

Prior to the official meeting of the Board an update on Covid was provided by the Director of Public Health and the members of the public were invited to ask questions. This session can be viewed here <https://bit.ly/38AUPAS>

Lambeth Together Strategic Board

Wednesday 20 January 2021 2.00– 3.30

Microsoft Teams Meeting

In attendance

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
Nozomi Akanuma	- Associate Medical Director for Lambeth, South London and Maudsley NHS Foundation Trust
Shola Apena Rogers	- Black Thrive
Sarah Austin	- Director Integrated Care, GSTT
Tom Barrett	- Programme Lead, Lambeth Together
Adrian Bentley	- Democratic Services Officer, Lambeth Council
Jane Bowie	- Director of Integrated Commissioning (Adults), Lambeth CCG and Lambeth Council
Fiona Connolly	- Executive Director of Adult Social Care, Lambeth Council
Amanda Coyle	- Programme Director, Lambeth Together (Neighbourhood and Delivery Alliance)
Councillor Edward Davie	- Cabinet Member for Children and Young People
Councillor Jim Dickson	- Cabinet Member for Health and Social Care (job-share)
Andrew Eyres	- Strategic Director, Integrated Health & Care
Therese Fletcher	- Managing Director, GP Federations
Catherine Flynn	- Head of Communications & Engagement, NHS SEL CCG (Lambeth)
Paran Govender	- Director of Operations & Partnerships, GSTT
Sue Gallagher	- Lay Member
Ruth Hutt	- Director of Public Health, Lambeth Council
Dr Penelope Jarrett	- GP & Chair, Lambeth Local Medical Committee

Sandra Jones	- Lambeth Patient Participation Group Network
Dr Sadru Kheraj	- Primary Care Network Clinical Director and GP Clinical Cabinet representative
Dr Adrian MacLachlan	- GP and Governing Body Member NHS SEL CCG, clinical lead for Lambeth Living Well Network Alliance
Dr Raj Mitra	- GP and Lambeth Together Strategic Board Member, clinical lead for Lambeth Children and Young People Alliance
Edward Odoi	- AD Finance, NHS SEL CCG (Lambeth)
Abi Onaboye	- Director of Children's Commissioning and Community Safety, SEL CCG (Lambeth) and Lambeth Council
Richard Outram	- Director, Adult Social Care, Lambeth Council
Andrew Parker	- Director of Primary Care & Transformation, NHS SEL CCG (Lambeth)
Dr Jennie Parker	- GP and Clinical Director of the Brixton and Clapham Primary Care Network
Catherine Pearson	- Healthwatch Lambeth Chief Executive
Sabrina Phillips	- Alliance Director, Lambeth Living Well Network Alliance
Brian Reynolds	- AD Health and Care Planning and Intelligence, NHS SEL CCG (Lambeth)
Neil Robertson	- South London and Maudsley NHS Trust
Guy Swindle	- Deputy Director, Lambeth Living Well Network Alliance

Apologies

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| Natalie Creary | - Programme Delivery Director, Black Thrive |
| Merlin Joseph | - Strategic Director Children's Services, Lambeth Council |

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 Heather Gilmour, Merlin Joseph and Ruth Hutt.

2. Declarations of Interest

There were none.

3. Minutes of previous meetings

Raj Mitra and Sue Gallagher noted that they were present but this was not recorded in the minutes.

It was questioned under matters arising whether:

- The percentage (86%) of Children with Educational Health and Care Plans attending school had improved?
- If the increase in domestic violence and the need for safe houses could be coped with and whether more funding had been put into this?

Abi Onaboye said she would seek answers to these questions and provide Sue Gallagher with a response.

RESOLVED

1. Abi Onaboye to provide a response to the questions raised under matters arising.
2. The minutes to be amended as to include attendees missing from the list.
3. Other than the above noted amendments the minutes were agreed as an accurate record.

4. Lambeth Living Well Alliance

Sabrina Phillips, Programme Director, Lambeth Living Well Network Alliance introduced this item and gave an overview of successes and challenges of the Living Well Alliance. The board was asked to support the community transformation bid that would be submitted the same day.

Guy Swindle, Deputy Director, Lambeth Living Well Network Alliance, continued, noting:

- The first two years had been spent putting together structures and services to address issues that had been raised.
- A new front door had been put in place.
- A joined up approach was being taken with teams and services.
- Covid was causing pressures but all services remained open. A number of staff were off ill.
- Mental health had been historically underfunded and budget pressures in this area remained. There had been significantly more investment in mental health services in Lambeth over the last couple of years.
- Inequality was a big challenge and this had been emphasised by the pandemic. The Alliance was working with Black Thrive, community groups and people supported to develop more culturally appropriate services.

- The progress report had been posted on the Lambeth Together website.

Sabrina continued, noting the Community Mental Health Transformation bid. There would be further investment over the coming years. The Alliance had worked with partners to come up with ways to bolster the community offer. There was a desire to develop further the peer support reablement offer within the community and to work closely with GP colleagues.

Sabrina introduced Nozomi Akunuma, Associated medical Director for Lambeth and Jennie Parker, GP at Hetherington Group Practice and Clinical Director of the Brixton and Clapham PCN.

Nozomi laid out the model for the Living well Centres that had been developed.

The Staying well prototype had been an aspiration from the start of the Living Well Network. The establishment of the Staying well model had encountered many challenges, the most recent of which was Covid.

A small group of GP surgeries and PCNs in the north had got together in the autumn to discuss prototypes. Test pilots had been established, initially for six weeks, to test out some of the proposed models. Multi professional meetings had included GP's, PCN Link workers, pharmacists, consultant psychiatrists, Living Well Centre Staff, voluntary sector leads and social care teams.

Jennie Parker, GP at Hetherington Group Practice and Clinical Director of the Brixton and Clapham PCN continued the presentation.

The prototype presented a means of meeting with mental health colleagues once a month. This allowed a ways of dealing with their service users whose needs were not urgent and prevent these people being bounced around the system.

Shola Apena Rogers from Black Thrive gave an overview of the Culturally Appropriate Peer Support Advocacy (CAPSA) programme.

The CAPSA programme had been developed between Black Thrive and the Living Well Network alliance. CAPSA was a service that provided support to members of the Black community with mental health needs through peer support.

In the pre discovery phase goals and indicators of success as defined by the community had been considered. The programme was currently in the discovery phase, where insights of unmet need, gaps and opportunities were being identified. This was being looked at not just from a service user's perspective but also carers and peer support workers. Going forward the data would be analysed and appropriate training for peer support and advocacy identified, after which a CAPSA offer would be delivered.

A Service User Working Group had been established comprised of community researchers with lived experience who were helping to co-design activities.

The Chair noted the great progress that had been made and the importance of this work.

The Chair asked for questions after which the below answers were provided:

- There was still work to do in the disproportionality of Black and Asian people in the mental health system. The work with Black thrive on CAPSA was designed to address this. The Mental Health Act White Paper would be reviewed and in the Alliance Business Plan thought would be given as to how access and outcomes for the BAME community could be improved. SLaM had also developed a dashboard on ethnicity breakdown and care and this was under regular scrutiny and this would allow further data to be provided in the future.
- There had been a number of initiatives to improve efficiency in bed occupancy.
- Work was being done on the offer of the Personality Disorder Pathway. As this was still being developed it had not been included in the presentation. A step care model was being created that looked to support people with personality disorders early on. Further details could be provided when the offer was more developed.
- GSTT and Kings had stood up a 10 bedded unit that had been ringfenced for A&E admissions.
- GSTT were in the process of developing a clinical assessment unit made of six bays.
- A workforce strategy was being developed that would look at how community people were incorporated into the work force.
- Well over 70% of staff had been vaccinated for flu.

RESOLVED

1. The update was noted.
2. The meeting was extended for 10 minutes.

5. Improving Health and reducing inequalities

Dr Di Aitken presented an update on the quiz answers from the previous meeting. The answers were:

- The under 75 mortality rate from all cardiovascular diseases was worsening in Lambeth.
- It was men in their 40/50 who had the worst control of blood pressure.
- Black ethnicity was the strongest predictor of a failure to control Blood Pressure.
- Based on the 2011 census the country of birth with the largest migrant population in Lambeth was Jamaica. Portugal and Poland were next.
- Black women were five times more likely to die during pregnancy.

Di suggested the Board read the Executive Summary of Build Back Fairer – the covid 19 Marmot review, which had clear recommendations that could be incorporated.

There had been another meeting of the Equalities group and workforce development had been discussed.

Di asked for support around a potential Board workshop for inclusion and diversity training. A company to lead this had been approached. A scoping meeting would take place and the spec and scope would be circulated to the Board for review and with the Equalities team. The Equalities group would be asked to make a recommendation as to whether the proposed training offer should be taken up. This would not need to wait for a Board meeting.

The terms of Reference for the Equalities Group had been expected to be brought to this meeting but this had been delayed by a covid outbreak. The document was currently in draft form.

The Chair thanked Di and the rest of the Equalities Group for their work.

RESOLVED

The update was noted.

The Chair thanked members of the Public and Board members. The next meeting would take place on Wednesday 24 March.

APPROVED

