

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/32NW2RL>

**Lambeth Together Strategic Board**

**Wednesday 24 March 2021 1.00– 3.30**

**Microsoft Teams Meeting**

**Members**

Cabinet Member for Health and Social Care (job-share)	Cllrs Danny Adilypour and Cllr Jim Dickson
GP Assistant Chair NHS SEL CCG, (clinical lead Neighbourhood & Wellbeing Delivery Alliance)	Dr Di Aitken
Executive Director of Adult Social Care	Fiona Connolly
Cabinet Member for Children and Young People	Cllr Ed Davie
Strategic Director, Integrated Health & Care NHS SE London CCG (Lambeth) and Lambeth Council	Andrew Eyres
Managing Director, GP Federation	Therese Fletcher
Borough Lay Member	Sue Gallagher
CEO Age, UK Lambeth	Graham Gardiner
Director Integrated Care, GSTT	Paran Govender (substitute)
Director of Public Health	Ruth Hutt
Healthwatch Lambeth Chief Executive	Catherine Pearson
GP & Chair, Lambeth Local Medical Committee	Dr Penelope Jarrett
Lambeth Patient Participation Group Network	Sandra Jones
PCN Clinical Director and GP Clinical Cabinet representative	Dr Sadru Kheraj
GP Governing Body Member NHS SEL CCG (clinical lead Lambeth Living Well Network Alliance)	Dr Adrian Macachlan
GP Borough Clinical lead ,clinical lead Children and Young People Alliance)	Dr Raj Mitra

**In attendance**

Programme Lead, Lambeth Together	Tom Barrett
Democratic Services Officer, Lambeth Council	Adrian Bentley
Director of Integrated Commissioning (Adults), Lambeth CCG and Lambeth Council	Jane Bowie
Programme Director, Lambeth Together (Neighbourhood and Delivery Alliance)	Amanda Coyle

Head of Communications & Engagement, NHS SEL CCG (Lambeth)	Catherine Flynn
AD Finance, NHS SEL CCG (Lambeth)	Edward Odoi
Director of Primary Care & Transformation, NHS SEL CCG (Lambeth)	Andrew Parker
AD Health and Care Planning and Intelligence, NHS SEL CCG (Lambeth)	Brian Reynolds
Assistant Director Children, Young People, Maternity and CAMHs Commissioning	Dan Stoten
Deputy Director, Lambeth Living Well Network Alliance	Guy Swindle

### **Apologies (members only)**

Director Integrated Care, GSTT	Sarah Austin
Programme Director, Black Thrive	Natalie Creary
Strategic Director Children's Services, Lambeth Council	Merlin Joseph
King's College Hospital Foundation Trust Executive lead rep	Kate Gregory
South London and the Maudsley NHS Foundation Trust rep	TBC

### **1. Welcome, introductions and apologies**

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

Apologies were received from Heather Gilmour, Merlin Joseph, Sarah Austin, and Sabrina Phillips.

### **2. Declarations of Interest**

There were none.

### **3. Minutes of the meeting of 20 January 2021**

The minutes of 20 January 2021 were agreed as an accurate record.

### **4. System Story – Age UK Lambeth – The Way Ahead**

Graham Gardiner, Chief Executive of Age UK Lambeth presented. He noted that the work of Age UK had changed dramatically though the Covid period. In talking about the work Age UK had been involved in over the previous year he noted:



- Though usually Age UK Lambeth would have contact with around 17,000 people a year, that number had risen to 55,000 people over the previous year.
- Covid had produced a number of difficulties although working from home proved not be the challenge expected. It did however cause an issue in terms of staff working from home and dealing with difficult issues and ways of dealing with this pressure had been explored.
- Covid had led to an opportunity to ensure that services were relevant. Jobs had evolved and expanded.
- 5000 phone calls had taken place in one month.
- Key safes were being used so that carers could get easy access to properties.
- The My Neighbour service had started with 142 befriending relationships. This had moved to Phone Friends and at the peak had 800 volunteers, with 800 connections. At the present time this number was 696.
- The My Social service had run 1200 events since the start of lockdown. These had included online exercise classes, discussion groups and cooking classes.
- Over 2500 Isolation bags, which contained items such as jigsaws and puzzles had been given out. This had been made possible thanks to a single donation.
- Birthday cakes had been delivered to the most elderly residents.
- At Christmas over 250 meals had been delivered to isolated neighbours.
- All of the above was possible due to working in partnership with others.

The Vision of Age UK was to work closely with residents where they live by working with neighbourhood teams, both collaboratively and in partnership. These Neighbourhood teams would be enabled to respond locally to arising needs.

The My Neighbourhood teams contained neighbourhood workers, link workers, a handy fixer, gardeners, cleaners and volunteers. A new Neighbourhood Support Worker role had been created. Commissioners had been supportive of this change.

Graham provided the contact details for Age UK and asked to hear how people could work together.

### **Neighbourhood and Wellbeing Delivery Alliance**

Amanda Coyle, Director of the Neighbourhood and Delivery Alliance, and Dr Di Aitken, Clinical Lead for the Alliance, presented this item.

The programme sought to help Lambeth residents live healthy lives for longer. Efforts were focused on making it easier for those with the poorest health outcomes to access health and care services. Programme priorities spanned the full life course of adult Lambeth residents. Prevention through the creation of thriving communities was a focus.

The Medicine and Clinical Pathway Group would ensure that there were evidence based clinical pathways for people with long term conditions. It would ensure that medicines provided were high value, safe and effective. The workstream would form a link with the South East London Integrated care system, where there was an integrated medicines recommendations body.

The outpatients workstream was in place and the first focus will be on chronic pain and multiple long term conditions.

The work with Care Homes over the pandemic had resulted in increased coordination across the 42 care homes in Lambeth. The Alliance wanted to work with that, looking at, for example, increased digital accessibility of care records and consistency across evidence-based programmes.

The Alliance would build on the progress in end of life care that had been developed over the pandemic.

Programmes would be very data centric. There would be an emphasis on communicating the work that was being done.

The Loneliness Test and Learn project was working with the Primary Care Networks (PCN) to allow access to data sources. It was based in three wards, Tulse Hill, Herne Hill and Thurlow Park.

Loneliness was recognised as being harmful to health and had increased since Covid. Attempts were being made to reduce social isolation. Programmes would be targeted at those who lived alone, were 65 years or older with multiple long term conditions or those at risk of frailty.

Details of the website were provided and Amanda welcomed those that would like to be involved to get in touch.

The Chair thanked Amanda and Di for their presentation and asked for questions and comments from the Board. In reply to questions it was noted:

- The Alliance was a very small team and were always on the look out for ways to scale up projects.
- There had been fantastic examples of community development and great structures, such as Project Smith, Community Connectors, and Street Connectors existed. Bringing all of these assets together with people that needed those services required systematic change.
- Housing was recognised as one of the wider determinants of health and had been considered in more detail in some of the other Alliance priorities. Lambeth Council were trying to improve joint working between health and social care and other workstreams that deal with housing provision and maintenance.
- Di was examining the care planning data. She would come back to the group with an update on care planning progress at the next meeting.
- The model that Thriving Stockwell had in place was not capable of being rolled out across the whole borough as it was population specific. Attempts were though being made to look at what was working and see where that could be used in other areas that needed support. Part of the Councils role would be in facilitation connectivity.
- Housing for key workers was important and should be brought into discussions.

- Age UK funding was in place for a further four years. The priority for signposting services produces a challenge for the voluntary sector. There was a need to ensure that funding for this did not undermine funding for the services themselves.
- It was noted that the Council had invested £500m in improving the social housing stock. There was though more that could be done. It was worth engaging with housing colleagues and it was suggested that a further discussion on this would be useful.

The Chair thanked people for their comments.

## **RESOLVED**

The updates were noted.

Dr Adrian MacLachlan took over as Chair for the final two items.

### **5. Integration and innovation: Working Together to improve health and social care for all**

Andrew Eyres presented information on the White Paper proposing the further development to integrated care systems.

In November 2020 NHS England published an engagement document on integrating care with two options. The preferred option involved establishing ICSs as statutory organisations. Lambeth Council and South East London submitted formal submissions and this was influenced by the work being done by Lambeth together. NHS E&I had thereafter made recommendations to parliament.

The White paper proposals were grouped under the following themes: working together and supporting integration, reducing bureaucracy, enhancing public confidence and accountability and additional proposals relating to social care, public health, quality and safety. The Key issues of system reform was not addressed in the White Paper.

There would be three duties placed on health bodies in securing: better health and wellbeing for everyone, better quality of health care for individuals, and sustainable use of all NHS resources. This would imply that organisations should think about the system as a whole, rather than their own financial positions. There would be a shift away from a transactional system towards a focus on collaboration.

The importance of Place was set out in the document, reinforcing much of the work that had been done in South East London and Lambeth.

A national NHS body would be established to have oversight of the whole of the NHS. The role of the Secretary of State would change and would carry increased power.

The statutory entity of NHS Trust would remain.

The overall direction of travel remained consistent, with the move to establish integrated working in SE London and Lambeth. The strong emphasis on Place-based integration, including across the NHS and local authorities was welcomed. There was a desire to fully engage with the areas of proposed focus across South East London. Social care and public health remained outside of the current white paper and detailed consideration of the enabling of changes within scope would be needed.

Comments were received as follows

It was suggested that the White Paper was light on detail and that the gaps around public health and social care was inadequate. It was commented that the structure looked very top down and may not lead to increased accountability.

It was responded that the White Paper was not trying to describe everything about integrated care systems. It proposed the changes to the law that would be required to lead to that. It was expected that there would be a lot more to come in terms of how ICSs would operate. Many of the things noted were within the gift of Lambeth Together and could be taken forward. Such documents as this would not inform the behaviours that needed to be taken on as a partnership. The strength of our the local arrangements had been demonstrated and it was a case of making best use of the resources.

## **RESOLVED**

The update was noted.

### **6. Lambeth Together Programme Highlight report**

Due to time constraints this item was not discussed in detail.

Andrew Parker asked that any comments on the report come back to him or Tom Barrett.

The Chair thanked members of the Public and Board members. The next meeting would take place on Wednesday 26 May.

