

LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

Thursday, 11th July 2024, 2pm
Brixton House, Studio 4, 385 Coldharbour Lane, SW9 8GL

[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 12 \(Inclusive\)](#)

[Board Meeting Papers](#)

[Supplementary Paper One - Operose Due Diligence](#)

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

Members Present:

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| 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 |
| Cllr Jacqui Dyer | Lambeth Together Care Partnership Board Co-Chair. Cabinet Member for Healthier Communities, 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') |
| Bimpe Oki | Consultant in Public Health, Lambeth Council (deputising for Ruth Hutt, Director of Public Health, Lambeth Council) |
| Cllr Judith Cavanagh | Young People's Champion, 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 |
| Lilian Latinwo-Olajide | Programme Director, Black Thrive, Lambeth |
| Mairead Healy | Chief Executive, Healthwatch Lambeth |
| Paul Coles | Chief Executive, Age UK, Lambeth |
| Rich Wiltshire | Patient and Public Voice Member |
| Richard Outram | Director Adult Social Care, Adults Social Care and Housing, Lambeth Council |
| Sarah B Flanagan | Patient and Public Voice Member |

Apologies:

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| 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 |
| Julie Lowe | Site Chief Executive, Kings College Hospital NHS Foundation Trust |
| Nathalie Zacharias | Director of Therapies, South London and Maudsley NHS Foundation Trust |
| Therese Fletcher | Managing Director, Lambeth GP Federation |

In Attendance:

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| Alex Jackson | Lambeth Together Programme Lead |
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| Alicia Lyons | Lambeth Together Engagement Manager |
| David Orekoya | Associate Director, Integrated Commissioning – Mental Health |
| Edward Odoi | Associate Director of Finance, Lambeth, Southeast London Integrated Care Board |
| Guy Swindle | Deputy Director, Living Well Network Alliance |
| 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 |
| Eulalia Gonzalez | Project Coordinator – Healthwatch, Lambeth |
| John Manley | Clinical Psychologist |
| Tom Barrett | Programme Director – Cost of Living |
| Vanita Bhavnani | Research and Engagement Manager – Healthwatch, Lambeth |

1 Introductions

Those present introduced themselves. Apologies were noted from Andrew Carter, Andrew Eyres with Ruth Hutt deputising, Dr Penelope Jarrett, Julie Lowe, Nathalie Zacharias and Therese Fletcher. It was noted that Cllr Judith Cavanagh would join the Board meeting at 2:30pm.

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:

- Synnovis phlebotomy service problems and the recent cyber-attack.
- Indoor air quality.
- Chronic Fatigue Syndrome.
- Naloxone training for police officers.
- Learning disability health checks.
- Hydrotherapy for stroke patients

The following topics were also discussed:

- Congratulations were awarded to Cllr Jim Dickson for successfully becoming an MP for Dartford following the recent general election. Thanks were given for all his work with Lambeth Together.
- Rich Wiltshire gave his update as Patient and Public Voice member and wanted to echo the concerns raised by members of the public around the Synnovis cyber-attack, noting blood tests may now be missed and asked the Board to give thoughts to how we mitigate the risks of missing those tests. Rich also raised questions around business continuity and expressed concerns about lack of backups and business continuity in all facets of medical systems such as GP services.
- Rich asked that we have a blood testing score within the Assurance report to help feedback to Board members on the impact of the cyber-attack. Rich asked if there were reports from the Trusts on the cyber-attack that could be shared with members and was concerned about what patients were being told when their blood tests were being cancelled.
- Rich also explained that he attended the Lambeth Country Show, and he was impressed by the Lambeth Together tent and wanted to give thanks to all those involved. Rich noted the increase in Covid and the new variant and wanted to highlight the surge in open crack use that seems to have increased in Brixton. Rich explained that regarding the recent pharmacy shortages, medicines availability is still unpredictable, and it is uncertain for the future. Price

fluctuations still occur and impact on budgets and the causes remain the same, namely, Covid, the war in Ukraine, and Brexit. Rich explained we have no way to track these shortages so advised the Board to keep an eye on the issue and consider adding the national measurement to the Assurance report.

- Dr Aitken gave thanks to both Rich and Sarah Flanagan as it was their last meeting as Patient and Public Voice Members and noted their voices have been extremely important on the Board. A new recruitment process is in place.
- Thanks was also given to all those involved in the London Inspire Event on 6th July at St Mark's Church, Kennington.

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 09 May 2024 Meeting

The [minutes](#) of the meeting of Thursday 09 May 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.

- Dr Raj Mitra wanted to note the great job Ruth has done while deputising for Andrew Eyres.

RESOLVED

1. Board members noted the update on key developments since the formal Lambeth Together Care Partnership Board meeting in public on 9th May 2024.

To view the report accompanying this item, refer to pages 13 to 20 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 01:55 – 09:25.

5 Living Well Network Alliance (LWNA) – Deep Dive

Lorraine Gordon, Guy Swindle, David Orekoya, John Manley, and Tom Barrett presented on the Alliance's continued focus on tackling health inequalities in mental health. The following discussions took place:

- Cllr Jacqui Dyer asked, in regard to pages 29 to 31 of the Board pack, to see the feedback in terms of demographics as members do not have a sense about how we as a borough are reducing inequalities. Cllr Dyer noted that Guy referred to a website and asked if that information could be included in papers going forward, so members have access to what is being referred to. Cllr Dyer requested that in future meetings, when doing updates such as this, in order to be transparent around reducing inequalities, members need the actual data around which population we are reducing health inequalities for and be more explicit in what is presented.
- Cllr Dyer welcomed the work being done around the Patient and Carer Race Equality Framework (PCREF) and the change ideas articulated. Cllr Dyer explained that she is leading

on this work nationally and that this should be noted as a possible conflict of interest. She noted that going forward members would need the baseline information, along with where the borough is headed. Cllr Dyer noted the Anti-Racist Developmental Evaluation led by Black Thrive would assist with that to get into the detail of the information.

- Cllr Dyer raised a concern around restrictive interventions, and when considering these, members need to get into the depth of the information about what is happening in Lambeth. Cllr Dyer asked that we move away from comparing Lambeth to other boroughs and focus on Lambeth data alone.
- Cllr Dyer noted that regarding the admission data around the high level of people being detained under the Mental Health Act, as part of the proportion of the Black community, that Lambeth's Black community do not make up 52% of the Lambeth population, so there is a clear overrepresentation in the detention figures. Cllr Dyer asked how are we using the PCREF framework in this work, where is the data around those who are already detained and what will we do about them? What do the referral numbers from the local authority say to us, what are the pathways that people get referred to? Cllr Dyer explained that she would like to see what is happening around this part of the system.
- Cllr Dyer also asked about Talking Therapies, namely, what is the demographic makeup of those accessing the service, and do we have a representative workforce in terms of demographics?
- Cllr Dyer did not understand the presentation around the Primary Care Networks (PCNs) and Social Prescribers so asked for a response on this but noted not all points raised needed a response, Cllr Dyer just wanted to bring them to colleagues' attention.
- Dr Di Aitken appreciated Cllr Dyer's passion and ambitions for Lambeth and explained that she and Cllr Dyer worked together on the national work to review the Mental Health Act, and that they are both keen that the Board members feel signed up to the nationally mandated direction of travel.
- Cllr Dyer explained her own lived experience has meant that she has seen areas for attention, and Lambeth is the home of the development of the recommendations coming to fruition. PCREF is a mandatory requirement for all publicly funded mental health provision. Cllr Dyer explained Board members have to ensure they take a leadership role to make sure that our borough has the best version of the implementation of this framework.
- Lorraine thanked Cllr Dyer for her attention to every aspect of the presentation and noted it is thoroughly appreciated.
- John clarified that the demographic of those accessing Talking Therapies is broadly representative of the adult demographic in Lambeth. In terms of workforce, colleagues are recruited from London and the team have made a lot of progress, so are probably halfway between the demographic for Lambeth and demographic for London as a whole. That means the team may have slightly more staff from an Asian background and slightly less from a Black background than we would have if it was purely representative of Lambeth. John noted the leadership team is broadly representative of the Lambeth demographic and confirmed data can be presented to show this.
- John responded to the PCN and Social Prescribers question and explained there are various opportunities in Primary Care now where residents can get support or signposted for help with the cost of living. John explained this pilot helps those who don't engage with signposting and gives 1-1 support to ensure residents do engage.
- Tom explained that with social prescribing, there is a risk of duplication – there is quite a lot of people in the social prescribing or link worker space whether it is GP led, philanthropic, council funded or accessible through a foodbank. One of Tom's concerns is about the support provided and if that is the most efficient way to link our link workers together, it should be more straightforward to be able to get support through the system.
- Mairead Healy asked a question around homelessness and mental health. Healthwatch Lambeth recently visited a facility where many of the patients were homeless before being admitted to the facility and it was only by being on the ward that they were getting assistance with accommodation, and it had been very difficult to access accommodation before being on the ward. Mairead shared a story of a 21-year-old young Black man who lost his mum and spiralled – he went into the council and housing services and was treated appallingly and told he could not be helped which made him spiral more. Mairead noted patients are ending up in the facility because they are homeless, and it is very important for council staff to take a trauma informed approach when dealing with cases such as this.

- David explained it is important to distinguish between those who are Lambeth's responsibility and those from other boroughs. David noted Lambeth has an issue as there are two Trusts within our geography that fall into other boroughs as well, so a lot of patients are not necessarily Lambeth residents, which imposes additional activity on Lambeth, so staff are trying to manage and get people signposted to the right area which is putting extra stress on the system. For those Lambeth are responsible for, we are working with housing to improve our pathways to make sure people are offered decency and respect. If we identify an individual is homeless or at risk of homelessness, we want to ensure it is flagged early. David confirmed we want to improve, and we are working to improve but acknowledge things are still to be done.
- Rich Wiltshire noticed three other London boroughs have funding to link together link workers and asked if Lambeth could consider joining that group. Rich also asked, with talking therapies, has the team considered if there are other types of non-talking therapies within the work.
- John explained there are alternative therapies like activities through art therapy, for example.
- Dr Raj Mitra asked about the cultural awareness training and noted the Children and Young People's Alliance (CYP) are keen to learn about this.
- Lorraine responded and explained there is funding from the Maudsley charity to provide the training, so the Alliance are hoping to share learnings.
- David noted we as a borough need to work sensitively with people and respond in a holistic type of way.
- Guy noted that it is important to treat every person as a person and be compassionate with everyone in the same way. Guy asked members to keep reporting experiences such as the one Mairead shared.
- Dr Aitken explained we could use a Board Seminar agenda to continue our discussion on mental health, including topics such as, housing & homelessness, developing trauma informed talking therapy and community services and a clear pathway for referrers and residents.

Action: John Manley to share data on workforce to show the demographic of the workforce and leadership team.

Action: Add the mental health discussions to a future Seminar agenda.

RESOLVED

1. Board members noted and discussed the deep dive into the progress of the Living Well Network Alliance against the Health and Care Plan and the continued focus on tackling inequalities in mental health, using the Patient and Carer Race Equality Framework (PCREF) to drive culture and system change, and note the formal extension of the LWNA's contract for a further 3 years to 31st March 2028.

To view the presentation accompanying this item, refer to pages 21 to 45 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 09:27 – 1:10:16.

6 Healthwatch Lambeth

Mairead Healy, Vanita Bhavnani, and Eulalia Gonzalez presented on the current work being completed by Healthwatch Lambeth. They explained that their feedback reports are sent to both providers and commissioners and followed up after a 28-day interval. They are keen to ensure that the feedback is considered actively in quality improvement process.

The following was discussed:

- Paul Coles asked, when referring to the mental health of Black male service users within the presentation, did Healthwatch get any feelings that because of the stigma associated with mental health within the Black community, that stigma led to people accessing services much later than they possibly should have, which in turn, meant a more aggressive intervention was

needed, whereas if they accessed services earlier, interventions could have been lighter with a quicker turnaround?

- Vanita explained Healthwatch are in the very early stages of collating this information, but they would bear this question in mind as things progress.
- Cllr Judith Cavanagh asked about community pharmacies having private consultation areas.
- Eulalia explained Healthwatch are in the process of talking to pharmacists who work within the Integrated Care System (ICS) and could follow up on Cllr Cavanagh's question. Oge Chesa noted there is a contractual obligation that pharmacists have a private consultation area, and so it would be best to direct Cllr Cavanagh's question to North East London who are holding the community pharmacy delegated contract on behalf of all Integrated Care Boards (ICB) in London.
- Dr Raj Mitra asked regarding the Maternity Report, who has been informed about it and has contact been made with Clare Spencer, Clinical and Care Professional Lead (CCPL) for Maternity, as a lot of work has been done in the Trusts in regard to what is mentioned in the report and Dr Mitra wanted to ensure Healthwatch are working alongside Clare on this matter.
- Dr Mitra noted, in regard to the Hospital Discharge work Healthwatch has just completed, concern that we keep repeating work, as a similar piece of work was completed in 2018 and he noted that we could learn from previous initiatives, rather than keep starting from scratch.
- Vanita explained the work just completed did build on the 2018 report.

Action: Healthwatch to direct their Community Pharmacy conversations to the North East London ICB as the delegated contract lead.

RESOLVED

1. Board members noted the progress of Healthwatch Lambeth.

To view the presentation accompanying this item, refer to pages 47 to 75 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 1:10:18 – 1:53:00.

*Please note, the order of the agenda changed – item 8, Supporting Our Residents, came before item 7, Operose. Item 10, Primary Care Commissioning Committee then followed Operose. Item 9, Assurance was the final item. *

7 Operose Due Diligence

Oge Chesa gave an overview of the Operose summary paper, due diligence report and follow-up statement from Operose Health. The following discussions took place:

- Dr Raj Mitra asked what was meant by breach. Oge confirmed it meant a failure, under the terms of the primary medical services contract, and the primary medical services have a standard operating procedure which details types of breaches than can be issued, for example, a notice that they have failed in a certain area of their contract delivery. Here, they failed to notify commissioners that they were changing control. This is just a breach notice; it is not a remedial notice, but it is a notification that they failed to do something. If services will be commissioned from them in the future, this will be noted. Lambeth has two practices affected by this, Streatham High Road and Edith Cavell.
- It was noted that the breach was due to the parent company not the Lambeth based practices.
- Oge noted we should be concerned about whether the change of control will impact upon services our population receives and findings show our services will not be negatively impacted.

RESOLVED

1. Board members reviewed the summary paper, the full due diligence report and the follow-up statement from Operose Health on debt charges.

To view the presentation accompanying this item, refer to Agenda Supplement One.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 22:50 – 28:51.

8 Supporting Our Residents

Tom Barrett gave an update on work being completed by the Lambeth Cost of Living team. The following discussions were had:

- Dr George Verghese explained he would be very interested in linking the health data with the cost-of-living data and explained there are opportunities where cost-of-living flags could be linked in with Primary Care data and would be keen to see how this work can expand.
- Tom is continuing to push for these opportunities and is hopeful to have further news on this next time he presents to the Board around getting additional funding for this. Tom explained that community research showed they may not be doing enough for our disabled communities so is also keen to focus on that.
- Dr Verghese explained there could be an additional question in the service user agreement as part of the pilot such as, “can we share this data with your GP?” Tom will follow up on this point.
- Nozomi Akanuma noted that the community maps covered by the team and the mental health maps are not so different so explained there is no point in doing this work separately. Tom confirmed he had met with all Alliance leads earlier in the week to begin to work together on this.
- Dr Raj Mitra confirmed Tom and his team are doing amazing work. Dr Mitra asked if Tom knew there were Department of Work and Pensions (DWP) workers within GP practices and asked if the cost-of-living team are doing any cross-work with them.
- Dr Mitra also explained there are quite a few wealthier residents within the borough, and could the team possibly reach out to those residents for assistance as we all live in the same community, such as philanthropists, who could help reduce inequalities within the borough.
- Sarah Flanagan mentioned that last year, the council had its own cost-of-living reserve where only some of it has been used and asked if it is planned to be used for next year.
- Tom confirmed yes, there is a reserve for the next financial year. £4,000,000 is for the 2024/25 programme, £1,300,000 is remaining but there is also additional money that can be added to the reserve. For example, the free school meal funding has been extended.
- Tom confirmed he is aware of the DWP workers, but Tom will put a reminder in about running workshops on how we can work together with the DWP workers. Tom will also follow up on the philanthropist point Dr Mitra raised.

Action: Tom Barrett to follow up on adding the additional question of “can we share this data with your GP” into cost-of-living pilot.

Action: Tom Barrett to look at running workshops to ensure DWP workers are working alongside the cost-of-living team.

Action: Tom Barrett to follow up on Dr Mitra’s point around philanthropists.

RESOLVED

1. Board members noted and commented on the Council programme.

To view the presentation accompanying this item, refer to pages 79 to 91 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 00:40 – 22:40.

9 Lambeth Together Assurance

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

- Warren noted Rich Wiltshire's comments regarding the Assurance report during the Public Forum around how we can include blood test activity monitoring and routine Covid vaccinations in the report and agreed to look at if the report is the best route for that or if there is another avenue to explore.
- Rich clarified that in addition to wanting a blood testing capacity score and a difficulty rating for getting blood tests, he wanted the national score of availability of drugs added to the Assurance report.

Action: Warren Beresford to review the Assurance report to see if the national score of availability of drugs can be added to the Assurance report.

RESOLVED/RATIFIED

1. Board members noted the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented 21st May 2024.
2. Board members endorsed the recalibrated Health and Care Plan impact measures proposed for monitoring the Health and Care Plan in the year ahead.

To view the presentation accompanying this item, refer to Agenda Supplement Two.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 34:31 – 39:13.

10 Primary Care Commissioning Committee (PCCC) Update

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

- Dr George Verghese and Dr Raj Mitra did not take part in ratifying the decision made concerning the co-location of the Waterloo Health Centre and Lambeth Walk Primary Group Practice as they are GPs at these practices.

RATIFIED

1. Board members noted the update on discussions held at the Primary Care Commissioning Committee on 22 May 2024 and ratified decisions made.

To view the presentation accompanying this item, refer to pages 93 to 108 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 28:51 – 34:30.

11 Questions from public attendees

No questions were asked.

12 AOB

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as Thursday 5th September 2024 via Microsoft Teams only.

Alicia Lyons mentioned the Patient and Public Voice Member information session being held following the Board meeting, from 17:30, and urged any members of the public who may be interested in applying for the role of Patient and Public Voice Member to speak with Alicia after the Board meeting.

Dr Rebecca Whitnall, Clinical and Care Professional Lead (CCPL) for Workforce, asked if the invitation to future Board meetings could be extended to the CCPL network.

Action: Add CCPLs to Board meeting invites going forward.

The meeting ended at 17:00.

CHAIR
LAMBETH TOGETHER CARE PARTNERSHIP BOARD
Thursday 11 July 2024