



## LAMBETH TOGETHER CARE PARTNERSHIP (FORMERLY LAMBETH TOGETHER STRATEGIC BOARD)

Thursday 11 July 2024 | 1:00pm – 5:00pm

Venue: Brixton House, Studio 4, 385 Coldharbour Ln, London SW9 8GL

<b>BOARD MEMBERS</b>	
Dr Dianne Aitken	Lambeth Together Care Partnership Board Co-chair, GP, Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead - Southeast London Integrated Care Board
Cllr Jim Dickson	Lambeth Together Care Partnership Board Co-Chair. Cabinet Member for Healthier Communities (job-share), Lambeth Council
Cllr Judith Cavanagh	Young People’s Champion, Lambeth Council
Cllr Jacqui Dyer	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, Psychiatrist South London, and the Maudsley NHS Foundation Trust
Andrew Carter	Corporate Director of Children’s Services, Lambeth Council
Fiona Connolly	Corporate Director of Housing and Adult Social Care, Lambeth Council
George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Raj Mitra	GP, Children and Young People’s Alliance Clinical and Care Professional Lead
Ruth Hutt	Director of Public Health, Lambeth Council
Lilian Latinwo-Olajide	Programme Director, Black Thrive, Lambeth
Richard Wiltshire	Patient and Public Voice Member
Sarah Flanagan	Patient and Public Voice Member
Paul Coles	CEO, Age UK Lambeth
Louise Dark	Guy’s and St Thomas’ NHS Foundation Trust
Therese Fletcher	Managing Director, Lambeth GP Federation - Southeast London Integrated Care Board
Andrew Eyres	Corporate Director of Integrated Health & Care, Lambeth – Southeast London Integrated Care Board
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust - Southeast London Integrated Care Board
Nathalie Zacharias	Director of Therapies, South London and the Maudsley NHS Foundation Trust - Southeast

	London Integrated Care Board
<b>NON VOTING MEMBERS</b>	
Mairead Healy	Chief Executive, Healthwatch Lambeth
Penelope Jarrett	Chair, Lambeth Local Medical Committee, GP

## **FURTHER INFORMATION**

This meeting will be held in accordance with Paragraph 78 of the Coronavirus Act and Section 13 of the related Regulations which details that members of the public and press be provided access to the meeting through remote means.

If you require any further information or have any queries please contact: Cheryl Smith, [lamccg.lbsat@nhs.net](mailto:lamccg.lbsat@nhs.net)

## **AGENDA**

Please note that the agenda ordering may be changed at the meeting.

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# Lambeth Together Care Partnership Public Forum and Board Meeting in Public

Thursday 11 July 2024 | 1:00pm – 5:00pm

Venue: Brixton House, Studio 4, 385 Coldharbour Ln, London SW9 8GL

*\*This meeting is in person only*

## AGENDA

Members of the public are welcome and encouraged to attend the Public Forum and observe the Board Meeting.

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
1 p.m.	<b>Public Forum</b>		
60 mins	<b>Welcome and introductions</b>  <b>The Public Forum and how to take part</b>  <b>Questions from the public</b>		<b>Dr Di Aitken</b> <i>Co-Chair</i>
2 p.m.	<b>Board Meeting in Public</b>		
1.	<b>Introductions</b> <ul style="list-style-type: none"> <li>▫ Welcome, introductions and apologies</li> </ul>		<b>Dr Di Aitken</b> <i>Co-Chair</i>
2.	<b>Declarations of Interest</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to declare any interests on items included in this agenda</li> </ul>		<b>Dr Di Aitken</b> <i>Co-Chair</i>
3.	<b>Review of Minutes</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to approve minutes and review any matters arising from the Lambeth Together Care Partnership Board meeting in Public on 9<sup>th</sup> May 2024</li> </ul>	Paper enc.	<b>Dr Di Aitken</b> <i>Co-Chair</i>
4. 2:10pm (10 mins)	<b>Lambeth Together Care Partnership - Place Executive Lead Report</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to receive an update on key developments since the last Lambeth Together Care Partnership Board meeting in Public on 9<sup>th</sup> May 2024</li> </ul>	Paper enc.	<b>Ruth Hutt</b> <i>Acting Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board</i>
5.	<b>Living Well Network Alliance – Deep Dive</b>	Paper enc.	<b>Lorraine Gordon</b>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
2:20pm (45 mins)	<b>A Focus on Inequalities</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to note the progress of the Living Well Network Alliance against its 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.</li> </ul>		<i>Interim Director, Lambeth Living Well Network Alliance</i>  <b>Guy Swindle</b> <i>Deputy Director, Lambeth Living Well Network Alliance</i>  <b>David Orekoya</b> <i>Lambeth Associate Director Integrated Commissioning-Mental Health</i>  <b>John Manley</b> <i>Clinical Psychologist</i>  <b>Tom Barrett</b> <i>Lambeth Programme Director – Cost of Living Crisis</i>
6.  3:05pm (25 mins)	<b>Healthwatch Lambeth</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to note progress of Healthwatch Lambeth</li> </ul>	Paper enc.	<b>Mairead Healy</b> <i>Chief Executive - Healthwatch</i>  <b>Vanita Bhavnani Research and</b> <i>Engagement Manager - Healthwatch</i>  <b>Eulalia Gonzalez</b> <i>Project Coordinator - Healthwatch</i>  <b>Anna D'Agostino,</b> <i>Engagement Officer - Healthwatch</i>
3:30pm	BREAK (10 mins)		
7.  3:40pm (10 mins)	<b>Operose Due Diligence</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to review the summary paper, the full due diligence report and the follow-up statement from Operose Health on debt charges</li> </ul>	Paper enc.	<b>Oge Chesa</b> <i>Director of Primary Care and Transformation –</i>
8.  3:50pm (25 mins)	<b>Supporting Our Residents Cost of Living</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to note and comment on the council programme</li> </ul>	Paper enc.	<b>Tom Barrett</b> <i>Lambeth Council Programme Director, Cost of Living</i>
9.	<b>Lambeth Together Assurance</b>	Paper attached.	<b>Oge Chesa</b> <i>Director of Primary Care and Transformation -</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
4.15pm (20 mins)	<ul style="list-style-type: none"> <li>▫ Members of the Board are asked to note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 21 May 2024 and endorse the recalibrated Health and Care Plan impact measures proposed for monitoring the Health and Care Plan in the year ahead.</li> </ul>		<i>on behalf of Vacant Board Lay Member</i>  <b>Warren Beresford</b> <i>Associate Director Health and Care Planning and Intelligence</i>
10. 4.35pm (10 mins)	<b>Primary Care Commissioning Committee (PCCC) Update</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to note the update on discussions held and ratify decisions made at the Primary Care Commissioning Committee on 22 May 2024</li> </ul>	Paper enc.	<b>Oge Chesa</b> <i>Director of Primary Care and Transformation - on behalf of Vacant Board Lay Member</i>
11. 4:45pm (10 mins)	<b>Questions from public attendees</b> <ul style="list-style-type: none"> <li>▫ An opportunity for members of the public to ask further questions</li> </ul>		<b>Dr Di Aitken</b> <i>Co-Chair</i>
12. 4.55pm	<b>AOB</b>  <b>Close</b> <i>Date of next meeting: 5<sup>th</sup> September 2024 (virtual)</i> <ul style="list-style-type: none"> <li>▫ <i>Public forum, 1pm-2pm</i></li> <li>▫ <i>Board meeting in Public, 2pm-5pm</i></li> </ul>		<b>Dr Di Aitken</b> <i>Co-Chair</i>

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## LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

Thursday, 9<sup>th</sup> 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 13<sup>th</sup> to 19<sup>th</sup> 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 21<sup>st</sup> 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 reprocured 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 4<sup>th</sup> 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





## Lambeth Together Care Partnership Board

<b>Title</b>	Lambeth Together Place Executive Lead Update
<b>Meeting Date</b>	11 <sup>th</sup> July 2024
<b>Author</b>	Ruth Hutt – Acting Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
<b>Lead</b>	Ruth Hutt – Acting Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board

### This item is for:

<input checked="" type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Ratification</b>
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### Recommendations:

The Lambeth Together Care Partnership Board is asked to:

1. Note an update on key developments since the formal Lambeth Together Care Partnership (LTCP) Board meeting in public on 9<sup>th</sup> May 2024

### What other groups or committees have considered this item to date?

N/A. Individual items addressed at various fora.

### Summary and Impact on Inequalities

An update to the Lambeth Together Care Partnership Board (LTCP) from the Lambeth Acting Place Executive Lead, Ruth Hutt, reporting on key issues, achievements, and developments from across our Partnership.

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## Lambeth Together Care Partnership

### Place Executive Lead Report 11<sup>th</sup> July 2024

**Ruth Hutt – Acting Corporate Director, Integrated Health and Care**

#### ‘Our Health Our Lambeth’



At our Lambeth Together Care Partnership (LTCP) Board meeting in May 2024, the first annual review of [‘Our Health, Our Lambeth’](#), Lambeth Together’s five year health and Care Plan was approved by the LTCP Board. This review has been crucial in refining our approach, helping us understand the needs of our staff, partners, and residents to effectively deliver on the outcomes and aspirations we committed to just over a year ago. The insights gained over the past year have further shaped our strategies and informed our planned activities for 2024-2025.

The approval of the annual review also provided an opportunity to reflect on the many accomplishments we've realised through our collective efforts. We had the privilege of hearing directly from service users who shared their experiences, offering invaluable insights into how our collaborative work between partner organisations has positively impacted their health and community whilst providing also a stark reminder of how much we have left to deliver in ensuring we tackle health inequalities across the system.

As we move forward into the next year of our plan, we extend our heartfelt appreciation to all those who have contributed to our progress. We are excited about the future and remain committed to achieving even more ambitious goals and breaking down barriers in the coming years.

You can read the full [2023-2024 Annual Review on the Lambeth Together Website](#).

#### Our Governance and Leadership

**Our Leadership:** You will recall at our March Board meeting we said goodbye to two retiring Board members, Our LT Board Lay member Sue Gallagher and also Sarah Austin, Chief Executive of Integrated and Specialist Medicine at Guy's and St Thomas' NHS Foundation Trust (GSTT). I am very pleased to now welcome Louise Dark to the Board, who takes up Sarah’s position at GSTT and the Lambeth Together Care Partnership Board. Louise joins us from the Barking, Havering and Redbridge University Hospitals NHS Trust, where she was Managing Director of King George Hospital, and the responsible executive for leading and managing the site, with a particular focus on the urgent and emergency care pathway. She was also the Trust’s Place Based lead for Redbridge. We look forward to her valuable insights and leadership as part of Lambeth Together.

We have been actively seeking to recruit the successor to the role of the LT Board Lay Member and have particularly tried to attract applications from Black, Asian and Multi-Ethnic communities, as we are currently under-represented at Board level. Details were published on our LT website, [LT LinkedIn](#) and an edition of the Lambeth Bugle publication; the post has been readvertised. The Lay Member provides a crucial function as part of our Board, including Chairing of the LT Assurance Group, LT Primary Care Commissioning Committee and being an active member of the LT Equalities Group. The role is important in helping to shape strategic direction, ensuring governance excellence and fostering impactful community relationships to guarantee that the LTCP has appropriate arrangements in place to secure public and patient involvement.

Recruitment to this post is ongoing and I look forward to having an update on this at the next Care Partnership Board.

Another role that supports our Leadership on the Lambeth Together Care Partnership Board is that of the Patient and Public Voice (PPV) Members, who support us to make better decisions and to be more connected with our communities, ensuring that significant issues for Lambeth people are identified and heard. In September 2022, Sarah Flanagan and Rich Wiltshire joined their first LTCP Board meeting as our PPV members. These Board positions were appointed for two years, with the term now ending in August 2024. On behalf of the LTCP Board we would like to extend our gratitude to Sarah and Rich for the dedication they have shown to this position and the impact this has made for our residents across their term.

Recruitment for the PPV positions is now also underway; we're looking for people who are interested in health and care, live in or use health services in Lambeth, and who are linked to local networks. The role is focused on supporting us in our aims for health improvement and understanding the experience of Lambeth residents who need health and care services. People from all sections of the community can apply - we'd especially like to attract younger adults, disabled people, people from LGBTQ+ communities and people from Black and multi-ethnic communities, to help the Board in its ambition to reflect the Lambeth population. For more information about the roles, how to apply and an invitation to an online information session visit <https://www.lambethtogether.net/public-voice/>

**Clinical and Care Professional Leads (CCPL):** A recruitment drive has been underway across South-East London Integrated Care Board (SEL ICB), including roles in Lambeth for our next cohort of CCPLs (clinical and care professional leads) for the next two years. A CCPL is someone who supports partners to work together across organisations and professions to improve the health and wellbeing of people in their patch. The roles provide a brilliant opportunity to shape and influence the future direction of integrated health and care in the borough of Lambeth and take a key role in the development of our Alliances and Local Care Partnership in a wide range of areas across health and care.

The sessional roles include Leads for each of our Alliances; Children and Young People Alliance, Living Well Network Alliance and Neighbourhood and Wellbeing Delivery Alliance, a Board Leadership role, and a wide range of lead areas such as Cancer (Living with and Beyond), Chronic Pain, CYP (Children Young People), Engaging with Communities, Learning Disabilities & Autism, Long term conditions, Diabetes and Obesity / Medicines Optimisation, Maternity, Mental Health, Planned Care and Diagnostics, Population Health Management/ Inequalities, Primary and Community Care (inc. Estates Development), Quality and Safety, Staying Healthy, Urgent Care, Workforce Development. Click here to meet [Our Clinical and Care Professional Leads - Lambeth Together](#).

I would like to take this opportunity to express my gratitude to all our CCPLs for their incredible contributions over the past two years. I am excited to see we have some continuity from the previous cohort and some new faces to ensure continued contribution and achievements from the CCPLs in the coming two years.

**Organisational Development:** In previous updates on the OD (organisational development) programme it was announced that the LT Care Partnership Board and Exec agreed an OD programme with the aim of developing capability to work effectively together to deliver the ambitions in the Health and Care Plan - Our Health, Our Lambeth. Follow up actions included a focus on equality, diversity and inclusion and taking forward an anti-racist approach, making best use of time together, and ensuring ownership of key priorities across the system to enable change. We are now approaching the end of the programme, however the work will continue with a handover from the OD Professionals, who provided and facilitated the programme, to the LT Care Partnership Board and Exec Leaders to continue this important work.

### System Pressures

There continues to be considerable pressure across the health and care system from the level of demand for scheduled and unplanned care. The latest junior doctors industrial action began 27 June and ending 7.00am Tuesday 2 July which will further impact on delivery of services. Following the cyber-attack on the provider Synnovis, colleagues both within and in the surrounding Lambeth system have been working incredibly hard and have been establishing workarounds for pathology support. The impact of the cyber-attack on patients should not be underestimated and a helpline has been set up to provide support. In Lambeth, primary care

have been gradually managing to increase the number of tests they can offer thanks to the mutual aid provided by an alternative pathology support.

### **Equality, Diversity and Inclusion (EDI) Group**

Our Lambeth Together EDI group has been actively engaged in various initiatives to promote equity, diversity, and inclusion within our community. Recently, Alicia Lyons, our newly appointed engagement manager led a discussion on Public and Patient Voice (PPV) recruitment, discussing strategies to enhance participation and representation. Following this, Jasjot Saund from the Public Health team presented the Childhood Vaccinations in New Spaces Pilot highlighting innovative approaches to improve vaccination rates among children in underserved areas.

Our EDI development manager, Asha Winifred shared an update on the Inspire Lambeth Black Communities Health and Well-being Day, to discuss the event's goals and activities aimed at improving health outcomes for Black communities. This event, scheduled for July 6th, promises to be a significant step towards addressing health disparities and fostering community well-being through targeted interventions and engagement. There was also a call to action for volunteers to participate on the day.

Finally, Jessica Levoir presented the South-East London (SEL) impact on urban health work on Black maternal health. Her presentation shed light on the challenges faced by Black mothers and ambitious new ways to improve the experience and maternal health outcomes for them. These sessions underscore the EDI group's commitment to addressing critical health issues and promoting equity within our community.

### **Our Delivery Alliances – a selection of highlights**

**Living Well Network Delivery Alliance (LWNA):** The LWNA had two successful away days to revisit our priorities, deepen connections and remind ourselves of our agreed Alliance Principles, Values and Behaviours. They are now developing the outputs into a refreshed business plan.

I'm pleased to say that Alliance members have been visiting New Douglas Bennett House (NDBH) at the Maudsley site to familiarise themselves with the new inpatient wards that are expected to open to Lambeth patients by the end of this year. NDBH provides modern mental health inpatient wards, with an improved environment for our patients and staff.

The LWNA presented to the Council's Management Board, including their new cabinet member job share Councillor Jacqui Dyer, informing them of plans to prioritise the delivery of PCREF (Patient and Carer Race Equality Framework) in Lambeth.

Finally, the LWNA has contributed to a new staff newsletter, which will go to all Alliance staff on a regular basis. This is part of a wider plan to improve internal communications and ensure all parts of the Alliance are kept informed and know about other teams and services.

**Children and Young Person Delivery Alliance (CYP):** The Children and Young Person Alliance remains committed to supporting the development of maternity services for women and birthing people in Lambeth. In May, the Alliance had the opportunity to present an update at the Lambeth Health & Wellbeing Board. The report highlighted initiatives from Guy's & St Thomas' and King's College Hospital, which address the needs of marginalised and underrepresented women. These efforts include culturally sensitive education and support, aligning with the Lambeth Health and Wellbeing Strategy 2023-2028.

In June, the Alliance strengthened its ties with community services supporting Lambeth's black women and birthing people. The Alliance co-presented maternity services offered by the Motherhood Group, based at Lambeth Town Hall. The Motherhood Group will support inclusivity and equity initiatives driven by the Alliance and will help co-produce future initiatives and pilots.

We are also pleased to announce the successful appointment to the Maternity Clinical Care Professional Lead role. Congratulations to Claire Spencer, Senior Midwife at Evelina London, for securing the post. Claire has been the Clinical Lead in Maternity for the Alliance, bringing years of experience and insight. Her leadership will be pivotal as the Alliance advances its maternity initiatives.

**Neighbourhood and Wellbeing Delivery Alliance (NWDA):** Last month we launched our Renal Cardiometabolic project, which aims to, provide education and support to GPs, enabling the identification of Chronic Kidney Disease (CKD) and the ability for referred and triaged patients to be managed effectively and appropriately away from a secondary care setting. This will reduce waiting times and improve patient experience and health outcomes, as well as quality of life. The GP Federation are working to deliver the pilot with three PCN's in the Borough (North Lambeth, Clapham and HBD), and will run until July 2025.

## Lambeth Country Show



*Ruth Hutt, Corporate Director for Integrated Health and Care and Lambeth's Director of Public Health, with Active Lambeth at the Lambeth Country Show 2024*

Once again, Lambeth Together were able to provide vital health and care information and services at the 50th Lambeth Country Show weekend in June. This year, Lambeth Together were allocated a much bigger tent and partnered with Adult Social Services and Active Lambeth. Over the course of two days, we spoke to hundreds of local people and provided information, advice and signposting on health issues and on care and support services available. Active Lambeth stationed their exercise equipment outside of the tent and gave gym demonstrations inside whilst promoting their membership offers.

GPs, pharmacists and the Beacon project delivered over 300 blood pressure checks, giving people advice about healthy living, of which 59 people were recommended to visit their GP.

Colleagues from Public Health, LWNA, GSTT, King's College Hospital, Moorfields, and the NHS Healthier You Programme Healthwatch Lambeth and our Health Champions, provided information on local care and support and specific information on breast cancer screening, eye health and diabetes prevention. Immunisation nurses stationed in the Children Services gave advice on receiving the Measles, Mumps and Rubella vaccination and other childhood immunisations.

Our Age Friendly team spoke to people about the Borough's draft Age Friendly Action Plan, and their involvement in making Lambeth a place to age well. Lambeth Together colleagues heard from around 100 people on what matters to them or their families about their health and care. Adult Social Care and representatives from Age UK, who operate Lambeth's front door, listened to views about adult social care and gave advice about the services available.

You can read more on the Country Show on the [Lambeth Together Website](#)



*Aderito, Health Champion, at the Country Show 2024*

## Fuller Delivery

In 2022 the Fuller Stocktake set out the next steps for integrating primary care, with a particular focus on improving the access, experience and outcomes for our communities. The review included eight recommended areas for action for Integrated Care Systems (ICSs) to implement. In Lambeth we have started an iterative process to establish a baseline of our current progress in delivering the recommendations as a system. Our initial review identified a number of key successes to date and ongoing areas of work that we will build upon to deliver the recommendations, including how we continue to develop our workforce, make better use of our estates and assets and improve our digital infrastructure and use of data and intelligence.

Reflecting on the review, I know we have already made significant strides in adopting a more integrated approach through our Lambeth Together Alliances and Programmes and through the delivery of Our Health, Our Lambeth. For example, our Thriving Communities programme is bringing local people together with Primary Care Networks (PCNs) to co-design and co-deliver accessible health and wellbeing support in the community. The Living Well Network Alliance's (LWNA) Staying Well service is supporting patients to 'step down' from LWNA services and remain under GP care who might otherwise be referred to secondary care. Crucially, the voice of primary care is well established at system level, with primary care represented on our place-based board and across our partnership meetings and this will be further strengthened through our new CCPL forum.

In addition to this, work is underway in developing both the 'Lambeth Offer', our new primary care commissioning arrangements for PCNs from April 2025, and our 111 re-commissioning to ensure same day access for patients from winter 2025-26.

Our next steps will be to develop and implement a comprehensive action plan that brings together all of these different initiatives and delivers a more joined-up approach to integration across each of the eight areas. Central to this will be further alignment between primary care and our delivery alliances to ensure we make integrated teams a reality across all neighbourhoods.

### **PRIDE Month**

For Pride Month, members of our Equity, Diversity, and Inclusion (EDI) group had the unique opportunity to attend an enlightening talk hosted by the Public Health Equity and Inclusion Team. The event centred on "ParaPride," an initiative that highlights the intersectionality within the LGBTQ+ community. ParaPride is a movement that brings attention to the experiences of LGBTQ+ individuals who also identify as having disabilities, underscoring the need for inclusivity and recognition of diverse identities within the broader LGBTQ+ community. Daniele Lul, Community Engagement Director of ParaPride, provided invaluable insights into the unique challenges and experiences faced by LGBTQ+ individuals with disabilities, emphasising the compounded forms of discrimination they face, the need for greater visibility and representation, and the importance of inclusive health services and barrier-free environments. The talk highlighted the importance of community support networks and advocacy for inclusive policies and legislation.

Additionally, Do It London (DIL) executed a comprehensive advertising strategy during Pride Month, this is the comms and media campaign component of the London HIV prevention programme. They purchased web banners on websites covering London events, lifestyle, entertainment, and 'Pride' search terms. They also placed a print ad in the Pink Guide magazine, which was distributed at London Pride events. Finally, DIL participated in the Pride in London march on 29 June, walking with the Lambeth Together LGBTQ Forum, demonstrating their support and solidarity with the LGBTQ+ community.

### **Key Campaigns for Lambeth Together**



Clinicians at the Lambeth Country Show carry out a blood pressure check on Oge Chesa, Director of Primary Care and Transformation

High rates of measles and pertussis have meant that immunisation has been a focus of comms campaigns, focusing on raising awareness of the importance of immunisation against measles, especially for children and younger adults who have not received a first vaccination or who have missed their second dose. The risk of large-scale outbreaks remains a concern in Lambeth and across London. We have also had a focus on promoting uptake of immunisation to protect against whooping cough (pertussis), particularly among pregnant women, following cases of the disease among infants under immunisation age, who can be protected if their mother has had the vaccine. As bookings drew to a close for seasonal Covid vaccination, we continued to remind eligible groups through our promotional activity that they could still access this protective vaccination until 30 June.

Throughout May Measure Month and for World Hypertension Day on 17 May, we shared information on the risks of high blood pressure, and how quick and easily accessible checks at local pharmacies can support people to understand and manage their own risks. Community pharmacy colleagues supported promotion and uptake by joining forces with our Health and Wellbeing Bus team at Brixton Market and Windrush Square. We also widely promoted the importance of 'knowing your numbers' at this year's Lambeth Country Show, where attendees took up our offer of a free blood pressure check. Among other health campaigns we have supported in Lambeth is the drive to increase the uptake of cervical screening during Cervical Screening Awareness Week. One in three people miss their screening when invited.



### Inspire Black Communities Health and Wellbeing Day

**Black Communities Health & Wellbeing Day**  
Health, food & music  
Saturday 6 July, 11am to 4pm  
St Mark's Church Kennington  
(opposite Oval tube station)  
337 Kennington Park Road, SE11 4PW

- Good food and music are the secret to a happy body and soul.
- We'll have FREE African and Caribbean food and a DJ
- Tips from health professionals
- Meet your primary care team
- Blood pressure, eye and cardio-vascular disease checks
- Free fun activities

Scan the code below to learn more.






**Just turn up, no booking required!**




Finally, the Inspire Black Communities Health and Wellbeing Day on 6<sup>th</sup> July presented an opportunity to engage with our Black community, and builds on previous events over the last few years. The success of these events has meant they have been replicated in other boroughs across London and are part of our collective work to address the inequalities experienced by our Black communities in relation to health. Thanks to everyone who volunteered to help out on the day.





## Lambeth Together Care Partnership Board

<b>Title</b>	Living Well Network Alliance (LWNA) – A focus on inequalities
<b>Meeting Date</b>	11 <sup>th</sup> July 2024
<b>Author (&amp; role / title/s)</b>	Guy Swindle - Deputy Director, LWNA
<b>Lead / Presenters (&amp; role / title/s)</b>	Lorraine Gordon Interim Director LWNA, Guy Swindle

**This item is for;**

<input checked="" type="checkbox"/>	<b>Information</b>	<input checked="" type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Ratification</b>
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**Recommendations;**

The Lambeth Together Care Partnership Board is asked to;

1. Note the progress of the Living Well Network Alliance against its 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.
2. Note the formal extension of the LWNA's Contract for a further 3 years to 31<sup>st</sup> March 2028.

**What other groups or committees have considered this item to date?**

N/A

**Summary and Impact on Inequalities**

Tackling inequalities in mental health, particularly in Black communities, is one of the LWNA's six priorities. PCREF is a national programme (pioneered in Lambeth and South East London) aimed at tackling racial inequalities in mental health.

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Lambeth Living Well  
Network Alliance

# Presentation to Lambeth Together Care Partnership Board

11<sup>th</sup> July 2024

# Outline

1. The LWNA and Lambeth Together's Health and Care Plan
2. Inequalities –
  - a) SMI Healthchecks service improvement
  - b) Patient and Care Race Equality Framework (PCREF)
  - c) Talking Therapies Cost of Living Pilot
3. Contract extension confirmation and next steps
4. Questions, comments and discussion



# LWNA delivery in Lambeth's Health and Care Plan: Our Health, Our Lambeth

# Lambeth Together Health and Care Plan

## Borough Aspirations

- People lead healthy lives and have good physical and emotional health and wellbeing for as long as possible
- Physical and mental health conditions are detected early and people are well supported and empowered to manage these conditions and avoid complications
- People have access to and positive experiences of health and care services that they trust and meet their needs

## LWNA Outcomes

- People have healthy emotional wellbeing
- When emotional and mental health issues are identified; the right help and support is offered early and in a timely way
- Those using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life

# LWNA and the Health and Care Plan

Outcome	Description	LWNA's Role
N	People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life	Owner
D	People have healthy mental and emotional wellbeing	Co-owner (with CYP)
H	When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	Co-owner (with CYP)
A	People maintain positive behaviours that keep them healthy	Contributor (Staying Healthy leads)
F	People receive early diagnosis and support on physical health conditions	Contributor (NWDA leads)
I	People have access to joined-up and holistic health and care delivered in their neighbourhoods	Contributor (NWDA leads)
O	People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health	Contributor (Homeless leads)

# 'User' Feedback: Lambeth Adult MH Services

Source: SLaM

2023/24	Number of responses					
Method	Total		Inpatient		Community	
	Q3	Q4	Q3	Q4	Q3	Q4
PEDIC - surveys completed	165	<b>233</b>	111	<b>146</b>	54	<b>87</b>
PEDIC carers - surveys completed	16	<b>27</b>				
Tendable – patient experience audits	64	<b>61</b>	39	<b>38</b>	23	<b>23</b>

## PEDIC Questions

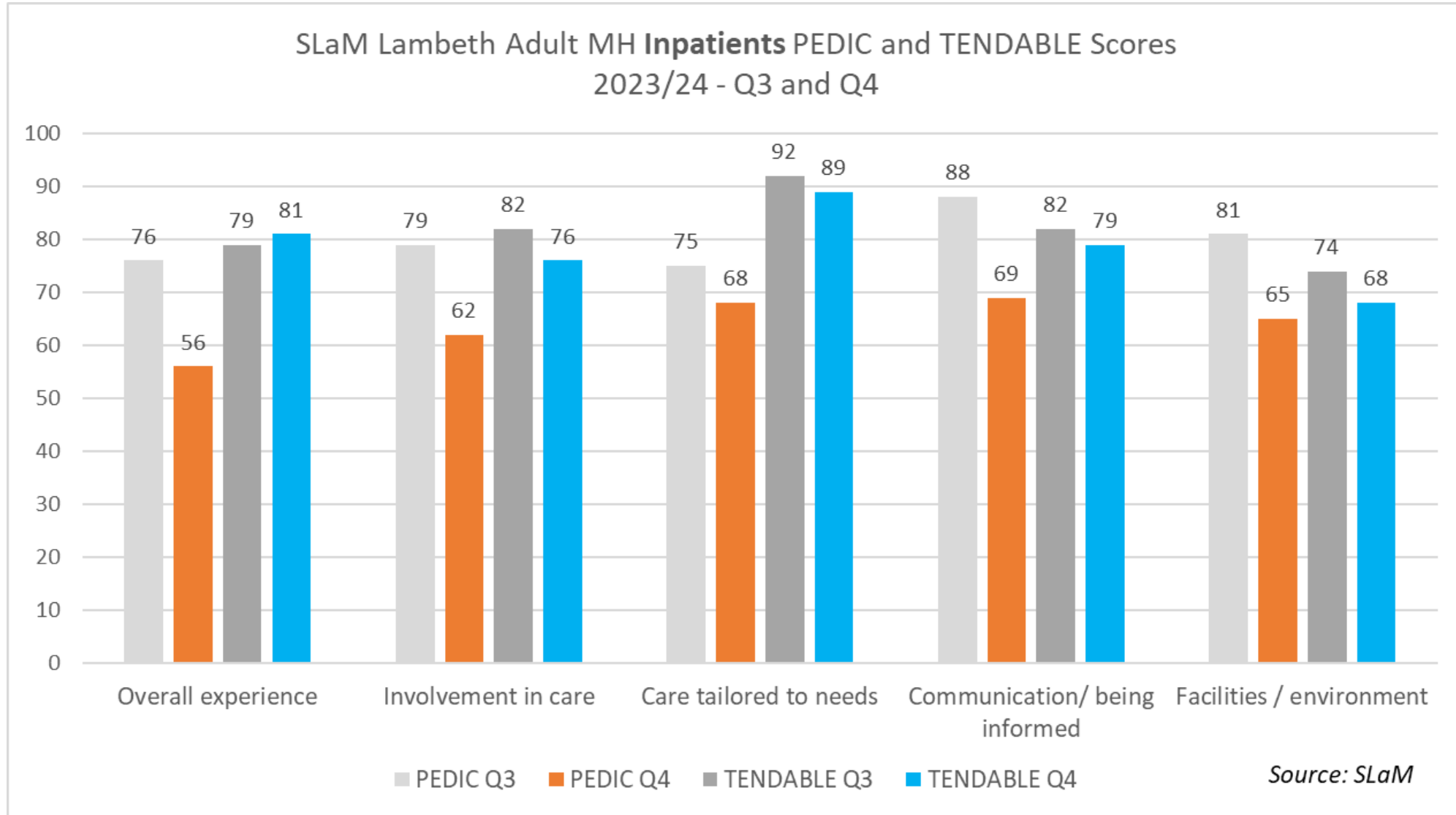
1. Overall, how was your experience of our service?
2. Where possible, were you involved in decisions about your assessment, care or treatment?
3. Do you feel that the assessment, care or treatment you received was suited to your needs?
4. Were you satisfied with the way staff communicated with you?
5. Were you satisfied with the facilities and environment?

## Scoring:

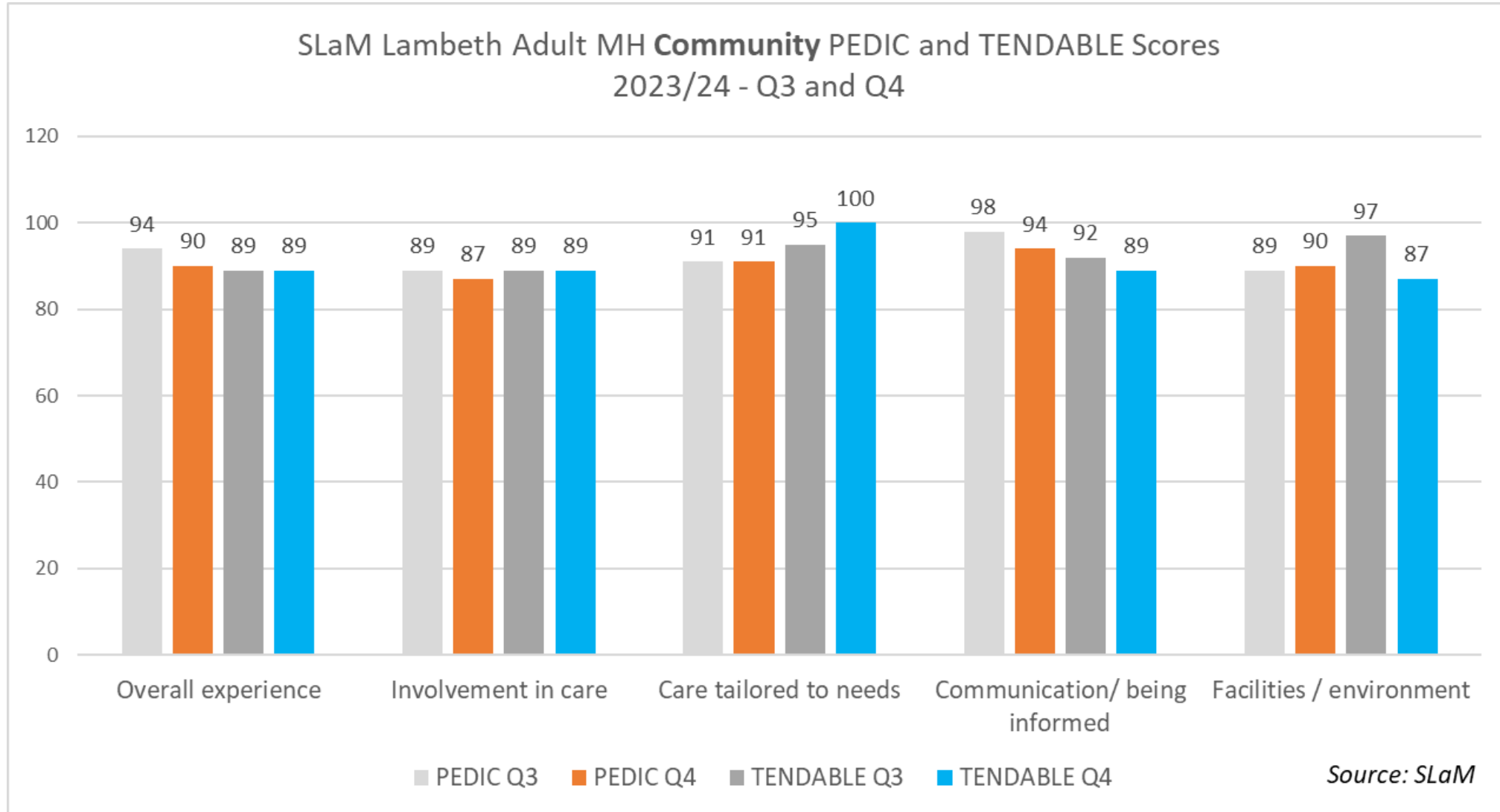
- **PEDIC** - percentage of 2 positive ratings - “very good” or “good”
- **Tendable** – percentage of positive ratings – either from the 2 highest or the 1 positive option



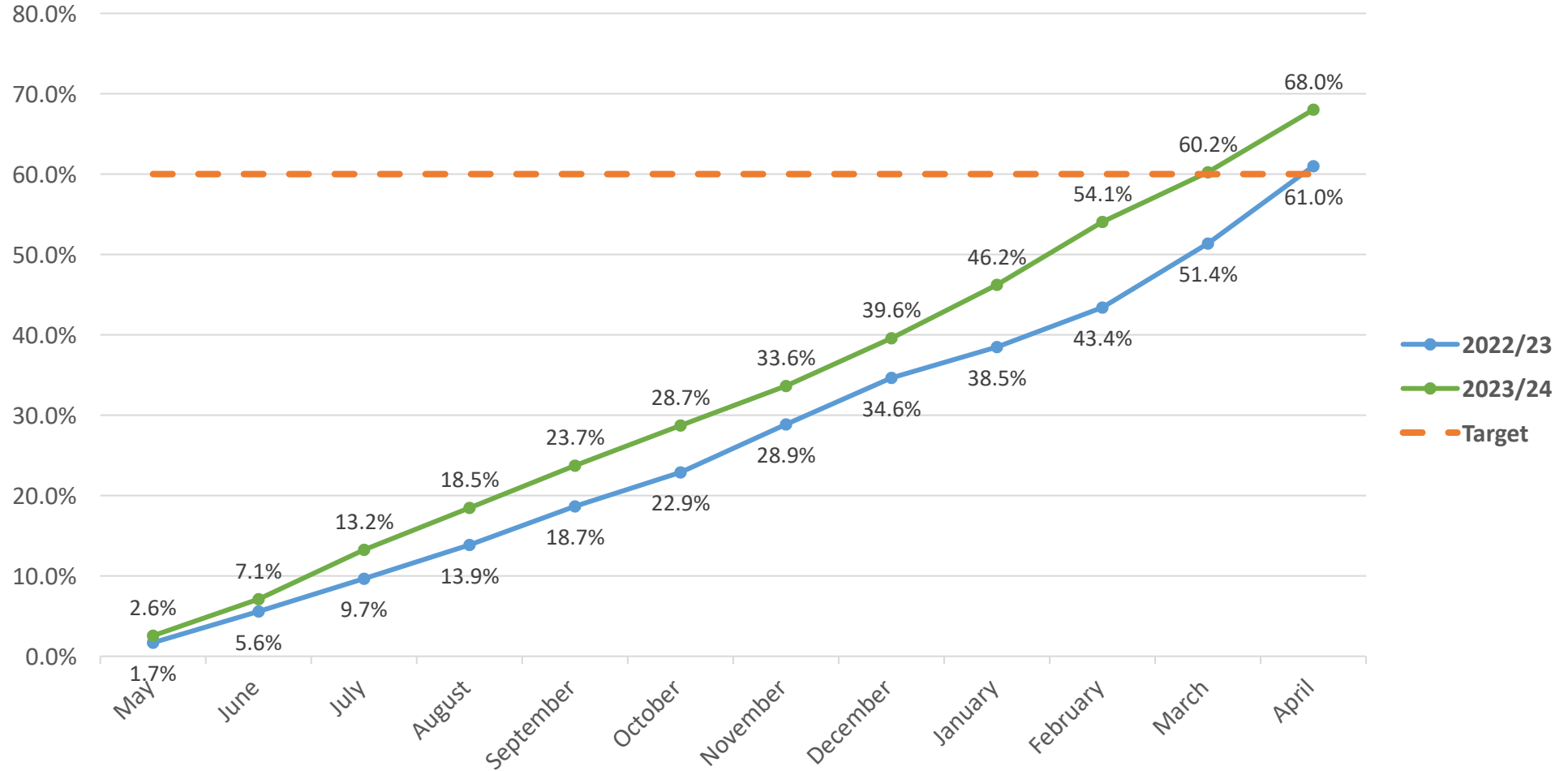
# Positive Feedback: Inpatients Services



# Positive Feedback: Community Services



# F. People receive early diagnosis and support on physical health conditions – F1.2 Uptake of SMI\* Health Checks

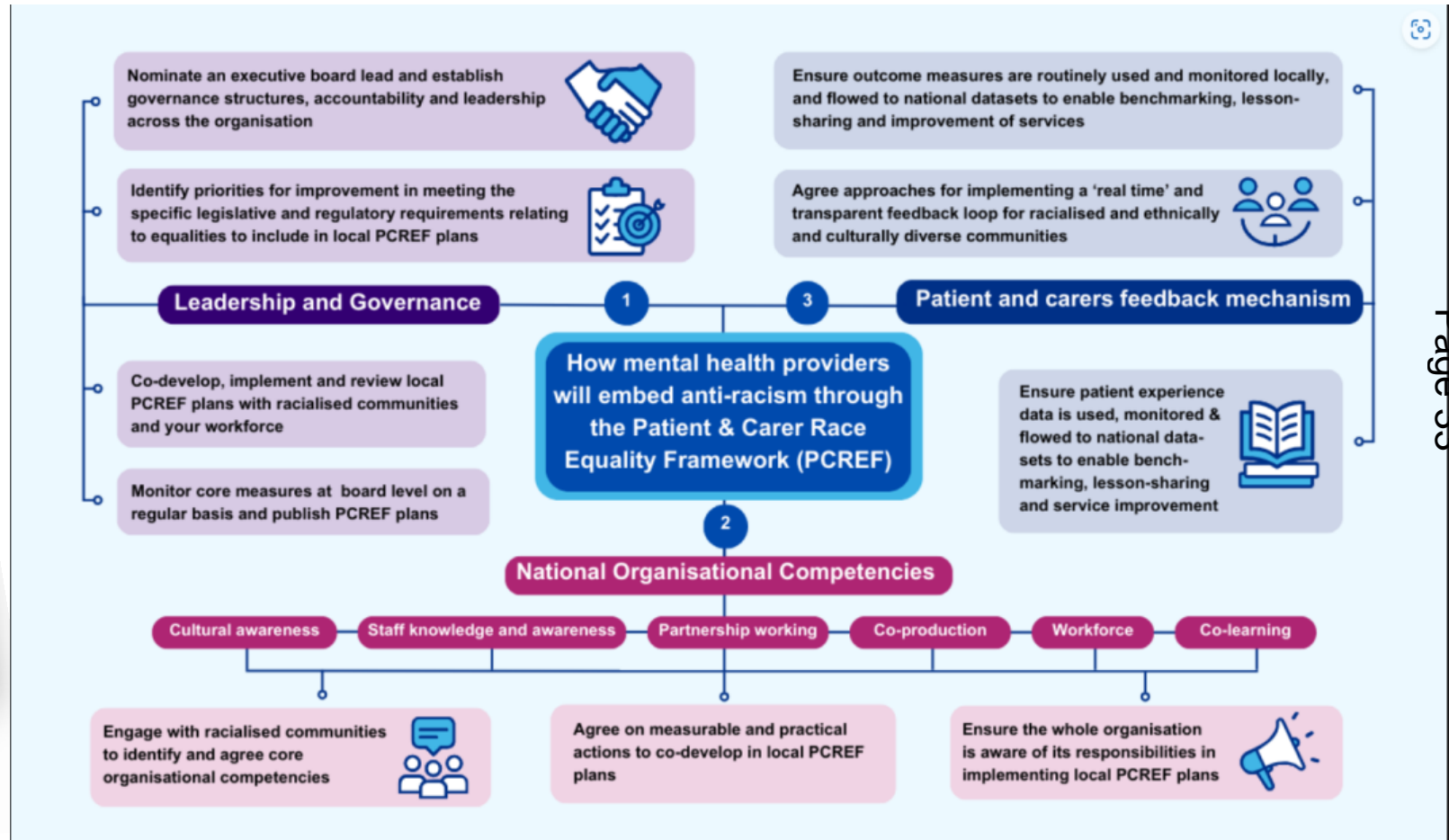


\*SMI = Serious Mental Illness



# PCREEF

The Patient and Carer  
Race Equality Framework



# Lambeth: Cultural Awareness change idea

## Cultural Awareness Organisational Competency

Incorporating cultural awareness conversations and understanding into induction, appraisals and supervision. This will enable staff to develop the skills to improve engagement and relationship building with Black service users and their carers.

Currently during appraisal season, staff are asked a multitude of questions around their own personal development goals but there are no questions around interactions and issues of cultural awareness.

By incorporating these cultural awareness discussions, it will build knowledge and appreciation of cultural differences into staff member consciousness, and they will be more equipped to understand the needs of the Black people that Lambeth serves.

Progress will be measured through improved access and experiences of Black service users as the project moves forward.

**Metric 1:** PCREF will support the Trust to achieve equity in service use by ethnicity.

# Lambeth: Staff Knowledge and Awareness change idea

## Staff Knowledge and Awareness organisational competency

Promoting staff to bring their whole self to work: for staff to be encouraged to be their whole self at work and to have discussions about their culture with others in team meetings. There should be safe space meetings for the discussion of the impact of lack of cultural awareness and of racism on the access, experience and outcomes for Black patients and their carers available for all staff.

This change idea will foster a level of deeper cultural understanding measurable in the reduction of seclusion and restraint by ethnicity. It will also help to stop staff downplaying their own culture to succeed at work. Instead, they will be empowered to use and share their cultural knowledge and practice to help service users and to challenge the cultural ignorance which leads to inequity in seclusion/restraint as evidenced in our data.

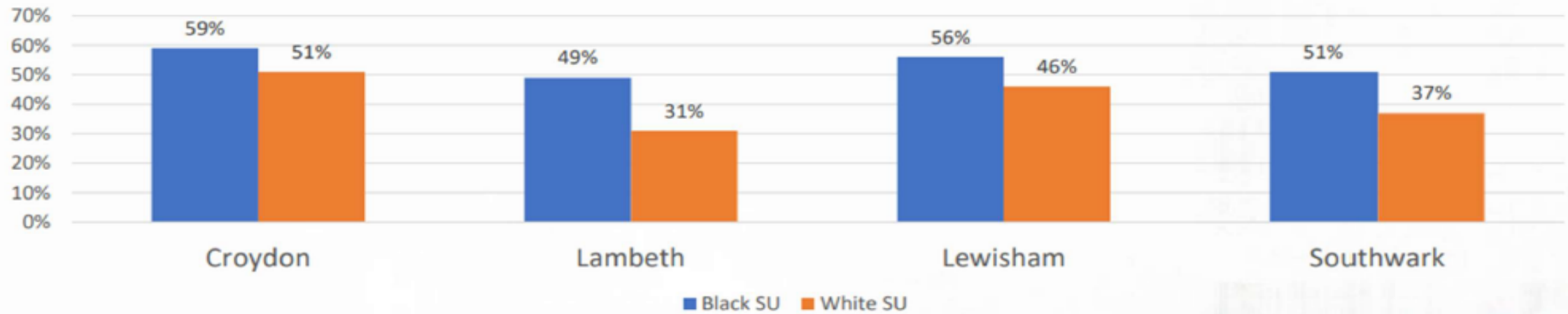
It has been proven that many cultural aspects lead to misunderstanding and wrongful seclusion/restraint.

All staff (not just clinical) contribute to the treatment and decision making around a service user, it is for this reason this would apply to all members of staff on the ward/inpatient setting.

**Metric 5:** PCREF will support the Trust to achieve equity in the use of seclusion and restraint by ethnicity.

# DIALOG Completion Rates by Ethnicity

DIALOG Completion Rates by Directorate & Ethnicity



	Croydon	Lambeth	Lewisham	Southwark
<b>Current Patients</b>	647	1199	501	1083
<b>Patients with paired DIALOG</b>	57	26	17	25
<b>% with Paired DIALOG</b>	8.8%	2.2%	3.4%	2.3%



## Black Restrictive Interventions Data Q4

	Total Restraints	Black RI%	White RI%	Black RI per 1,000 OBDs	White RI per 1,000 OBDs	No. of DQ RI Omissions
Croydon	115	68%	31%	13.76	11.98	29
Lambeth	73	60%	19%	6.37	5.62	29
Lewisham	41	76%	10%	11.08	6.4	82
Southwark	62	76%	6%	12.39	4.29	25
MHOA	6	83%	17%	3.38	1.19	11
BDP	7	57%	0%	1.25	0.87	5
CAMHS	208	16%	74%	141.87	146.07	47

# MHA Detentions on Admission Data – Q4



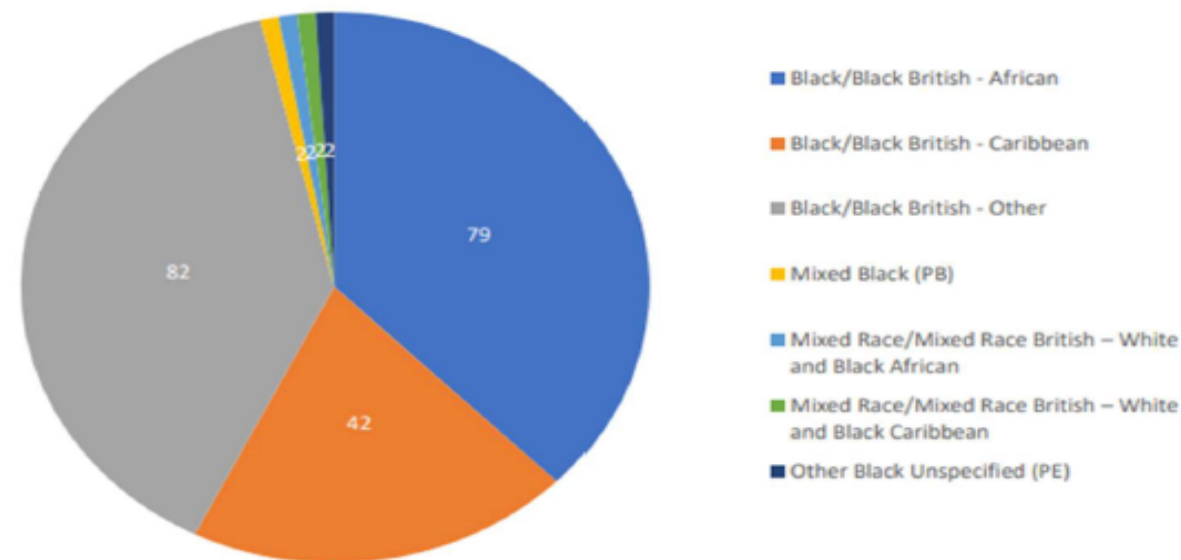
68% of Black SU admissions were on Section



48% of White SU admissions were on Section

% of Detention admission	Croydon	Lambeth	Lewisham	Southwark
Black SU	43%	52%	50%	55%
White SU	30%	24%	25%	29%

Black Detention Admission Ethnic Categories - Q4



# Advance Choice Document (ACD) & Facilitators

- A document produced through a process of shared decision making that **allows service users to have a say in how they wish to be treated**, by making professionals aware of their advance wishes and preferences as requests and/or refusals of treatment.
- ACD Facilitators will work across inpatient, crisis and community mental health teams to develop Advance Choice Documents involving all stakeholder groups: service users, carers/informal supporters, team staff and peer supporters, advocates or support workers.
- An ACD supervisor will support facilitators to work across systems with service users who have previously been detained under the Mental Health Act to co-produce Advance Choice Documents (ACDs) with all the services they use across the Trust.

# Cost of Living



**UTILITY  
BILLS**

Talking  
Therapies  
and Cost of  
Living Pilot

# What Talking Therapies do

## Psychological therapy:

- In person / telephone / video
- Guided self help
- Counselling
- Groups/ workshops
- One to one Cognitive Behaviour Therapy (CBT)

## Employment support:

Hybrid Support  
Information advice & Guidance  
1-2-1 employability support  
Job retention support  
Employability groups  
Mental health awareness/MHFA

# The Pilot

- Collaboration between the LWNA's Talking Therapies service delivered by SLaM and the Council's Cost of Living Team
- Aims to offer practical advice and support to those for whom the cost of living is a significant part of why they are seeking mental health support
- Small pilot of around 30 people to test concept and practicalities
- Awaiting sign off to enable data sharing (always with the person's consent)

# Alliance Contract

- LWNA signed a 7-year contract (2018 to 2025) with an option to extend by a further 3 years to 2028
- This option was agreed by all 5 Alliance organisations and so the contract has been extended to 31<sup>st</sup> March 2028
- The LWNA are now in the process of developing a new business plan – based on our big 3 outcomes – to continue to deliver improvement, evidence impact and make the case for a new Alliance contract from 2028

# Alliance Progress Reports

Read about our progress, including videos of some of the people we support:  
<https://lambethtogether.net/living-well-network-alliance/reports/>



The graphic features a light blue background with a decorative pattern of small, colorful squares and dots. At the top left, there is a cluster of these squares. The main title, "Living Well Network Alliance - Progress reports", is written in a bold, dark blue font. Below the title, four white rectangular boxes are arranged in a 2x2 grid. Each box contains a circular image and text. The top row shows a man, a woman, and a park scene. The bottom row shows a group of people at an outdoor event. The text in each box reads "Living Well Network Alliance Progress Report" followed by the year.

**Living Well Network Alliance - Progress reports**

- Living Well Network Alliance Progress Report 2023
- Living Well Network Alliance Progress Report 2022
- Living Well Network Alliance Progress Report 2021
- Living Well Network Alliance Progress Report 2020





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## Lambeth Together Care Partnership Board

<b>Title</b>	Healthwatch Lambeth update
<b>Meeting Date</b>	11 <sup>th</sup> July 2024
<b>Author (&amp; role / title/s)</b>	Mairéad Healy (CEO), Vanita Bhavnani (Research and Engagement), Eulalia Gonzalez (Project Coordinator) and Anna D'Agostino (Engagement officer).
<b>Lead / Presenters (&amp; role / title/s)</b>	Mairéad Healy (CEO), Vanita Bhavnani (Research and Engagement), Eulalia Gonzalez (Project Coordinator) and Anna D'Agostino (Engagement officer).

**This item is for;**

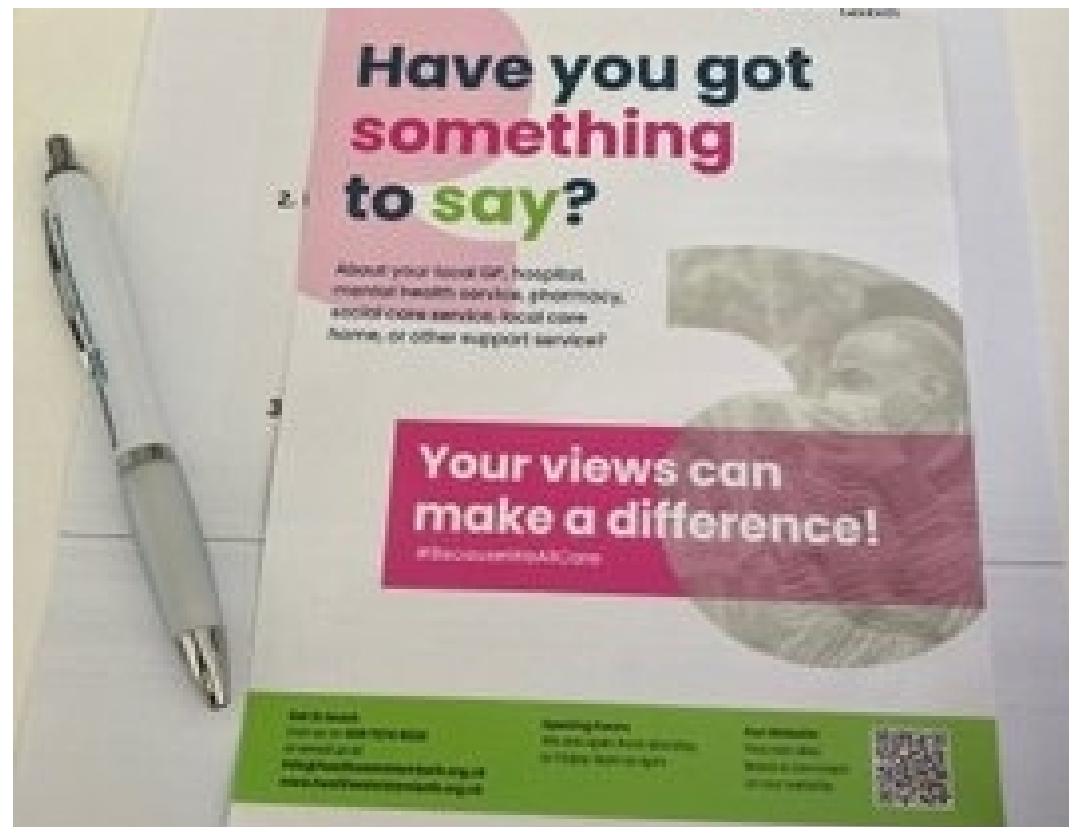
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**Recommendations;**

The Lambeth Together Care Partnership Board is asked to;

1. Note the progress by Healthwatch Lambeth

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# Update to Lambeth Together Board

July 2024

Healthwatch Lambeth

Mairéad Healy, Vanita Bhavnani,  
Eulalia Gonzalez and Anna D'Agostino



# Today's Agenda

Our remit  
Current projects  
Black male mental health project  
Pulse survey  
Key themes 2024  
Our impact  
What's next

# OUR REMIT: WHAT WE DO

The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided locally. Local Healthwatch organisations are a statutory service commissioned by local councils as part of the Health and Social Care Act 2012.

1

Promoting and supporting the involvement of residents in commissioning, provision & scrutiny of local care services



2

Providing advice and information about access to local services



3

Obtaining the views of local people regarding their needs and experiences of local care services and making these views known



4

Enabling local people to monitor the standard of provision of local care services and how they could be improved

5

Making reports & recommendations about how local care services could be improved

6

Formulating views on standard of provision and how local services could be improved.





# Current & recently completed projects

Safeguarding project

Enter and view

Maternity project

PCN primary care project

Mental health project

Pulse survey

Outreach activities

Info & signposting service

Voluntary sector forum





## A fulfilling life – what matters to me

The experiences of Black African and Black Caribbean men recovering from a severe mental illness (SMI)

May have been in hospital for their mental health issues or are in the care of their GP or Community Mental Health Team or get support in the community.

We want to look at a holistic approach to their recovery

## Methodology

Interviews with Black male service users: what would help them to get well, stay well?  
What would make them ask for help before they get to a crisis?  
What do they need to have a better life?

Interviews with carers to include their experience, involvement in care planning,  
Interviews with professionals in primary and secondary care, supported living  
accommodation, local organisations supporting with Black men in Lambeth

Survey for clinical and non-clinical staff on how health/social care system should support  
them in providing better care

Feedback from advocacy service

# Initial analysis of themes

# Importance of asking for help before reaching a crisis

"Black people are afraid [to ask for help] because they put you in hospital and give you antipsychotic drugs, liquid cosh, to calm down so you feel like a zombi. So...they know they will be sectioned and over medicated... They will have to try different antipsychotic drugs and big doses just to find the right doses. They [clinical staff] make experimentation with medication that can knock you down.  
Black people are over medicated"

"I did go to the hospital because of the suicide attempt otherwise I would have dealt with [my mental health] by myself. In the Black community, [men] don't want to look weak..."

"I find that asking for help is a weakness. I didn't cry at my mother's funeral. Boys don't cry you need to be strong even at school was like that"

# Importance of talking to people they trust

“Family members or friends can help is they are able to spot the signs of mental ill health”

Talking to people who “have my best interest at heart and help me explore all the options e.g. Mosaic”

“I would tell my sister and the GP to see what the GP recommends and Mosaic members and staff. Trust is important because they will not judge me, making assumptions that I’m crazy when I’m not. I don’t want them to be judgemental and help me find the best solution before my relapse”

## Impact of housing issues

“Having an affordable house that is fit for friends to visit. At present I am sofa surfing all over London South, North at friends’ houses. I went to the Council to get the details of temporary housing. Still waiting to hear from the Council about housing. In the meantime, I am sofa surfing”

## Discussing medication (and alternatives to it)

"I feel that the GP only dispense medication. They don't ask you how you feel. It's been on my shoulder to find ways to keep well. They don't check on you.

With medical reviews it's just checking your physical health e.g. medical, e.g. blood pressure but no emphasis on your mental health. It's been on me to get well. They don't ask how you are or talk to you about Talking Therapies".

## What is needed

“More funding into education on how to reduce stigma and recovery, which is possible”

“More supported living and more home treatment options with a more personal touch where they work around you, get to know you, preventing you from going into hospital”



# Getting well, staying well means

Good physical/mental health

Financial independence through support in achieving your career goals

A place where Black people can talk about  
“how to stay healthy, good nutrition, therapy, career”

“Not giving up in spite of the troubles. Things that bring Black people together not feeling alone to hear the experience of people to hear their stories and sharing. Maybe a podcast so people can tune in or some groups so people can be reached in different. Topics for men to come together to come together to share their experiences”

## Next steps:

Completing analysis of all feedback

Producing the report with findings and recommendations

Arranging a collaborative community event (October) with major stakeholders to discuss implementing short, medium and long-term recommendations

Contact Anna D'Agostino at

[anna.dagostino@healthwatchlambeth.org.uk](mailto:anna.dagostino@healthwatchlambeth.org.uk)

# Lambeth Pulse

healthwatch  
Lambeth

Lambeth's monthly health and social care survey

healthwatch  
Lambeth

## What is the Lambeth Pulse?

A bimonthly survey exploring the views of Lambeth residents on a variety of topics across health and social care

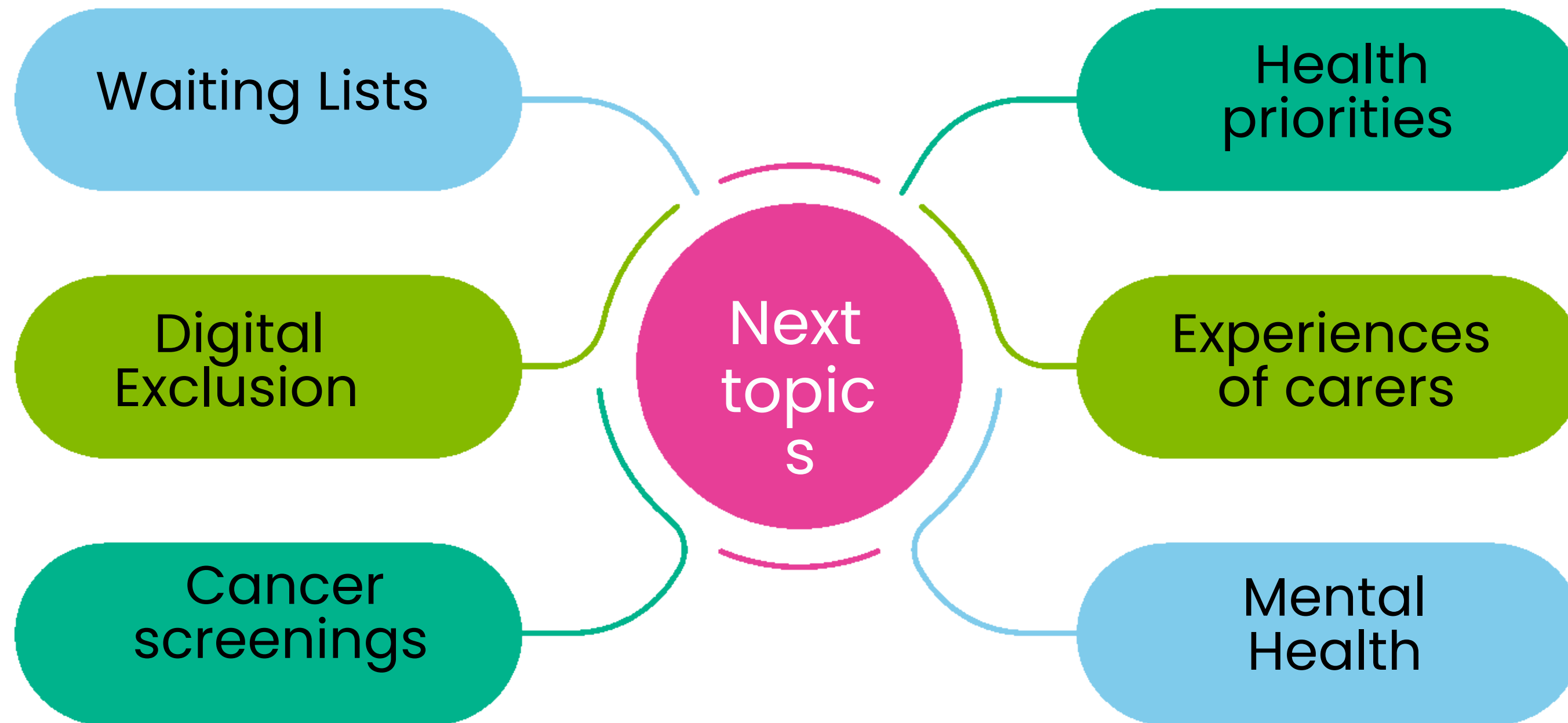


Responses are collected via:

- Information stalls in libraries, supermarkets, hospitals, and health centres
- Community events, e.g. Lambeth Country Show
- Online, via social media and our networks

## Reasons why we may choose a topic include:

- 1) new developments in healthcare, e.g. Pharmacy First
- 2) initial scoping for future projects, e.g. digital inclusion
- 3) issues raised through our Info & Signposting service, e.g. waiting lists



# Case study: Lambeth Pulse on Pharmacy Services

80% of respondents had overall positive experiences at the pharmacy.

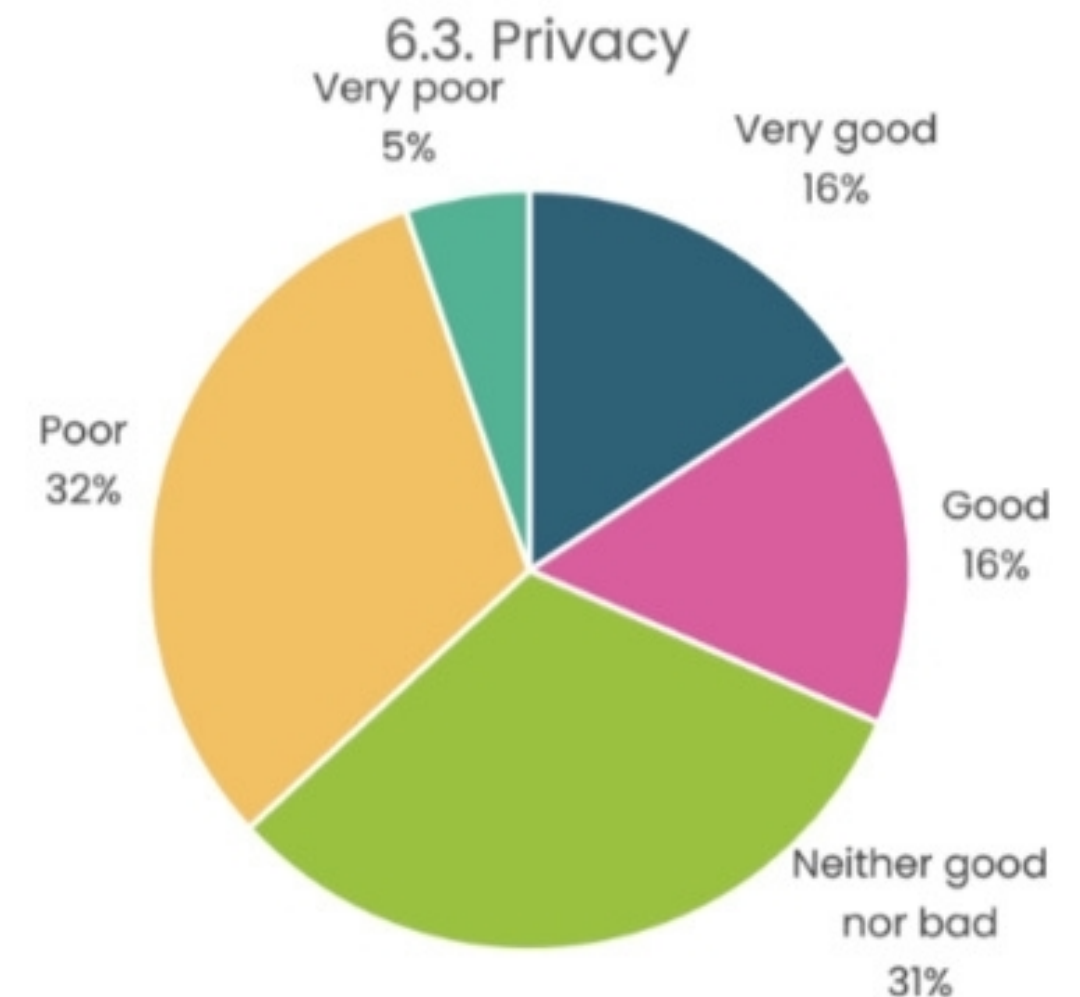
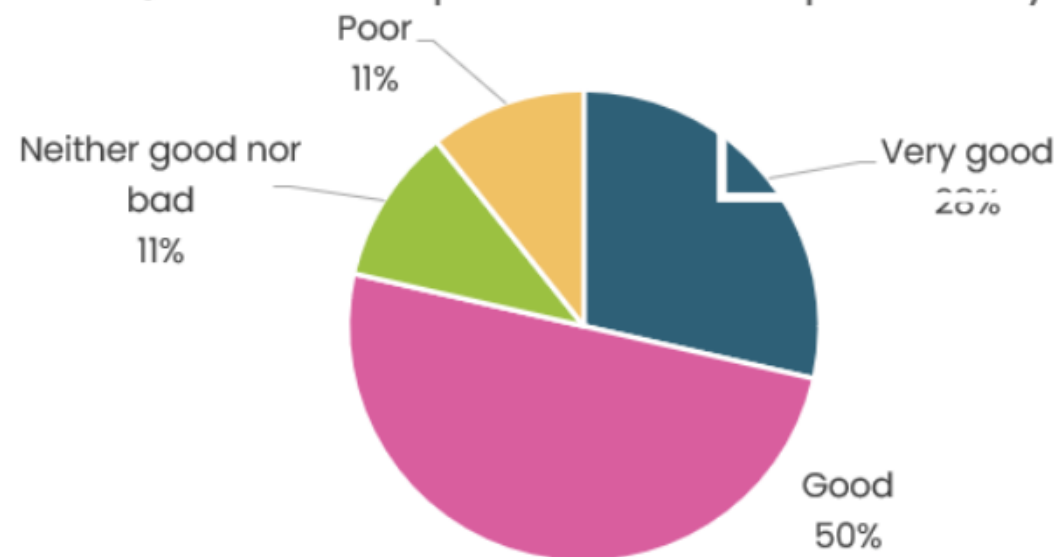
Key areas of concern:

Awareness

Confidence

Privacy

Q7. Overall experience at the pharmacy



# Info and Signposting Service

# Key Themes emerging 2024

## Primary Care

### GP services : access and quality of care

Difficulties with access to services – primarily around booking appointments and access to in-person consultations.

Positive experiences reported of GP surgeries and their high quality of care including Herne Hill and Minet Green practices.

### NHS Dentistry

Access to services – people resorting to home treatments as unable to access dental services

### Blood Tests

Access to blood tests and constantly chasing for appointment

### Pharmacies

Access to medication  
Difficulties particularly raised in relation to accessing ADHD medication from pharmacies across Lambeth.

## Mental Health services

Several complaints about SLAM, with lack of care, kindness and empathy raised as key issues.

“I would not be treated by the Mental Health services available in this area again as I truly believe that their involvement did not contribute to my recovery, and if anything, increased my distress whilst I was in a vulnerable position and experiencing severe symptoms of depression and anxiety.”

## Hospital care

Hospital waiting times for appointments and surgery

Communication – failure to communicate changes in appointments or cancellation. Issues around reception staff being rude.



Our Impact  
Making a difference



# Winnie's story



With our support, Winnie was able to address concerns experienced by a relative in a mental health unit.

Winnie was extremely concerned about deeply unsanitary conditions in a local mental health unit in Lambeth where her family member was an inpatient. This meant the family member was unable to shower and use basic facilities. She had contacted the hospital about her concerns and provided them with photographic evidence of the conditions but had little response.

## How we helped

We raised Winnie's concern with PALS, who spoke with the ward manager. This resulted in her family member being moved to a B&B where they could shower and continue psychological treatment. We have also supported Winnie to raise an official complaint with the hospital, who subsequently carried out an investigation.

“Thank you! Whatever you said, has triggered action, My family member is being moved to a B&B and he will be treated from there.”

# Our maternity report and what's changed as a result



Trust Mother's Words

Acknowledge our Feelings

Exploring experiences of maternity care in women from Black, Asian and Minority Ethnic communities and women with a learning disability



Feb 2024

"This is part of a significant piece of work involving voluntary sector organisations and will provide a bank of feedback specific to SEL and will support our work to increase equity moving forward. The results of this work will feed into the LMNS equality and equity action plan."

Jacqui Kempen, Head of Maternity Services for South East London

## What did women tell us about their maternity care?

Women spoke highly of health professionals who showed sensitivity, listened to them and were responsive to individual needs and circumstances.

- However, a lack of continuity and person-centred care and a focus on structural aspects of care left many women feeling **anxious, alone and processed** through the system.
- **Poor communication** meant that some women felt "funnelled" and/or excluded from decisions about their care.
- Many women - particularly those whose first language was not English - faced challenges in obtaining **accessible information** about maternity care hospital processes, pregnancy, birth and postnatal care.

## What difference did this make?

Colleagues at South East London Local Maternity and Neonatal Services (SELLMNS) are using women's stories and **our recommendations to feed into their equality and equity plan**. The new plan includes:

- **Introducing pocket guides (aide memoirs) and online events** to improve staff skills to deliver personalised care conversations so that women feel listened to and involved in their care.
- The provision of **accessible parent education sessions** addressing the information needs of women in six different languages, reflecting the diversity of the population across south east London, including Spanish, Portuguese, Somali, Arabic, Romanian, and French.
- **Improving continuity of care** for groups of women known to have poorer outcomes, including women from the groups we spoke to.

# Reshaping the Hospital Discharge process

Since the publication of our joint project on hospital discharge with Healthwatch Southwark in 2018, the 'Going Home' report, both Guy's and St Thomas Trust (GSTT) and Kings College Hospitals (KCH) made several changes to the way hospital discharge is planned. To understand the impact of these changes on patient experiences, we then spoke to 18 people who had recently left hospital.

## What did people tell us?

- Patients had mixed experiences of co-ordination and communication they received before, during & after discharge.
- The discharge process worked best for people who were familiar with hospital processes, able to communicate their needs, and/or had an unpaid carer to support them and communicate with staff on their behalf.
- Satisfaction with the discharge process was lower for people with social or communication needs.
- Language barriers, and/or additional complex vulnerabilities like disabilities and chronic illnesses make it harder for them to navigate the process and/or access support.
- Blockages such as lack of coordination between teams, delays in prescribing medication and arranging patient transport also led to more negative experiences.
- Few people recalled being provided with written information about discharge, but those that did found it helpful.

## What difference did this make?

Since sharing our follow-up patient feedback, GSTT and KCH are now:

- Co-designing with patients a new video and an Easy Read written resource (digital and in-paper) to explain the discharge process and outline the support services available during and post-discharge.
- Providing written resources in different languages representing the diversity of the south east London population.
- Implementing a discharge checklist with care home residents to ensure their transition to the care home is smoother and includes medications.

# Upcoming Programme of work

## Enter and view programme

- Primary care - two GP practices
- Adult social care – two Extra Care Schemes and one care home

## Access to primary care engagement programme focusing on experiences of:

- Individuals who are homeless with dual diagnosis
- Gypsy, Roma and Traveller communities
- Refugees and asylum seekers

**Inequalities in cancer screening uptake** – with a focus on cancer screening amongst black women

**Digital exclusion and inclusion project** – building on work we have undertaken with local primary care networks

### Outreach programme

- Programme of visits to PPG groups to raise awareness and obtain feedback on patient engagement.
- World Mental Health Day – Hosting a community collaboration event sharing findings and recommendations from our mental health recovery project
- Children and Young People and carers event – bringing together service users transitioning to adult mental health services with service providers to hear updates about service delivery as a result of their feedback.



# Contacting us



**Call:** 020 7274 8522 – 9am–4pm Monday to Friday



**Post:** Healthwatch Lambeth, Tripod, Lambeth Town Hall



**Email:** [info@healthwatchlambeth.org.uk](mailto:info@healthwatchlambeth.org.uk)



**Website:** [www.healthwatchlambeth.org.uk](http://www.healthwatchlambeth.org.uk)

All of the reports mentioned in this presentation are  
all available on our website.

# Thank you!

Any Questions?

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## Lambeth Together Care Partnership Board

<b>Title</b>	Due Diligence process related to AT Medics contracts
<b>Meeting Date</b>	July 11 <sup>th</sup> 2024
<b>Author</b>	Holly Eden, Director of Community Based Care (SEL)
<b>Lead</b>	Oge Chesa - Director of Primary Care and Transformation

This item is for;

<input type="checkbox"/>	<b>Information</b>	<input checked="" type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Ratification</b>
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**Recommendations;**

The Lambeth Together Care Partnership Board is asked to;

1. Review the summary paper, the full due diligence report and the follow-up statement from Operose Health on debt charges attached as Appendices A, B and C to this paper
2. Request further information from AT Medics, Operose and the Buyer as to the debt charges, in particular the change in any potential liabilities impacting on AT Medics
3. Continue to maintain scrutiny (via its Primary Care Group) on the quality and delivery of services delivered by the practices impacted by the change of control, in particular monitoring the stability of the practice workforce using data available through the National Workforce Reporting Service.

Appendix papers can be found [HERE](#)

**What other groups or committees have considered this item to date?**

PCCC – Primary Care Commissioning Committee

**Summary and Impact on Inequalities**

This is a contractual change that is not expected to impact on service delivery or patient care.

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## Lambeth Together Care Partnership Board

<b>Title</b>	Supporting our residents (cost of living)
<b>Meeting Date</b>	11 July 2024
<b>Author</b>	Tom Barrett, Programme Director, Cost of Living
<b>Lead</b>	Tom Barrett, Programme Director, Cost of Living

This item is for;

<input checked="" type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Ratification</b>
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Recommendations;

The Lambeth Together Care Partnership Board is asked to;  
1. Note and comment on the council programme

What other groups or committees have considered this item to date?

N/A

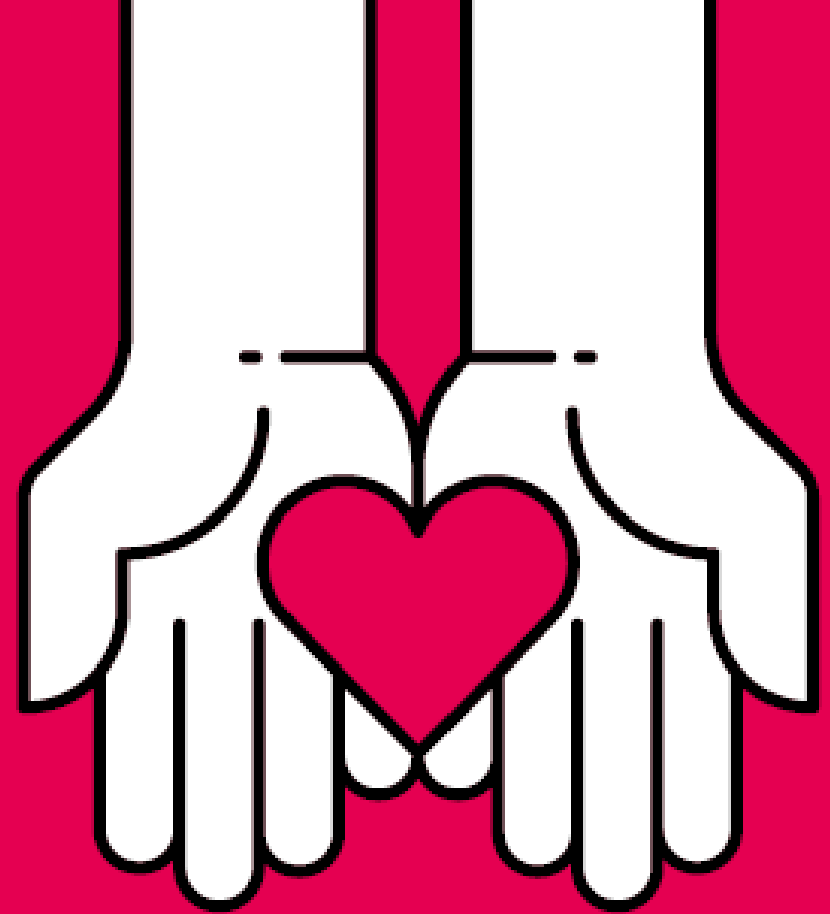
Summary and Impact on Inequalities

The council's cost of living response programme is targeted at supporting the borough's most vulnerable residents. A full equalities impact assessment of the 2024/25 programme is available alongside the council decision report [here](#)

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# Cost of Living Crisis

Response plan 2023-2024



- Four objectives:
  - Responding to urgent need
  - Maximising incomes
  - Minimising costs
  - Building financial resilience
- 30 projects to the value of £9m
- Generated an additional £5.5m through unclaimed benefits for residents and schools



## Cost of Living Response Plan 2023/24



Through the council's Cost of Living Response Plan 2023/24, **70,500** units of support have been delivered to **28,000** households which includes...

**17,000** families received Free School Meal Holiday provision, including **642** additional children due to the council's eligibility expansion.

**930** children have been identified as eligible for Free School Meals and supported to access this help through auto-enrolment.

**25** public buildings in the borough have distributed over **98,000** free period products.

**9,500** residents received targeted payouts of up to **£600**.

**5,200** households received additional Council Tax discounts to the value of **£70**.

**540** residents were supported to claim Pension Credit, bringing in **£2.4m** to the borough.

**300+** council tenants received financial support with their communal heating costs, including residents with care experience.

**220+** residents received support by the Green Doctor to save, on average, **£260** per household, per annum.

**£5.5m** of unclaimed benefits were claimed with our support.

**45** voluntary and community sector organisations were supported to deliver cost of living support, including warm spaces.

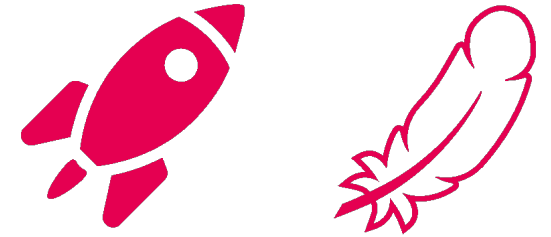
**30** residents with sickle cell disease were supported through non-clinical interventions to improve their health and wellbeing.

# Some example projects

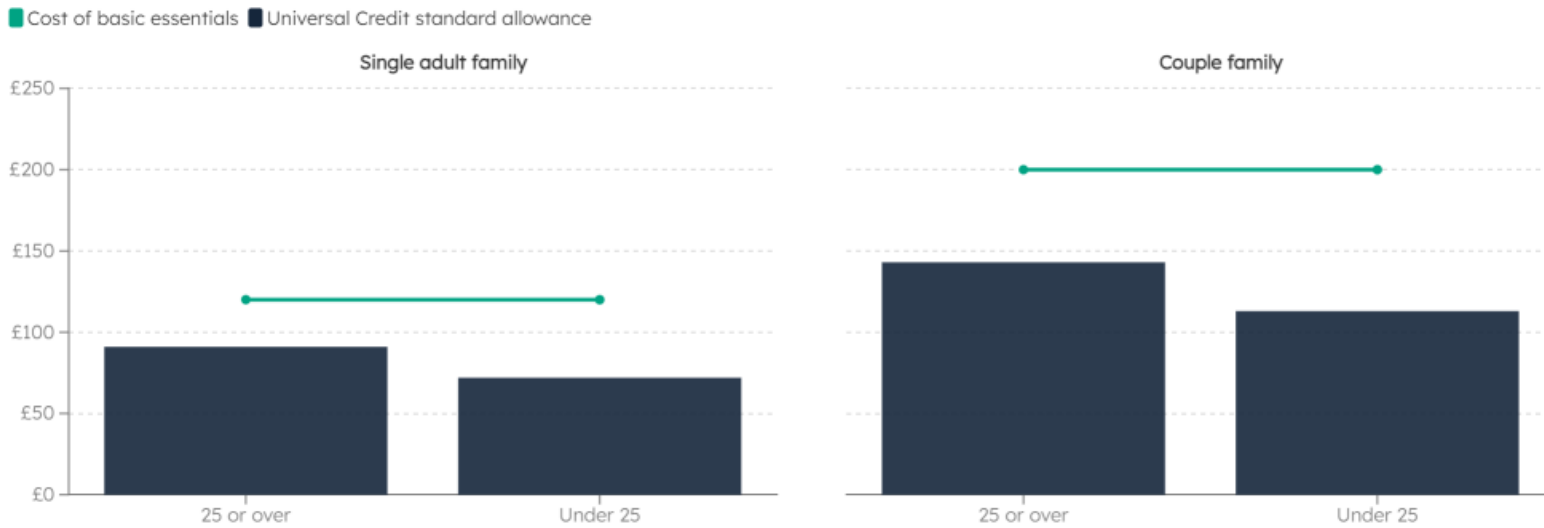
- c.£1.2m of additional funding for crisis support (Emergency Support Scheme and emergency food support)
- Addressing child poverty through introduction of an 'opt-out' approach to Free School Meals
  - c.920 children identified for enrolment generating an est. household saving of £1000 per child per household in benefits and an additional £1.7m in new government grant for each child's school
- Increasing pension credit uptake through targeting eligible pensioners with support to access up to £3900 each
  - Highest performance in London: 540 pensioners enrolled
- Working with NHS colleagues to promote the Pharmacy First scheme
- A new project launched in Winter 2023/24 to provide non-clinical, holistic interventions to 30 residents with sickle cell disease, with the support available being led by resident needs

# Wider context

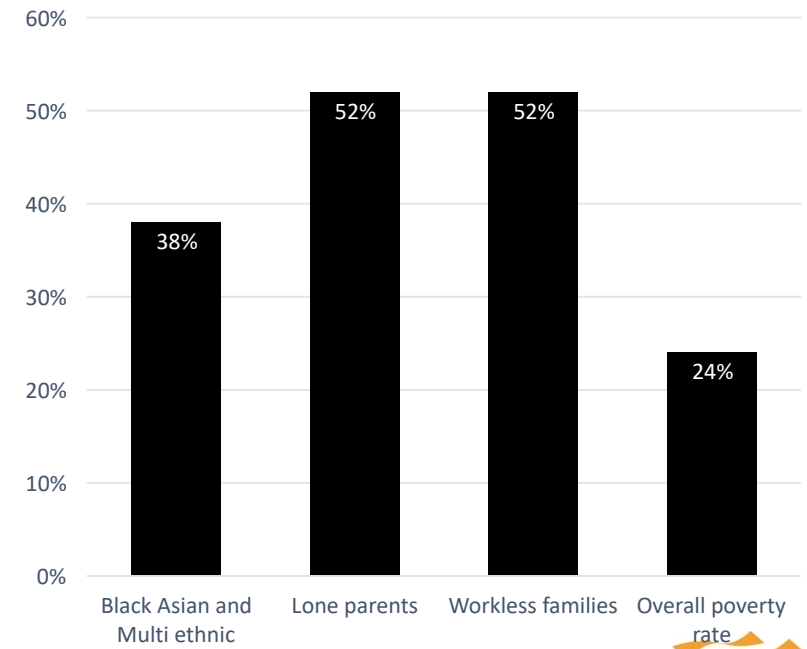
- Impact of high inflation remains
- Structural issues remain – funding of public services (e.g. childcare, Universal Credit)
- Government support is dropping away
- Poorest residents impacted the most



Universal Credit's standard allowance compared to Joseph Rowntree Foundation/Trussell Trust indicative Essentials Guarantee level (£ per week in 2024/25)



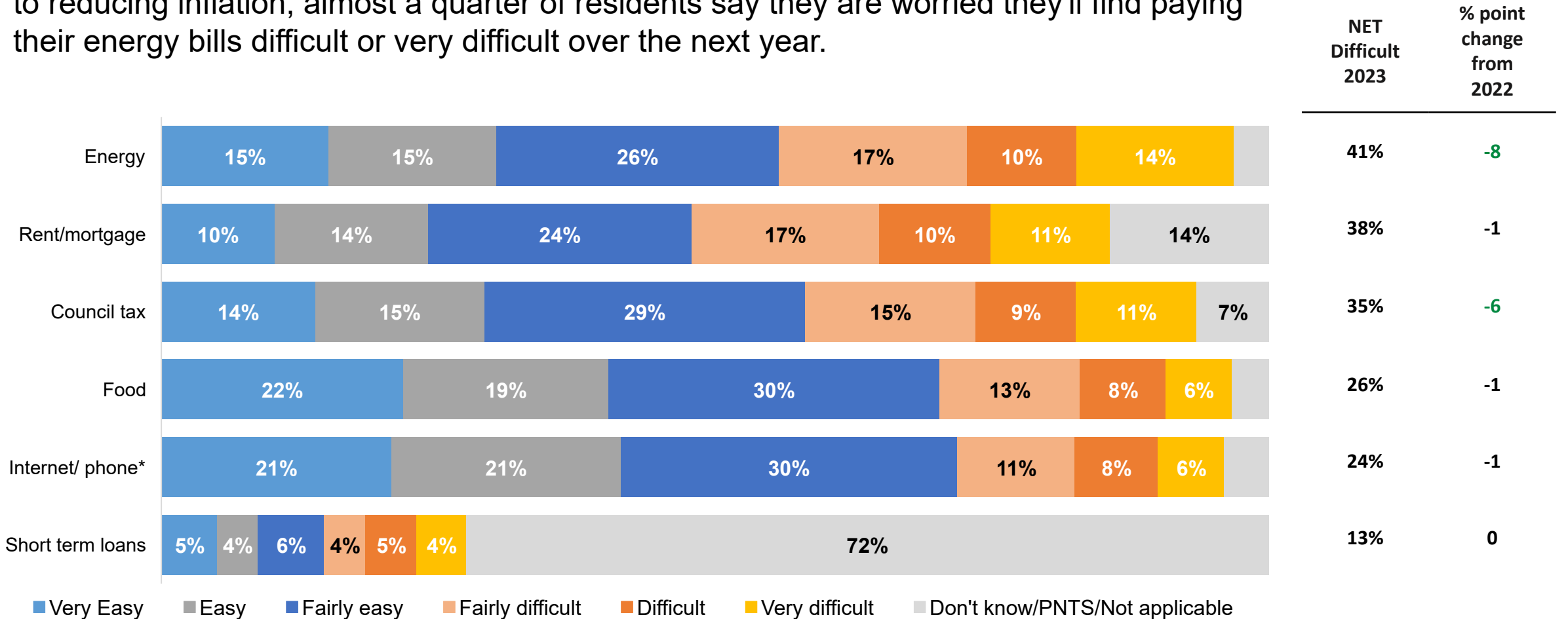
Relative poverty rate after housing costs (%) - London





# Local context

Whilst residents as a whole seem to be feeling more optimistic about paying their bills due to reducing inflation, almost a quarter of residents say they are worried they'll find paying their energy bills difficult or very difficult over the next year.

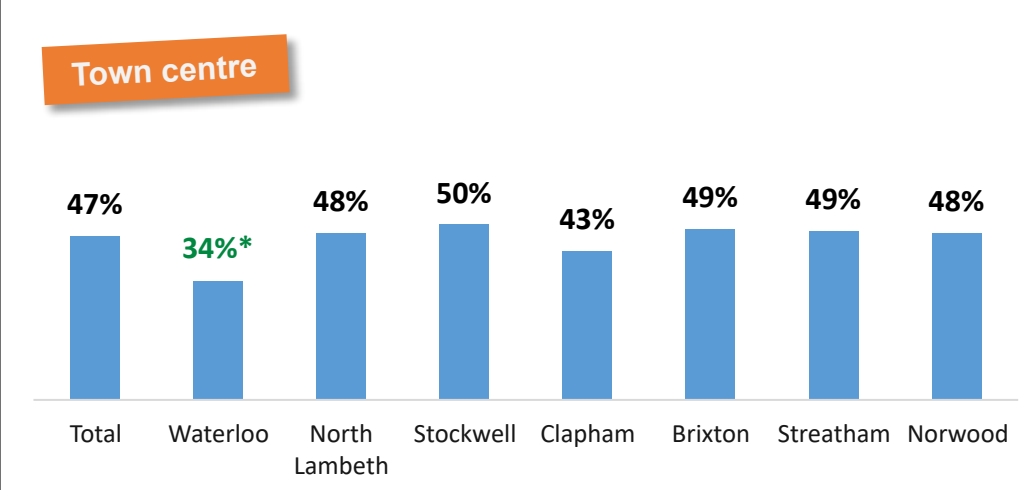
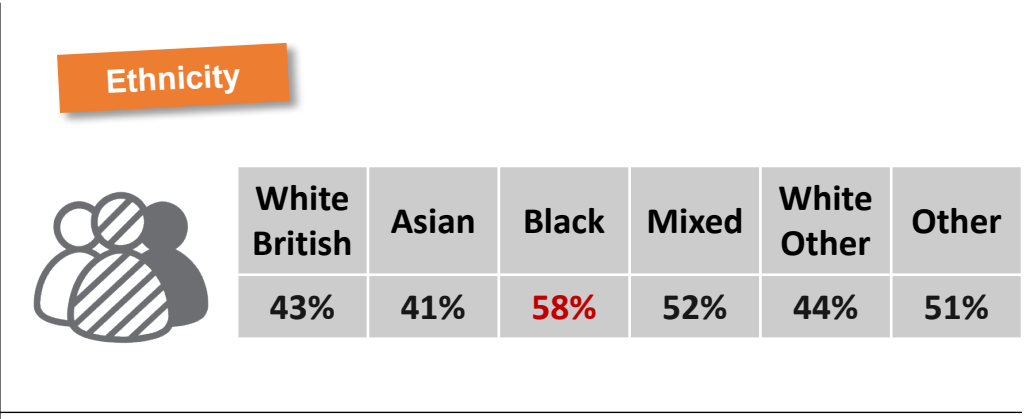
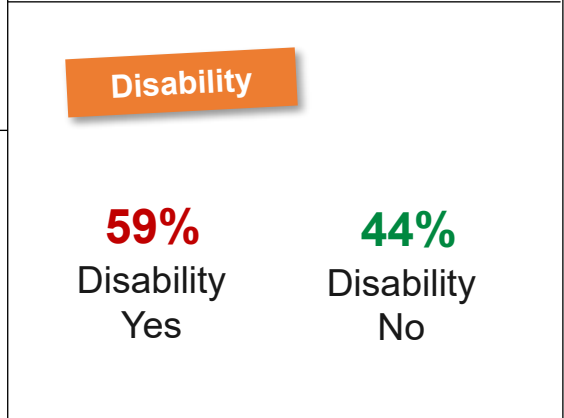
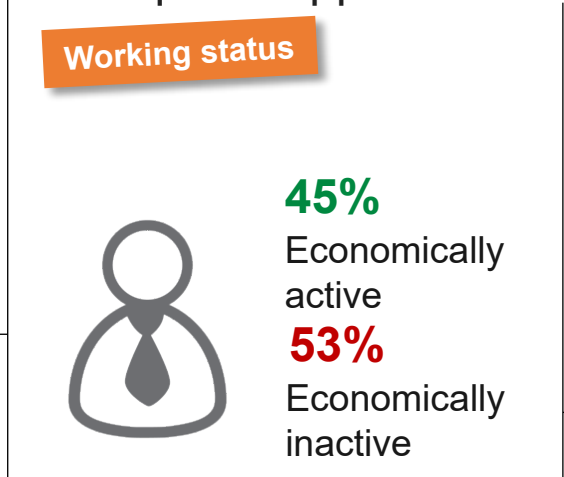
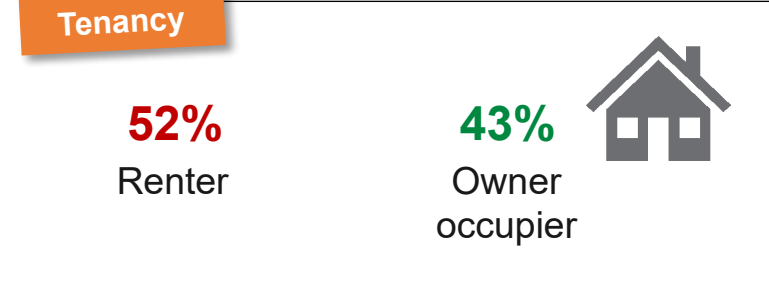
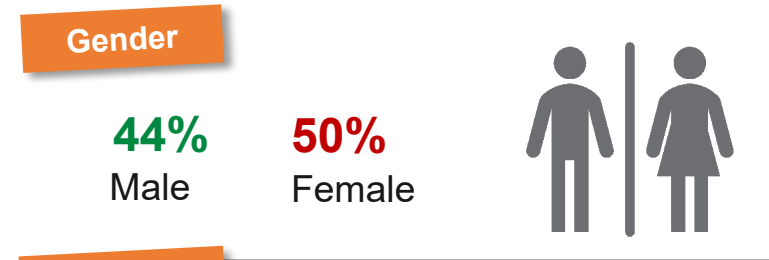
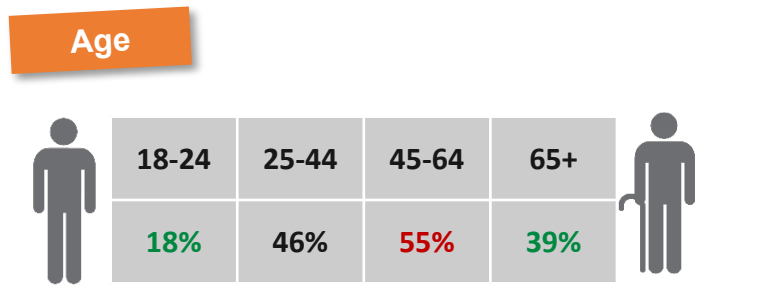


Q04AY22. Over the next year, how easy or difficult do you think it will be for your household to pay for the following...? Base: all respondents (2,015).

● Significantly better than the previous year ● Significantly poorer than the previous year

# Local profile

The profile of residents who feel their finances have got worse can be seen below. As well as the groups highlighted below, those whose mean pay is below £50k are also significantly more likely on average to say that their finances have got worse (**52%**). Cost of living research also reflected that many Lambeth residents still feel they are in a period of crisis and require support.



Q032. Compared with this time last year, do you think that your personal financial circumstances have improved, stayed the same or got worse? **Base:** all respondents (2,015). \*Caution: low base size (<30)

● Significantly better than comparator  
● Significantly poorer than comparator

- Strong support for the approach the council has taken to support residents with the cost of living
- Residents and partners would like the council to continue to focus on immediate crisis response initially with a view to move to more longer-term support in the future
- Residents and partners would like the council to conduct more outreach, working closely with community leaders and organisations in the future to communicate future offers of support
- Need to focus on increasing awareness about what is available for residents, working in partnership with the borough's voluntary and community sector

The council has created a ring-fenced cost of living reserve (£5.3m) to mitigate the impacts of short-term and uncertain funding and that will enable the council to draw down support for its most financially precarious residents over future years and enable longer term planning to tackle the root causes of poverty in the borough.

£4m of that reserve (incl. spend of the council's £2.7m Household Support Fund allocation) will be drawn in 2024/25 with the remaining £1.3m, plus any additional funding identified, spread over 2025-27.

Funding for the development of this reserve includes:

- Existing council funding to support financially precarious residents
- Central government funds
  - Department of Work and Pensions' Household Support Fund (until 31st September 2024)
  - UK Shared Prosperity Fund
- Reprofiled spend from the Cost of Living Response Plan 2023/24

# Looking forward

- Moving away from sticking plaster approaches
- Tackling poverty embedded within delivery of the [Borough Plan](#) golden thread: a borough of equity and justice
- Community Partnerships Directorate established - principles of prevention and community focus
- Beginning to work across the council to develop a tackling poverty approach and plan
- Establishing a ringfenced cost of living reserve
- Maintaining a crisis programme in 2024/5



Although the total amount of funding available for a 2024/25 crisis programme is reduced we will still be providing:

- Additional funding for the Emergency Support Scheme
- Holiday support to children in receipt of free school meals (reduced to £15 per child per week) as long as the council continues to receive Household Support Fund
- Targeted support to the council's most vulnerable tenants impacted by communal heating and hot water charges
- Free period products in core council buildings (incl. libraries, gyms)
- Specialist energy advice and guidance
- Providing targeted link-worker led support
- Training for frontline workers

Further information on the programme, including equalities impact assessment, can be found in [the council's formal decision report here](#)



- Website: [Cost of living, money and debt | Lambeth Council](#)

## Saving energy costs

### Energy saving advice

Advice on how to reduce your energy use, stay warm and grants to make your home energy efficient.

[Get energy saving advice →](#)

### Green Doctors

Free and impartial energy advice to help you stay warm and save money on your home energy bills.

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## Support for parents and guardians

### Food vouchers for a healthy start

Alexandra Rose food vouchers for families with children under 5 and pregnant women.

[Register for food vouchers →](#)

### Healthy Start card

Help to buy healthy food and milk if you're more than 10 weeks pregnant or have a child under 4.

[About the Healthy Start card →](#)

### Money advice when having a baby

Guidance on budgeting, childcare and parental leave pay.

[Get money advice →](#)

### Free school meals

Your child may be eligible for free school meals if you receive certain benefits or on a low income.

[Apply for free school meals →](#)

### Free childcare

You may be eligible for up to 30 hours of free childcare if your child is 3 to 4 years old.

[Apply for free childcare →](#)

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## Lambeth Together Care Partnership Board

<b>Title</b>	Lambeth Together Primary Care Commissioning Committee update
<b>Meeting Date</b>	11 July 2024
<b>Author</b>	Michelle Elston – Associate Director of Primary & Community Care
<b>Lead</b>	Oge Chesa – Director of Primary Care and Transformation

This item is for;

<input checked="" type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Ratification</b>
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**Recommendations:**

The Lambeth Together Care Partnership Board is asked to:

1. Note the update on discussions held at the Primary Care Commissioning Committee on 22 May 2024
2. Ratify decisions made at the Primary Care Commissioning Committee on 22 May 2024

**What other groups or committees have considered this item to date?**

Lambeth Together Primary Care Commissioning Committee

**Summary and Impact on Inequalities**

The Primary Care Commissioning Committee (PCCC) is responsible for facilitating service users with accessible and equitable primary care services in our community. This includes services provided by General Practices, Dentists, Pharmacists, and Eye Care Specialists. The Committee's primary objective is to address and mitigate any healthcare inequalities within the community whilst improving access.

Key Functions:

- (i) **Equity of Provision:** The PCCC ensures that all proposals and items it receives prioritise equitable healthcare provision to the population. It actively works to prevent the creation of unnecessary barriers that hinder people from receiving essential services.
- (ii) **Impact Assessment:** Before approving any major changes to the expected service delivery, the Committee conducts a comprehensive assessment of the proposed changes' impact. This assessment considers the potential effects on

accessibility and ensures that funding is optimally allocated to guarantee inclusive and responsive service access for all.

This update to the Lambeth Together Care Partnership Board is to provide assurance on the delivery of delegated primary care functions, information on and ratification of decisions made at the Primary Care Commissioning Committee on 22 May 2024, and an opportunity to ask further questions and feed into the PCCC business.

# Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Summary of Meeting held on  
Wednesday 22 May 2024



Working in partnership for a healthier borough



# LTPCCC Part Two Meeting

## Approvals recommended to the Board:

### Lambeth General Practice Improvement Schemes and Premium Specification for 2024/25.

A Chairs Action meeting took place on 19th March 2023 for approval of the Improvement Schemes and Premium Specification for 2024/25

- Chairs actions approved the rollover of 23/24 schemes into 24/25. This will be the final year of commissioning under the current framework.
- A task and finish group has been established to develop 24/25 schemes ahead of implementation from April 2025.
- It is to be noted that for the Lambeth General Practice Improvement Scheme the budget for 2024/25 remains the same as 2023/24 £1.7million

**Approval was given by the Chairs action for the Lambeth General Practice Improvement Scheme and Premium Specification for 2024/2025**

**The Board is asked to ratify this decision.**



# LTPCCC Part Two Meeting



## Approvals recommended to the Board:

### **Issuance of contract breach notices on 7 APMS contracts held by AT Medics within South East London**

The Committee received an update on the action taken by South East London Integrated Care Board to serve breach notices on 7 Alternative Provider of Medical Services (APMS) contracts that AT Medics Ltd holds across South East London

- NHS England has arranged for NHS South East London ICB to exercise its primary medical services commissioning functions in respect of South East London, including the management of primary care Contracts.
- On 30 November 2023, AT Medics Limited made a written request for NHS prior authorisation to undergo a proposed Change of Control (as defined within the Contracts). Within the request, AT Medics Limited specified the proposed Change of Control as arising from the proposed transfer of the ownership of Operose Health Limited from MH Services International (UK) Limited to T20 Osprey Midco Limited



# LTPCCC Part Two Meeting



## Approvals recommended to the Board:

### Issuance of contract breach notices on 7 APMS contracts held by AT Medics within South East London – continued

- On 28 December 2023, AT Medics Limited underwent the Change of Control, as mentioned in previous bullet points, without ICB's prior authorisation, and therefore in breach of the Contract.

The Committee noted the update and approved the action taken by South East London to issue breach notices on 7 Alternative Provider of Medical Services (APMS) contracts that AT Medics Ltd holds across South East London.

**The Board is asked to ratify this decision.**



# LTPCCC Part Two Meeting



## Approvals recommended to the Board:

### APMS Nursing Home Procurement Update

The Committee received a progress update and sought a decision on the recommendations for onward management of the APMS Nursing Home Contract.

- Evaluation of the bidders has been completed with
- It has been concluded that given the vulnerable nature of the residents and the proposed contract length, awarding based on the current procurement process would not be recommended to the committee for approval
- While any option holds a level of risk, starting a new procurement is in the long-term best interest of the ICB and patients alike.

**The Committee noted the update including the associated risks, and approved the discontinuing/abandoning of this procurement, the extension of the contract to 30 September 2025 to return to the market no later than January 2025. The Committee noted the lessons learned review and agreed the service specification is to be strengthened to ensure commitment to adult care is emphasised.**

**The Board is asked to ratify this decision.**



# LTPCCC Part Two Meeting

**Approvals recommended to the Board:**

## **Locally Commissioned Services Update - Lambeth Offer**

The Committee received an update on the 2024/25 Lambeth Together GP Improvement Scheme and Premium Services; and the Lambeth Offer 2025/26 schemes

### **Lambeth Offer**

- The primary care PCN / practice principles are to change the existing commissioning arrangements in Lambeth to the new Lambeth Offer commissioning arrangements, from 01 April 2025
- The LTPCCC sense-checked concepts and seek consensus on:
  - replacing the current practice-based contract with an at-scale delivery model. Ensuring our plans do not destabilise General Practice.
  - Replacing a 12-month rolling contract with a longer-term contractual package.

**The LTPPC noted the progress to 2024/25 and preparation for 2025/26. The Lambeth Offer principles were discussed by the LTPPC.**







# LTPCCC Part Two Meeting

## Approvals recommended to the Board:

### **Permanent Premises Solution – Co-Location of Waterloo Health Centre and the Lambeth Walk Group Practice**

The Committee received an update with respect to the progress in North Lambeth toward securing the permanent premises solution for Waterloo Health Centre and the Lambeth Walk Primary Group Practice.

- It is fully expected that the new Practice Premises can be delivered by the end of the 2025 calendar year.
- The LTPPC is requested to review the content to approve the OBC and recommend that the OBC be progressed to Full Business Case (FBC).
- The LTPCC is further requested to note that the increased rental costs, over and above the costs currently being received by WHC and the LWGP will be met from within the core Primary Care place-based allocation in the 2026 – 2027 Financial Year.

The LTPPC noted the request to support the recommendation for the permanent premises solution of the Co-Location of Waterloo Health Centre and the Lambeth Walk Group Practice





# LTPCCC Part Two Meeting

## Approvals recommended to the Board:

### **SELDOC Single Tender Waiver**

The Committee received an update of the single tender waiver, prepared, and coordinated by Southwark on behalf of Lambeth, Lewisham, and Southwark (LSL) to extend the Out of Hour (OOH) provision via SELDOC until 31 March 2028.

- The 2003 GMS Contract allowed practices to 'opt out' of providing OOH for their registered population. The new contract passed the responsibility for organising out-of-hours services from individual doctors to Primary Care Trusts.
- SELDOC is the current OOH provider for LSL providing services since 1996
- The potential savings are being made because of local engagement to support practices to opt in, to OOH.
- The contract extension to 31 March 2028 will include an option to extend for a further two years.
- This has been acknowledged with assurances that future commissioning arrangements will involve the Committee prior to a decision being agreed

**The LTPPC noted the request to extend the Out of Hour (OOH) provision via SELDOC until 31 March 2028**



# LTPCCC Part Two Meeting cont.



## Updates recommended to the Board:

### Lambeth Pharmacy First Plus Pilot review

The Committee received an update on the Chair's action meeting that was held on 28 March 2024.

- At the January 2024 LTPCC, an update was provided on questions raised relating to the provision of self-care, NHS England guidance relating to over-the-counter medicines access, reducing variation in access, and budget management and availability. A presentation used at the Management Team on 19 March was shared with details of the above. Confirmation was also provided of a budget line to support
- Three questions were raised by the Chair about available budget to support expansion to all Lambeth Pharmacies, the need for regular review of groups accessing the Scheme to ensure appropriate access and alignment with Lewisham and Southwark formularies expand the conditions covered by our scheme



# LTPCCC Part Two Meeting cont.



## Updates recommended to the Board:

### Lambeth Pharmacy First Plus Pilot review – continued

- A sufficient budget exists to support expansion. The current contract management process was outlined, and reassurance that full raw data is provided and reviewed by the lead commissioner monthly and any concerns raised. The formulary alignment work has already begun and has not identified any significant differences in conditions included that would lead to increased access.

The update was noted at the Chair action meeting on 28 March 2024. It is to be noted that the Lambeth Pharmacy First Plus Pilot finished at the end of March 2024.





# LTPCCC Part One Meeting

Updates on **standing items** were received on:

- **Risk Register**
- **Performance**
- **Workforce**
- **Primary Care Finance**
- **Quality**
- **Primary Care Transformation and Operational Delivery Group (PCTODG)**

The Primary Care Transformation and Operational Delivery Group meeting took place on 01 May 2024, and it reports to the LTPCCC.





# LTPCCC Part One Meeting

Updates on **other items** were received on:

## **Local Capacity and Access Payment**

An update was provided to the Committee on the progress against the Capacity and Access Payment and seek the Committee's decision to recommend the release of the local payment to all 9 Primary Care Networks (PCNs).

- The Delivery plan for recovering access to primary care was published on 09 May 2023 and reprovisioned some of the PCN funding streams.
- The locality plans must be based on 3 areas:
  - Patient experience
  - Access
  - Accuracy of data





# LTPCCC Part One Meeting

Updates on **other items** were received on:

## **Local Capacity and Access Payment – continued**

- Following a stock take workshop that was held in June 2023, as part of the strengthening general practice work output was the opportunity for PCNs to share learning
- The Committee discussed the Friends and Family (FFT) approach, and for it to be endorsed

**Approval was given by the Committee for discharge to the Head of PCN Development & Commissioning, the responsibility of ensuring all self-declarations are returned prior to funds being released and to release the full 30% of funding to PCNs**

**The Board is asked to ratify this decision.**

# LTPCCC Part One Meeting



Updates on **other items** were received on:

## **Primary Care Network formation and Clinical Director Leadership update in Lambeth**

An update was given to the Committee, to note the changes in Lambeth's Primary Care Network (PCN) Clinical Director Leadership and on the current formation of the PCNs.

- A finalised version of the PCN map will be shared with the LTPCCC, including information on PCN Lead Educators and PCN Nurse Facilitators
- Akerman Medical Practice has moved from Fiveways PCN to HBD PCN, it is to be noted that the Committee has previously approved the move

**The Committee noted the updated changes and approved the new additions to the PCN CDs. The final map will be shared with the LTPCCC.**

**The Board is asked to ratify this decision.**