

LAMBETH TOGETHER STRATEGIC BOARD MINUTES

Wednesday 29 September 2021 at 1.00 pm
Microsoft Teams - hosted by SEL CCG

Members Present:

Cabinet Member for Health and Social Care (job-share)	Cllr Jim Dickson
GP Governing Body Member NHS SEL CCG, (clinical lead Neighbourhood & Wellbeing Delivery Alliance)	Dr Di Aitken
Cabinet Member for Health and Social Care (job-share)	Cllr Lucy Caldicott
Strategic Director, Integrated Health & Care NHS SEL CCG (Lambeth) and Lambeth Council	Andrew Eyres
Managing Director, GP Federation	Therese Fletcher
CEO Age, UK Lambeth	Graham Gardiner
Director of Public Health	Ruth Hutt
GP & Chair, Lambeth Local Medical Committee	Dr Penelope Jarrett
Director Integrated Care, GSTT	Sarah Austin
PCN Clinical Director and GP Clinical Cabinet representative	Dr Sadru Kheraj
Clinical Cabinet Co-Chair, GP Partner, Waterloo Health Centre, Clinical Director-North Lambeth PCN	Dr George Verghese
GP Governing Body Member NHS SEL CCG (clinical lead Lambeth Living Well Network Alliance)	Dr Adrian McLachlan
Borough Lay Member	Sue Gallagher
Chief Operating Officer, South London and Maudsley NHS Trust	James Lowell
Chief Executive, Kings College Hospital Foundation Trust	Julie Lowe
CEO Healthwatch Lambeth	Catherine Pearson
Lambeth Patient Participation Group Network	Sandra Jones
GP Borough Clinical lead, clinical lead Children and Young People Alliance)	Dr Raj Mitra
Executive Director of Adult Social Care	Fiona Connolly

In attendance:

Programme Director, Lambeth Together (Neighbourhood and Delivery Alliance)	Amanda Coyle
Director of Children's Commissioning and Community Safety, Children, and young people Alliance Lead	Abi Onaboye
NHS SEL CCG Communications and Engagement Lead (Lambeth)	Catherine Flynn
Assistant Director Finance, NHS SEL CCG (Lambeth)	Edward Odoi
Assistant Director of Finance, ACS	Pete Hesketh
Director of Primary Care & Transformation, NHS SEL CCG (Lambeth)	Andrew Parker
Assistant Director Health and Care Planning and Intelligence, NHS SEL CCG (Lambeth)	Brian Reynolds
Alliance Director, Lambeth Living Well Network Alliance	Sabrina Phillips
Director of Integrated Commissioning (Adults), Lambeth CCG and Lambeth Council	Jane Bowie
Clinical Cabinet Co-Chair, GP Partner, Waterloo Health Centre, Clinical Director-North Lambeth PCN	George Verghese

Apologies:

Programme Director, Black Thrive	Natalie Creary
Strategic Director Children's Services, Lambeth Council	Merlin Joseph
CEO Healthwatch Lambeth	Catherine Pearson

1 Agenda - Lambeth Together Strategic Board
2 Introductions

Andrew Eyres welcomed attendees to the meeting and introduced James Lowell, South London and Maudsley Trust (SLaM), and Julie Lowe, King's College Hospital (KCH), as new nominated Board Members.

3 Declarations of Interest

There were none.

4 Minutes

The minutes of the meeting of Wednesday 21 July 2021 were agreed as an accurate record.

Andrew Eyres noted that responses to questions at the Public Forum in July were available on the Clinical Commissioning Group (CCG) and Lambeth Together website. Councillor Jess Leigh, Deputy Cabinet Member for Health and Wellbeing of Young People, would be attending future Board meetings.

5 Lambeth Living Well Network Alliance

Sabrina Philips, and Guy Swindle, of the Living Well Network Alliance; introduced the report and updated the Board on the Alliances recent work:

- The hard work of Holly Napman, a member of one of the four Southeast teams; highlighting the importance of peer support adding quality, increasing face-to-face support, the overall aim to discharge service users back into the community.
- Most mental illnesses started as depression, and many could be kept well by taking medication daily with regular GP contact.
- The three Living Well centres had been condensed into two, with venues shared with GP colleagues and had greater access to people within the community.
- Services had been sustained during the pandemic by utilising personal protective equipment, social distancing and telephony.
- Service surveys had received 37 responses and respondents had been pleased to speak to their care coordinators and overall, provided a positive account of their recent experiences; however, some respondents preferred face-to-face, and this would be increased.
- All Alliance partners had access to Covid-19 vaccines and frontline staff prioritised for boosters, with 86% of SLaM staff having received both vaccine doses.
- The major workforce development had implemented a single point of access and was moving to bringing together teams, improving compassionate care knowledge sharing (e.g., mentoring), measures to address racism through a race equality framework, and improving system leadership.
- The number of occupied in-patient beds had been reduced by over 10% a month, which had also resulted in significant cost reductions but demand had increased again this year.

This was aided by the wider community sector, the CCG and Council colleagues and this work would be shared in the future.

- The Talking Therapies service had maintained access and recovery targets, with many users liking the flexibility.
- Complex Needs Pathway development continued and seeking to increase community expertise.
- Ongoing Alliance challenges included enabling staff to continue working safely during the pandemic, addressing inequalities (via the Culturally Appropriate Peer Support Advocacy (CAPSA)), financial pressure, uncertainty, and filling posts.
- Information on bed usage and equalities would be shared at the next meeting.
- Funding from NHS London and service transformation had been used to develop coproduced services, with a bid put in to boost support initiatives as Staying Well was focused on recovery.
- Current Alliance involved Black Thrive in recruitment to help combat racism, increase community engagement, and foster trust with Black Asian and Minority Ethnic communities.
- Overall, resources and expertise were expected to be pushed out into communities, working alongside primary care, GPs, and community organisations.
- Children transitioning to adult services remained a local and a national issue. The Alliance was working with leads to improve understanding, communications, and pathways. An allage service was needed that looked at people as whole people, and improvements and increased funding was expected.

Anna Penn-Carruthers, Centre Lead for the Southwest Centre Locality, noted her experience of working at a Living Well Centre during the pandemic, stating:

- She was proud of the service during the pandemic, especially due to the recent integration with the voluntary sector and other partners.
- The main challenges were rapid changes as the Alliance joined with the southeast team, invocation of bubble working arrangements, and other Covid-19 process changes.
- Many positives came from the changes, such as improved digital health care, for both staff and service users, which had allowed clinicians and service users flexibility; increased staff resilience, with low staff turnover; a shared duty system; and being able to review service users from the southeast.
 - Alliance management changes saw a focus on building relationships and trust between teams, utilising reflective practices and increased staff support, with the introduction of 'huddles' and 'check-ins' as well as yoga sessions via Microsoft Teams.
- The level of changes had not been anticipated as the number of service users expanded from southwest to encompass southeast.
- Safety measures were still in place, including temperature checks, social distancing, and daily Covid-19 assessments.
- The Southeast team had moved back to their Centre and the Southwest team had moved into Gracefield Gardens, allowing greater community accessibility to nearby health services.

- The physical health offer was being improved for service users, noting the outdoor space.
- Staff were motivated after Covid-19 hardships, especially with service users now able to access digital healthcare, and the Centre was in a good position.

In discussion it was noted:

- The mix of the voluntary community sector (VCS) and care services was applauded, with praise also for the ongoing development of the complex needs pathway and for the work of the Living Well Centre during a pandemic.
- Integrating SLaM leads and VCS managers was challenging, noting the differing cultures, systems integration, and data sharing, but the shared motivation had helped teams work together effectively.
- Conversations, improved training, and career pathway development was hoped to attract staff.
- Complex Needs Pathways were being redesigned to ensure greater access. Integration with the psychological therapy team would also ensure referrals from the old team were picked up by the new team and service users would receive therapy at a lower level whilst awaiting higher level. This extended to practical support for those within the community, such as when filling in applications forms.
- The Social Worker Network was being reviewed as an item for future development.
- Improving Access to Psychological Therapies (IAPT) waiting times were monitored daily but had increased due to the single point of access for referrals. Complex Care Pathways waiting times were also under review, especially for short-term care support, and improvement was needed for whole system support and further integration.
- Penelope Jarrett, Lambeth LMC, did not hold exact IAPT waiting times data but would provide an answer at a future meeting.
- Referrals to talking therapies during the pandemic had been overwhelming and waiting and recovery times were still backlogged, but it was hoped that new posts, peer support and further integration would lead to improvements.
- There were gaps in the psychological therapy services and support for those returning to primary care, with an ongoing review for those not recovering or not supported. Current survey feedback noted that young black men were over-represented in this cohort and would be a future focus.
- Access to primary care networks should be explored to increase integration.

RESOLVED:

1. To note the report.



King's Strategy 2021-26: Strong Roots, Global Reach

Roxanne Smith, Director of Strategy, King's College Hospital (KCH) NHS Foundation Trust, introduced the Strategy Report and noted:

- It had been developed by engaging over 4,500 people from different groups and backgrounds, which was jointly led by clinicians within the KCH NHS Foundation Trust. As well as consultations, the strategy considered other key factors such as population drivers, the impact of the pandemic, and partnerships formed in the integrated systems model.
- The importance of the workforce as an integral part of the wider integrated system. The wellbeing offers for both staff and patients was improving, nurturing a culture of learning and listening, with recruitment of diverse populations and pursuing a sustainable model as a London Living Wage employer.
- The KCH site was often congested and the Strategy would review the use of space. It was also noted that the modernising medicine programme was underway to revolutionise care, as well as improving nutrition and patient entertainment.
- The Strategy was designed to adapt to changing priorities and events, looking at the challenge of ensuring financial sustainability and how to deliver the best experience to service users.

In discussion it was noted:

- The work to understand population health had been done at Integrated Care System (ICS) Board level, supported by Kings Health Partners' analytics. The Trust looked to embed its Health Inequality Programme in the Strategy and Roxanne Smith would follow up with the Lambeth Together Equalities Group to feed into this.
- The Strategy was designed in partnership with SLaM and there were opportunities to embed learning across clinical teams. Some areas needed improvement and the offer needed to be consistent across the Trust, including on issues of health inequality.
- The Vital 5 was key within the Strategy and the 'every contact counts' philosophy was embodied across all work at KCH. Staff were motivated and how the electronic connections (patient records and digital capabilities) would help deliver a better service to users. The joined-up approach would also improve service delivery and KCH would come back to the Board to report further.
- KCH was thinking creatively about becoming a community anchor, building partnerships or through local procurement and recruitment. The Lambeth Together Partnership was invited to determine priorities and areas of greatest community impact, as well as input into the delivery plan.
- Lambeth and Southwark community services were provided by Guy's and St Thomas' Trust (GSTT), although KCH did meet weekly to discuss these, this meant that engagement between GSTT and the wider local health service were more frequent.

- Engagement with trade unions would be key, but KCH were open to suggestions around different means to address these new ways of working.
- It was recognised that Kings would benefit from extended engagement with partners through borough arrangements including Lambeth Together in the realisation of its strategic aims

RESOLVED:

1. To note the Kings Healthcare NHS Foundation Trust Strategy.

7 Lambeth Together - Developing our partnership working arrangements

Sophie Taylor, Lambeth Together Programme Lead; and Andrew Eyres, Strategic Director for Adults and Health; introduced the report as follows:

- New partnership governance arrangements had been agreed at the Board in May, with a further update provided in July. All recommendations within the report had been progressed, either completed, or were firmly in motion.
- The Health and Care Bill was still progressing through Parliament, but a thorough understanding and advance guidance was expected. Lambeth was well placed to take the next steps with pre-existing strong partnerships and leadership.
- The LTSB were considering next steps in informal conversations and would come back for decision in November, with statute expected from Parliament on a similar timeframe, with commencement of arrangements expected in January 2022.
- Organisational changes should not lead to delays and delivery was expected at pace.

In discussion it was noted that:

- Any further views on this report should be emailed in for the Board to pick up at a later date.
- The associated Assurance Report was in the current annex.
- The Equality, Diversity, and Inclusion (EDI) Group was reviewing the Lambeth Together pledge and would bring the report to November for sign-off, which would include the mentoring programme and securing resources.
- The importance of relationships to smooth the transition as regulations and structures would be more diffuse, but accountability and clear structures, process and leadership, would be needed.

RESOLVED:

1. Note the continued progress of the Lambeth Together governance review recommendations.
2. Note the activity to date in developing our Lambeth Together arrangements to take forward Place-Based arrangements for Lambeth within the developing SE London ICS, as well as next steps.

3. Note the update from the Lambeth Together Assurance Group and associated Integrated Assurance Report.
4. Receive an update from the Lambeth Together Equalities, Diversity and Inclusion Group and consider and discuss the questions within the presentation which will directly inform our EDI progress.

8 Date of Next Meeting

The next Lambeth Together Strategic Board would take place on Wednesday 24 November 2021.

The meeting ended at 3.46 pm

CHAIR
LAMBETH TOGETHER STRATEGIC BOARD
Wednesday 24 November 2021

Date of Despatch: Date Not
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APPROVED