

LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

Thursday, 9th May 2024, 2pm
via Microsoft Teams

[Part 1 Meeting Recording - Public Forum](#) - (please note, the Public Forum does not have formal minutes taken).

[Part 2 Meeting Recording - Item 1 to 6 \(Inclusive\)](#)

[Part 3 Meeting Recording - Item 7 to 11 \(Inclusive\)](#)

[Board Meeting Papers](#)

[Supplementary Paper - Lambeth Together Assurance Group](#)

Members Present:

Cllr Jim Dickson	Lambeth Together Care Partnership Board Co-Chair. Cabinet Member for Healthier Communities (job-share), Lambeth Council
Dr Di Aitken	Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead
Ruth Hutt	Acting Place Executive Lead Lambeth, Acting Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board) Director of Public Health, Lambeth Council
Alice Jarvis	Director of Operations and Partnerships, Guy's and St Thomas' NHS Foundation Trust (covering the vacant Board role for Guy's and St Thomas')
Anna Clough	Site Chief Operating Officer, Kings College Hospital NHS Foundation Trust (deputising for Julie Lowe, Site Chief Executive, Kings College Hospital NHS Foundation Trust)
Bimpe Oki	Consultant in Public Health, Lambeth Council (deputising for Ruth Hutt, Director of Public Health, Lambeth Council)
Cllr Jacqui Dyer (present for Public Forum only)	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Cllr Judith Cavanagh	Young People's Champion, Lambeth Council
Dan Stoten	Director of Integrated Children's Commissioning and Youth Services, Lambeth Council (deputising for Andrew Carter, Corporate Director of Children's Services, Lambeth Council)
Dr George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Dr Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead
Mairead Healy	Chief Executive, Healthwatch Lambeth
Paul Coles	Chief Executive, Age UK, Lambeth
Rich Wiltshire	Patient and Public Voice Member
Richard Sparkes	Deputy Director of Social Care, Lambeth Council (deputising for Fiona Connolly, Corporate Director of Housing and Adult Social Care, Lambeth Council)
Sarah B Flanagan	Patient and Public Voice Member
Therese Fletcher	Managing Director Lambeth GP Federation

Apologies:

Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Andrew Eyres	Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
Dr Penelope Jarrett	Chair, Lambeth Local Medical Committee
Fiona Connolly	Corporate Director of Housing and Adult Social Care, Lambeth Council

Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust
Lilian Latinwo-Olajide	Programme Director, Black Thrive, Lambeth
Nathalie Zacharias	Director of Therapies, South London, and Maudsley NHS Foundation Trust attended

In Attendance:

Alex Jackson	Lambeth Together Programme Lead
Edward Odoi	Associate Director of Finance, Lambeth, Southeast London Integrated Care Board
Gladys Lawson	Pathology, Guy's and St Thomas' NHS Foundation Trust
Guy Swindle	Deputy Director, Living Well Network Alliance
Helen Bolger	Lead Commissioner, Lambeth Council
Jane Bowie	Director of Integrated Commissioning (Adults), Lambeth Council and Southeast London Integrated Care Board
Josephina Reynolds	Neighbourhood and Wellbeing Delivery Alliance Programme Director
Lorraine Gordon	Interim Director, Living Well Network Alliance
Oge Chesa	Director of Primary Care and Transformation, Southeast London Integrated Care Board
Simon Boote	Children and Young People Alliance Lead
Warren Beresford	Associate Director, Health and Care Planning and Intelligence, South East London Integrated Care Board
Adrian Johnson	Acting Lead Commissioner, Public Health, Lambeth Council
Alex Wicking	Senior Commissioning Officer, Public Health, Lambeth Council
Christopher D'Souza	Lead Commissioner, Public Health, Lambeth Council

1 Introductions

Those present introduced themselves. Apologies were noted from Andrew Eyres, with Ruth Hutt currently Acting Place Executive Lead Lambeth. Bimpe Oki is deputising for Ruth Hutt. Apologies were also noted for Julie Lowe, with Anna Clough deputising. Alice Jarvis is covering for the Guy's and St Thomas' vacant Board role. Fiona Connolly sends apologies with Richard Sparkes deputising. Nathalie Zacharias and Penelope Jarrett also sent apologies.

Welcome was given to Cllr Jacqui Dyer, the new Cabinet Member for Healthier Communities, Lorraine Gordon, the new Interim Living Well Network Alliance Director and Alex Jackson, the new Lambeth Together Programme Lead.

Reporting back from the Public Forum

Dr Di Aitken welcomed members to the meeting and noted the topics discussed during the public forum that included:

- Sarah Flanagan gave an update on the work she has been conducting within her Patient and Public Voice Member role. Sarah explained that she is a member of Project Smith Community Connectors who do not have a base but meet every month and in April, visited the Royal Trinity Hospice, where they care for people who are close to death and provide respite for families. Sarah explained that they are 29% funded by the NHS but for the remainder, have to raise their own funding so would like to ask if they are entitled to any further funding. Sarah also noted that the Health and Wellbeing Bus are now doing cholesterol tests as well as health checks. Sarah went on to explain that on Tuesday night, Sir Professor Michael Marmot was giving a talk at Goldsmith's College on Social Justice and Health Equity. Sir Marmot mentioned a

movement across the country towards the Marmot Principles and that the London Borough of Waltham Forest has become a Marmot borough. Sarah asked if there was any chance that Lambeth could become a Marmot borough. Sarah also noted that Mental Health Awareness Week runs from the 13th to 19th May and the theme is moving as physical activities improve mental health. Sarah explained that during the week, Active Lambeth Leisure Centres are hosting a variety of free activities.

- Cllr Jim Dickson explained that when the South East London Integrated Care Board/Partnership (SEL ICB/ICP) held their first meeting, Sir Marmot spoke about the wider determinants of good health, good environmental conditions, etc. and explained that, as an Integrated Care System (ICS), Lambeth are observing the Marmot Principles, although not formally adopted.
- Marmot Principles were also adopted as the basis for the Health and Wellbeing Strategy.

Action: Consider additional funding opportunities for the Royal Trinity Hospice.

Action: Consider whether Lambeth can become a Marmot borough. Cllr Jim Dickson to talk to Waltham Forest colleagues.

The following topics were also discussed:

- SEL Pathology Network Contract.
- Blood testing at Guy's and St Thomas' NHS Foundation Trust.
- Indoor air quality and Naloxone for opiate overdose reversal.
- Patient carers for those with learning disabilities and Lambeth GPs promoting awareness of the disability register and health checks for those who are registered.

Action: Jane Bowie and Helen Bolger to provide Cllr Jacqui Dyer with annual health checks information for people with severe mental illness.

Action: Jane Bowie to liaise with Mairead Healy and Deniece Campbell regarding patient carers for those with learning disabilities.

Action: Charli Nelson to follow up with Helen Bolger regarding attendance of Learning disability organisation at the next Inspire event.

Responses to the specific questions raised will be published on the [Lambeth Together Website](#).

2 Declarations of Interest

Members were asked to declare any conflicts of interests linked to the items on the agenda.

None were declared.

3 Minutes from 21 March 2024 Meeting

The [minutes](#) of the meeting of Thursday 21 March 2024 were agreed as an accurate record of the meeting.

4 Lambeth Together Care Partnership – Place Executive Lead Report

Ruth Hutt gave an overview of the key highlights in the Place Executive Lead report. The following topics were discussed:

- Cllr Jim Dickson wanted to highlight that as the government have begun detaining people with a view to potential deportation to Rwanda, this could affect Lambeth's sanctuary seeking people. As a council, Lambeth responded very quickly to this. Lambeth Council have visited

hotels where people may be on the list for deportation with as much information and support as possible, as well as a mental health assurance element. Cllr Dickson confirmed that no one has been detained or moved elsewhere with a view to deportation yet. Cllr Dickson explained it is a significant risk for the Lambeth population and confirmed the council are aligned with the risks.

RESOLVED

1. Board members noted the update on key developments since the formal Lambeth Together Care Partnership Board meeting in public on 21st March 2024.

To view the report accompanying this item, refer to pages 15 to 21 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 03:00 – 11:00.

5 Staying Healthy Programme – Deep Dive: NHS Health Checks

Adrian Johnson and Christopher D’Souza focused on NHS health checks and acknowledged the contributions of Dr Raj Mitra and the Staying Healthy Board who have helped inform development of the health check programme. The following discussions took place:

- Dr Di Aitken asked if the prostate specific antigen (PSA) test could be added to health checks as an additional check because since the pandemic, the prostate cancer pathway has not fully recovered.
- Paul Coles mentioned that, looking at the presentation slides, there was a significant number of people who did not receive an invite to a health check and asked why that was and whether it was a system wide issue.
- Cllr Judith Cavanagh noted the data within the presentation said residents had double the chance of dying or being hospitalised if they did not have a health check and asked if that was right and if it was right, why was that the case.
- Ruth Hutt explained in regard to PSA testing that there is an extensive list of things that could be added to health checks and even if they were extended to include the Vital 5 checks, this would include things like mental health, which is not part of the national health check offer. Locally, Lambeth are exploring adding HIV testing to our checks. PSA testing is interesting as they would need to be targeted so guidance would be required to have informed conversations with those who need a test. This then could create anxiety for those who deliver a health check as they need the ability and training to have the conversation. That is not to say it cannot be done but how do we use a population health management approach so those doing the health check are able to have that conversation.
- Ruth Hutt also explained in relation to Cllr Cavanagh’s question that the ratios are in the appendix slides. Residents who have had a health check are 20% less likely to be admitted to hospital with cardiovascular disease than those who have not had a health check. The data provided was based on the national evaluation.
- Dr Raj Mitra explained we know the current pick-up rate is 12-13% for high blood pressure or diabetes so we want to now target those who really need health checks. We need to go out to work places as people do not have time to go to their GP. Dr Mitra also explained that a healthcare assistant cannot have the conversation on the pros and cons of PSA testing, and it must be an informed discussion.
- Dr Aitken explained that work has been going on within South East London where patients have been texted information using the prostate cancer UK website then people come forward following that message. Dr Aitken explained patients use those resources so healthcare assistants can use those resources as well and do not have to have the full discussion.
- Adrian explained in relation to Paul’s question that this related to feedback from the Lambeth survey e.g. out of the 200+ people who responded to the survey, a majority had not received an invite, but noted data shows the numbers of invites issued is going up.

- Dr Mitra explained numbers went down during Covid and are now picking up again – they are still recovering.
- Therese Fletcher explained that invites never stopped going out but there was a reduction in uptake during the pandemic. We were doing pre-notification lists for practices to send their own invites out during the pandemic for those most in need for a health check. Therese confirmed that Adrian is right, and the information provided is just a snapshot of a small cohort of patients. Therese also explained it is those who do not want to engage that we need to focus on and targeting needs to be succinct and clear for the right patients to come in.
- Dr Aitken reads Penelope Jarret's comments sent in via email:
 - In my experience, there is some misunderstanding of these checks: some people think it is a check for everything, whereas it is a check for cardiovascular risk specifically.
 - Where we do identify risk, sometimes in Lambeth, it is hard to access relevant services e.g. stop smoking, weight management.
 - Slide 33 of the national review is a bit misleading - it shows that people who care enough about their health to attend a health check are less likely to have health problems, it does not prove that health checks work.
- Christopher D'Souza explained it is key that we know the target populations we need to reach. The team have been testing using the Health and Wellbeing Bus to go to targeted sites in the borough. The bus had great experiences going to bus garages, building sites, etc. There are huge opportunities to be doing that and we will work with the Local Medical Committee (LMC) as they are so critical in the changes we have made to the programme, and we want to make sure the data is fed back to them.

RESOLVED

1. Board members noted and discussed the deep dive into the NHS Health Checks programme and provided feedback and questions to support programme development and delivery going forward.

To view the presentation accompanying this item, refer to pages 23 to 40 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 11:10 – 42:53.

6 Sexual Health Programme – Deep Dive: HIV Testing

Alex Wicking, Jess Engen, and Nancy Padwick presented on the initiative completed during HIV testing week. The following discussions were had:

- Dr Aitken asked Alex to explain what PrEP and PEP meant.
- Alex explained they meant Post Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP). PrEP is a medication you can take before potential exposure to HIV to prevent you acquiring HIV and PEP is medication you can take post-exposure to HIV for a month but must be taken within 72 hours of exposure.
- George Verghese asked from a health economics perspective, would we not just add the blood test on as an extra thing to test for and have a default disclaimer within the surgery that your blood will be tested for HIV. If we were really committed to this, we would normalise this type of testing, especially across Lambeth and Southwark.
- Alex explained that would be the gold standard and in A&E, it is a true opt-out option. As a pilot programme, that is hard to enforce as it is only a pilot for a week. Going forward, that is something we would like to bring to the Board, developing appropriate ways to implement that opt-out. We are in a high prevalence area so it is an opportunity to test those people who otherwise would not be tested.
- Ruth Hutt mentioned, in regard to George's point, in 2009 we did an economic model for HIV testing in primary care and we estimated we would get a return on investment within 2-3 years. Ruth believes that would be a different answer now as testing is cheaper to run now than it was in 2009 and there are now other things in place, such as PrEP, PEP and more people on

treatment, so it would be interesting to run those numbers again. There is a desire of getting to zero in London for new infections so to do that we need to be more precise in terms of where we test.

- George thought HIV testing as part of a health check is a wrong way to go and asked are there ways we can use technology to target certain conditions, where a clinician may forget to do a HIV test.
- Sarah Flanagan is concerned about the opt-out and how it is managed as people are not making an informed choice and then are given their results, without being aware they were tested. Sarah is concerned that you have to be educated to know you need to opt-out and patients need to know what they are agreeing to.
- Cllr Jim Dickson congratulated the team on the work being completed across the borough. Cllr Dickson asked them to explain the difference between paying primary care per-test completed and paying for just offering a test or including opt-out testing in other programmes. Cllr Dickson asked Alex to explain why one is better than the other.
- In answer to Sarah, Alex explained the way Lambeth implemented opt-out testing is slightly different to the way it is implemented in emergency departments. There is not pre-counselling required but ahead of ticking the button to request a HIV test, there was a line that would be mentioned along the lines of, you will also have a HIV test unless you opt-out, so patients are informed a HIV test is included. In A&E, they have posters up, so that is the way they are informed.
- Sarah asks what if people do not have English as a first language. Alex believes there are posters in other languages.
- In answer to Cllr Dickson, the recommendation to move to pay-per-offer was more based on the process as the pay-per-offer often results in an offer only being included as part of a text or a registration form, rather than an actual intervention and test being completed. Payment on result encourages the practices to follow up, so practices get paid when they have the test result.
- Ruth picked up on Sarah's point – the way we normalise and destigmatise testing is having it as part of normal conversations and other testing. It is far better someone knowing they are HIV positive than not knowing so you can protect yourself and others around you. It is about encouraging people to test and normalising that, rather than making it a big deal. If you are diagnosed as HIV positive, chances are you will not know what that means for you but that goes for any long-term condition you could be diagnosed with. We have an approach that normalises testing and lots of support is offered on the back of a positive test result. People are usually offered support within 24-48 hours of receiving a positive test. When we originally did the HIV testing in A&E and primary care, everything was translated into local languages so hopefully that is still in place, but we can follow up if that is the case for those where English is not their first language.

Action: Ruth Hutt to find out if the original HIV testing information translated into every language is still within the borough.

RESOLVED

1. Board members noted the work carried out during National HIV Testing Week, the key findings and considered the recommendations made.

To view the presentation accompanying this item, refer to pages 41 to 59 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 42:56 – 1:22:00.

7 Lambeth Together Assurance

Warren Beresford presented on the Lambeth Together Assurance Group that took place in March. The following discussions took place:

- Rich Wiltshire wanted to focus on the risk register, namely, on the finance position. Rich noted that M11 sounds like we are doing well but there is a minimum savings requirement of £4.7m and asked is that why it is counted as a risk, and do we need to save another £1.3m. Rich asked regarding 516, what is the risk exactly there. 515, is this part of the audiology service. Rich used the service last week and explained it is a 5-star service. Rich is aware of other deaf people outside the borough and in comparison to other boroughs, our service is exemplary, and Rich believes this is the reason for the overspend. 473 – a report came out this week from Community Pharmacy England which highlighted critical levels that some pharmaceuticals are short of medication, including insulin, and wondered how that is assessed in our risk highlights.
- Edward Odoi explained that overall, we came under budget in regard to the £1.3m Rich mentioned. Rich asked why a risk is there under 516 saying the risk rating is 12. Edward explained we carry forward the underlying risk from the previous financial year into the new year and we will reassess this within the new financial year.
- Jane Bowie explained risk 515 is not linked to the audiology service and it is linked to recommissioning by a consortium of 21 London boroughs that are part of the joint community equipment contract that was repocured at the start of April 2023. Jane also confirmed there have been issues with the procurement process. Lambeth is one of the areas that is part of the consortium and that is why it is on our risk register.
- Rich asks if audiology is part of the finance risk and Jane explains it is not – it is continuing healthcare and prescribing costs. Prescribing budgets are delegated to Place, so we monitor the risk to the budget spend.

RESOLVED

1. Board members noted the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented 26th March 2024.

To view the presentation accompanying this item, refer to pages 61 to 120 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 00:00 – 19:36.

8 Primary Care Commissioning Committee (PCCC)

Oge Chesa presented on the Primary Care Commissioning Committee meeting held in March. The Board ratified the decisions made at the meeting.

RATIFIED

1. Board members noted the update on discussions held at the Primary Care Commissioning Committee on 06 March 2024 and ratified decisions made.

To view the presentation accompanying this item, refer to pages 121 to 131 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 19:45 – 35:04.

9 Business Planning: Taking Forward ‘Our Health, Our Lambeth’ 2023/4 Annual Review and 2024/25 Action Plan

Oge Chesa and Warren Beresford presented on the Our Health, Our Lambeth Annual Review. There were also presentations from those with lived experience to reflect on how the plan has impacted on them over the last year. The Board heard lived experiences from a user of the Thriving Stockwell Community Living Rooms Health and Wellbeing Groups and a user of Lambeth’s maternity services. The following discussions were had:

- Dan Stoten thanked Monique for attending the Board and sharing her maternity experience. Dan explained Monique has agreed to support the Maternity Voices Partnership that is being

developed in South East London. Dan explained we are trying hard to get to the bottom of data and lived experiences in the borough and thanked Monique again.

- Monique explained she saw many women in hospital who did not have a voice and felt she always advocated for those who did not have a voice. Monique wanted to thank Simon Boote, Children and Young People's Alliance Lead, for all the support he had given her.
- Lorraine Gordon thanked Monique for sharing her story and, thinking about perinatal in-reach, asked what Monique thought would have helped her in her situation.
- Monique expressed she is lucky to have been referred to the South London and Maudsley Perinatal team and the lack of funding is the issue, appointments were cancelled, there were staff shortages and while some aspects of the perinatal care were good, Monique received support from a nursery nurse who helped with things that were outside of her remit. What would help would be investment in the service. If the help was consistent and there was more of it, that would help.
- Sarah Flanagan spoke as a former midwife and asked if Monique made a formal complaint and urged Monique to complain if not. Monique has not complained due to her mental health following her triplets' birth but will make a formal complaint going forward.
- Anna Clough wanted to link with Monique to get Monique and the maternity team at King's together to discuss what happened to Monique and to make it easier for her to feedback her experience.
- Dr Raj Mitra confirmed we are always fighting for more money for maternity and children's services. Dr Mitra also asked if we could get more funding for the Community Living Room to increase their hours.
- Cllr Dickson wanted to thank the team for all their work with the plan.

Action: Monique and Anna Clough to link to meet with the King's Maternity team.

Action: Christopher D'Souza to consider opportunities to get more hours for the Community Living Rooms.

APPROVED

1. Board members noted contents of the document, approved the Lambeth Together action plan for 2024/25 (contained within) and approved for the document to be published on the Lambeth Together public website.

To view the presentation accompanying this item, refer to pages 133 to 190 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 35:13 – 1:17:50.

10 Questions from public attendees

No questions were asked.

11 AOB

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as 4th July 2024, in person only, location to be confirmed. The meeting in July will not be online.

The meeting ended at 16:52.

CHAIR
LAMBETH TOGETHER CARE PARTNERSHIP BOARD
Thursday 09 May 2024