.

2 Declarations of Interest

There were none.

3 Minutes

The minutes of the meeting of Wednesday 29 September 2021 were agreed as an accurate record of the meeting.

4 Neighbourhood & Wellbeing Delivery Alliance

Amanda Coyle, Director of the Lambeth Together Neighbourhood & Wellbeing Delivery Alliance, provided an overview on Alliance progress over the last year, next steps for 2022/23 and introduced a short, animated video on the work of the Alliance.

It was noted that:

- The progress report had been circulated to Board members.
- There were five active Thriving Community Networks meeting virtually and in person

across the Borough, and these were made up of Voluntary Sector organisations, community groups and residents.

- With the support of Health and Care partners, Thriving Community Networks encourage active participation in communities, support wider social and economic wellbeing needs and augment traditional healthcare needs.
- Thriving Communities cover five of the PCN localities, with the aim to go borough wide next year.
- Managing long-term health conditions is a priority work area for the Alliance, to improve the lives of those living with conditions such as Chronic Pain, which was linked to existing inequality, disproportionately affecting women, and those from Black communities.
- The Chronic Pain Programme used user data analysis and referral mapping, as well as mapping of community services.
- The work across GP Practices for End-of-Life Care was noted and the need to meet targets for the increased number of advance care plans across Lambeth.
- The Diabetes and Health Inequalities Project started in November 2021 with a multi-agency primary care team delivering culturally appropriate services with the aim of improving outcomes for a targeted population.
- Challenges existed in financial pressures across the system, especially voluntary and community sectors, but also in capacity issues for staff and services across the health and community care sector.

Ross Lambdon, Neighbourhood & Wellbeing Delivery Alliance Programme Manager, outlined the Loneliness Test and Learn Project and noted that:

- The project targeted residents aged over 65, referred by General Practice.
- Pilots of the Project were taking place in Hills, Brooks & Dales Primary Care Networks (PCN), of Tulse Hill, Herne Hill & Thurlow Park to evaluate effectivity and Social Prescribing Link Workers providing holistic and specific support plans to individuals and referring them into community programmes.
- Data was used to target those who may not necessarily seek GP support with a social isolation issue.
- There was appetite in PCNs to work better together and the project had encouraged connective community infrastructure, termed 'Thriving HBD'.
- Increased investment in Link Worker resources had allowed exploration of mental health and Health and Wellbeing initiatives, co-produced with local organisations and communities.

Ruth Marie Vidal-Tunkara, Social Prescribing Link Worker, told members of her experiences working with patients and noted that:

- She had moved to South London eight years ago and had a background in adult education, counselling, advice and support work and community development.
- She had worked with Hills Brook and Dales Primary Care Network since 2019 and there were two Social Prescribing Link Workers across the Primary Care Network to increase capacity and activities.
- The COVID-19 pandemic had added additional challenges to complex casework.
- The Link Worker Service was not an emergency service and supported users through

issues of low self-esteem, social activity needs, befriending and training and wider referral needs.

- Referrals came through General Practice, but there were more ways to be referred as the 'Thriving HBD' had made approximately 612 referrals to the Link Worker Service and the usual period for working with a service user was three months, which took place in person or over to telephone.
- The Community Networking Breakfast encouraged collective awareness for local issues as well as relationship building between different organisations, sharing information, personal and professional experience and resources to develop ideas. These informal events had received positive feedback.
- Meetings with stakeholder groups and forum discussions ensured the concerns of Patient Engagement Groups were addressed, as well as developments on specific issues across practices and the PCN.
- Support calls often resulted in signposting or referral, while other patients appreciated contact as the COVID-19 pandemic had meant certain support had been lost or the ability to join activities.
- There had been important learnings from community transport, as those with existing health issues did not wish to use public transport, or it was seen as unreliable, and the taxi card scheme was not as accessible as it could be.
- Community development activities were being planned as well as a series of Library events with the Wellbeing Ambassadors.
- A learning had been taken from the COVID-19 pandemic to collaborate with partners with close links to communities, to seek and distribute funding effectively.

In discussion it was noted:

- There was work undertaken on Social Prescribing ecology, within the context of the Thriving Communities Network Model, to look at integrating teams to distribute workloads and provide wider system support, for example on housing issues.
- The NWDA was a data usage committee in the ICS and now had access to Primary Care and Hospital Data together. This had enabled targeted interventions in the multiple long-term conditions project, which was in a learning phase and allowed the team to scrutinise the data.
- Data on the Loneliness Test and Learn programme was arriving in January 2022, and compared to initial data, would track the financial impact that increased socialisation is having on nonelective surgery and A&E admissions.
- Community led work and workshops were underway, as well as work with faith-based organisations in Lambeth North PCN, to determine activities and how and the environment in which people live can inform weight management. This work was building on information from the Mayor's Office and The Obesity Health Commission, as well as asking communities what was culturally appropriate for them.
- Link Workers had peer support and supervision which was process led. Caseloads often encompassed around 150 patients and staff could experience burn out due to contact with areas of trauma. It was important that Link Workers had appropriate supervision that did not come from a manager, realistic expectations and targets for their patients, as well as a diversified workload.
- The values demonstrated by Social Prescribing Link Workers was reflected in the culture

of the organisation and this learning could be captured formally in writing.

- The NWDA website had been updated and a comprehensive plan was being devised by the communications and engagement team.

RESOLVED

- To note the report.

5 Deep Dive - Homeless Health

Lee Georgiou, AD: Housing Needs and Paul Davis, Head of Commissioning, LB Lambeth, introduced the report and noted that:

- Lee Georgiou's remit included statutory homelessness service, allocation of social housing in Lambeth and housing commissioning and had been working for LBL Lambeth for ten months.
- While this was a statutory service, early intervention was key, before statutory duty had been activated and preventing homelessness at the earliest opportunity reduced costs due to the cost of Temporary Accommodation (TA).
- Collaborative working prevented homelessness which was required by the Homelessness Reduction Act to draw plans to prevent homelessness, rather than enforcing the service on people.
- Partnerships allowed the service to reach more people and the offer included financial support, employment advice and specialist training.
- In terms of innovation, officers were able to explore alternatives to costly TA through joint ventures and used data to reach people at early stages of vulnerability.
- There was high demand on the service, and this had increased by 20% since March 2020 due to pressures of COVID-19, with 5,000 people seeking assistance under homeless provisions and there was a statutory duty to provision for 750 every year.
- Supply issues existed across London in terms of social lets, and this linked into affordability. The benefits of the Local Housing Allowance did not reach the rent levels of the private sector and meant an employment offer was needed to prevent people from becoming homeless.
- Lambeth was the most successful London Borough in this service over the last financial year, but this was not enough to stem the flow of those going into TA.
- Partnership working was essential to preventing homelessness and that included statutory partners, community groups and charities.

Paul Davis, Head of Commissioning, LB Lambeth provided a summary of funding received from external sources for the programme and noted that:

- His remit covered pathways for vulnerable adults, Care Leavers and looked after children, young people that had become homeless, rough sleepers and tenancy support.
- The Rough Sleeping Initiative was in its fourth year of funding and had the fifth-year announcement made for a three-year settlement.
- This funding had covered added interventions such as a Prison Release Navigator and Lambeth Night Shelter.
- The recovery systems in place covered support in the private rented sector, resettlement workers from the hotels and personalisation funding which allowed a whole system of

sustained support.

- In Lambeth, there were 20 rough sleepers at any one time and this compared well to other London Boroughs.
- The Rough Sleeping Drug and Alcohol Treatment Grant was a public health pilot and Lambeth was one of seven Local Authorities across the country that had won the competitive bid. This pilot was focused on dual diagnosis of substance abuse and mental health and was in its second year, with a third announced.
- All the public health work was assessed by Sheffield Hallam University, undertaking research into the complex dual diagnosis group.
- Approximately £4.5m had been received to repurpose two hostels which provided 25 units of accommodation to rough sleepers in Lambeth, as well as revenue support to staff them. Funding had also been received for a 'Housing First' pilot and this was six months into its four-year term.
- At the outbreak of the COVID-19 pandemic, an unprecedented number of people came off the streets. Accommodation was found for 176 people; 82 housed in hotels procured in Lambeth, with the remainder housed in GLA funded hotels.
- During this time, there was a robust system of support, which included health checks, on-site support workers, local voluntary sector organisation meal provision and nurses administering rapid services, and this has enforced the need for partnership.
- The rough sleeping outreach team rapidly assessed each rough sleeper to provide support.
- A case study was provided with an example of how this work positively affected and improved the lives of entrenched rough sleepers.

In discussion it was noted that:

- Resource and capacity issues would be addressed through early intervention which would consume less time and resource in the long term as later support may include secondary medical services and TA.
- Housing Associations did not have a duty to refer, but there was a protocol in place to prevent homelessness as there was a responsibility to provide support before eviction.
- General Practice do not have a duty to refer or a separate referral pathway, however, are encouraged to refer people to the council housing team via the council website.
- The details of the referrals team could be found on the council website and referrals could be made by email, via the duty line or to the outreach team.
- Early intervention was key and while there were 580 beds for this cohort of vulnerable adults, the issue was to quickly allocate accommodation and enable them to find sustainable accommodation.
- Councillor Jim Dickson thanked partners and suggested members attend an outreach evening with Thames Reach to see the work of these organisations.
- More needed to be done in terms of prevention and response to referral and this related to the Homelessness Reduction Act to reach all groups.

RESOLVED

- Board members received an update on the programme area of homeless health.

6 **Lambeth Together - Continuing the development of our Local Care Partnership; Leadership and Governance**

Andrew Eyres, Strategic Director, Integrated Health & Care NHS SE London CCG (Lambeth) and LB Lambeth, introduced the report as three sections, being the development of Lambeth Together in the context of the Integrated Care System, the work of the Lambeth Together Equalities, Diversity and Inclusion (EDI) and Lambeth Together Assurance Sub-Groups.

Andrew Parker, Director of Primary Care and Transformation at SE London CCG, noted progress in developing the Local Care Partnership:

- To be fully operational as a Local Care Partnership within the Southeast London ICS from April 2022, the Leadership and Governance Arrangements of Lambeth Together was transitioning to fulfil requirements.
- The membership for a Local Care Partnership Committee was being established and a Governance Review confirmed that existing Part A and Part B arrangements of the Lambeth Together Strategic Board exceeded requirements to meet bi-monthly in a “Committees in Common” arrangement from April 2022.
- The Lambeth Together Executive Leadership Team had been meeting weekly to review the membership of a multidisciplinary Executive Team and this exceeded requirement of the LCP constitution.
- Councillor Claire Holland, as Leader of the Council, would represent LB Lambeth on the Integrated Care Partnership Board at the Southeast London level, substituted by Councillor Jim Dickson.
- It was confirmed that the existing Strategic Director, Integrated Health & Care fulfilled the eligibility requirements of a Place Based Leadership Executive, to deliver Integrated Care Systems in the Borough transparently.
- Dr Dianne Aitken and Councillor Jim Dickson were nominated to be Co-Chairs of the Local Care Partnership in shadow arrangements from January 2022.

Councillor Jim Dickson informed that he had corresponded with Richard Douglas, Chair Designate of the ICS Southeast London, and confirmed that:

- All arrangements as agreed and outlined above were in accord with requirements of the ICS.
- Terms of Reference for the Local Care Partnership Committee were being drafted by the ICS and these may be adapted.
- To confirm arrangements for the Lambeth Executive Place Lead, procedures for replacement were needed.

Juliet Amoa and Dr Dianne Aitken provided an update on the work of the Lambeth Together Equalities, Diversity and Inclusion (EDI) Sub-Group and noted:

- Discussions with the EDI Group had taken place to ensure the Lambeth Together Pledge achieved its vision.
- It was suggested that Board members recite and agree the Pledge as the Local Care Partnership went live, and a recording of this would be edited together.
- Current priorities included the recruitment of a Project Manager, ethnicity data collection and the development of metrics to measure and support Alliance objectives on health

care inequalities.

- Data was central to support Primary Care in tackling health inequalities.

Brian Reynolds presented the Lambeth Together Assurance Sub-Group update and noted that:

- The report itself was updated as a result of developments of the SEL CCG/ICS and regularly reviewed with additional detail on Lambeth Together in an integrated health space.
- Work Programmes for the Lambeth Together Medicines and Clinical Pathways Group were underway, which employed metrics developed by the EDI Group.
- The Assurance Group had considered Liberty Protection Safeguards which was to replace the Deprivation of Liberty Safeguards (DoLS) from April 2022.
- The Assurance Group received an executive summary of planning guidance from NHS England for the second half of the financial year 2021/22.

RESOLVED

- To approve the report.
- To approve all five recommendations for developing the Local Care Partnership.
- To ratify the position of Co-Chairs for the Local Care Partnership, to start initially as Designate Co-Chairs from 1st January 2022.
- To note the Lambeth Together Equalities, Diversity and Inclusion (EDI) and Assurance Sub-Groups Update.

7 Lambeth Together - Better Care Fund (BCF) submission 2021/22

Adrian McLachlan provided a summary of the report and noted that:

- Lambeth's BCF plan had been prepared and developed by Integrated Commissioning, Adult Social Care, and Finance Leads for Council and South East London CCG.
- The BCF was announced by the Government in 2013 to ensure a transformation in integrated health and social care.
- Planning requirements for BCF 2021/22 were published on 30 September 2021 and the final submission required sign-off by the Health and Wellbeing Board, CCG Accountable Officer and Local Authority Chief Executive, Director of Adult Social Care.
- The plans approval was expected on 11 January 2022.
- A large focus had been placed on the BCF service to transfer patients from hospital bed to home as quickly and as safely as possible.
- Lambeth Together, Discharge to Assess (D2A) processes, and Alliance Models were being developed, with a further Personalised Support Alliance in development.
- The Narrative Plan responded to addressing equality and health inequalities and the work of the EDI Sub-Group was commended.

RESOLVED

- To note the Better Care Fund Submission for 2021/22.

8 Nine Elms / Vauxhall - Full Business Case

Andrew Parker, Director of Primary Care Development, introduced the report following decisions taken under Chairs Action by LTSB Part B and noted that:

- The Nine Elms Vauxhall (NEV) Project was designed to support expected growth in the population in the North of the Borough, as additional capital investment was needed to increase the clinical capacity and meet demand for Primary Health Care services.
- Population increase was projected by 32,480 by 2029, due to residential development within the Opportunity area and in local Lambeth the predicted increase was 7,525, with the remainder falling within LB Wandsworth.
- The Project was funded by section 106 (s106) and Community Infrastructure Levy (CIL) funding to the value of £2,217m and this had been leveraged through LB Lambeth, with some input CCG.
- The Chairs Actions were twofold and once these had been noted, the Project could move into the implementation phase.

RESOLVED

1. To note the following recommendations agreed under Chairs action:
 - The board members agreed to support the recommendation to make available £243,604, non-recurrent resource from Lambeth BBB non recurrent borough budget, to meet the identified shortfall in the draft Full Business Case.
 - That a decision be taken to approve the Full Business for the Nine Elms Vauxhall Project and to recommend for onward approval to the SEL Primary Care Commissioning Committee; the SEL Commissioning Strategy Committee; and the SEL CCG Governing Body.

9 AOB

The meeting ended at 16:22

CHAIR
LAMBETH TOGETHER STRATEGIC BOARD
Wednesday 26 January 2022

Date of Despatch: 19 January 2022

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