

HEALTH AND WELLBEING BOARD

Date: **Thursday 15 October 2020**

Time: **6.00 pm**

Venue: Venue: **Microsoft Teams – please [click here](#)**

Copies of agendas, reports, minutes and other attachments for the Council's meetings are available on the Lambeth website. www.lambeth.gov.uk/moderngov

Members of the Committee

Listed on next page

Substitute Members

Listed on next page

Further Information

If you require any further information or have any queries please contact:

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Members of the public are welcome to attend this meeting. If you have any specific needs please contact Facilities Management (020 7926 1010) in advance.

How to access the meeting

This meeting will be held in accordance with Section 78 of the Coronavirus Act 2020 and the related Regulations which details that members of the public and press be provided access to the meeting through remote means, such as video conferencing and live streaming as provided by the link above.

For Members of the Public

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Members of the public wishing to make representations at this meeting must contact Adrian Bentley, Democratic Services Officer (contact details above) by 12pm on Tuesday 13 October.

For Members of the Health and Wellbeing Board

Please refer to the guidance you have already received – do not use the link above.

For elected Members of the Council

Councillors who are not members of the Health and Wellbeing Board but wish to attend the meeting must inform Democratic Services by 12pm on Tuesday 13 October.

Representative	Post	Substitute
Lambeth Council:		
Councillor Jim Dickson (Chair)	Cabinet Member for Health and Adult Social Care (job share)	Vacant
Councillor Danny Adilypour	Cabinet Member for Health and Adult Social Care (job share)	Councillor Jennifer Brathwaite
Councillor Ed Davie	Cabinet Member for Children and Young People	Councillor Jacqui Dyer
Councillor Sonia Winifred	Cabinet Member for Culture and Equalities	Councillor Malcolm Clark
Andrew Eyres	Strategic Director, Integrated Health & Care Lambeth Council NHS South East London CCG (Lambeth)	
Fiona Connolly	Executive Director Adult Social Care	Vacant
Ruth Hutt	Director of Public Health	Vacant
Merlin Joseph	Strategic Director of Children's Services	Vacant
South East London Clinical Commissioning Group (CCG):		
Dr Adrian McLachlan (Vice-Chair)	GP and Governing Body Member NHS SEL CCG, clinical lead for Lambeth Living Well Network Alliance	To be advised
Andrew Bland	NHS South East London Commissioning Alliance STP Lead	To be advised
Dr Dianne Aitken	GP and Assistant Chair NHS SEL CCG, clinical lead for Lambeth Neighbourhood & Wellbeing Delivery Alliance	To be advised
National Commissioning Board:		
Dr Jane Fryer	Medical Director and Responsible Officer (South London) NHS England (London Region)	To be advised
King's Health Partners:		
Jill Lockett	Managing Director King's Health Partners	
Healthwatch Lambeth:		
Sarah Corlett & Catherine Pearson	Healthwatch Lambeth	

Theme: Loneliness and Social Isolation and the Impact of COVID-19

The Lambeth Health and Wellbeing Board (HWB) meetings take a thematic approach on an agreed topic relating to health and wellbeing with inputs from a range of stakeholders. In light of the coronavirus pandemic, every local authority has been required to produce an outbreak prevention and control plan, and a recommendation was made that each borough should have a public facing politically led COVID-19 Engagement Board. It has been agreed that based on the new approach adopted by the Lambeth Health and Wellbeing Board, the HWB is well suited to act as the member led COVID-19 Engagement Board in accordance with the guidance from DHSC.

The theme for the October Lambeth Health and Wellbeing Board is Loneliness and Social Isolation and the impact of COVID-19. Loneliness and social isolation are longstanding issues in Lambeth, which have been further impacted by COVID-19. At the Health and Wellbeing Board meeting, we will hear community perspectives of loneliness and social isolation in the borough. The meeting will also provide stakeholders the opportunity to discuss how to maximise existing opportunities, use the learning from the past 6 months to mitigate any negative impact of the COVID-19 2nd wave and any potential future crisis; as well as consider a more co-ordinated local approach to loneliness and social isolation.

AGENDA

PLEASE NOTE THAT THE ORDER OF THE AGENDA MAY BE CHANGED AT THE MEETING

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1. Introductions	
2. Declarations of Interest	
<p>Under section 4 of the governance arrangements for the Health & Wellbeing Board, Board members are bound by the Members' Code of Conduct as set out in the Council's Constitution (Part 4 Section 1). Where any Board member has a Disclosable Pecuniary Interest in any matter to be considered at a Board meeting they must withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter unless a dispensation has been obtained from the Monitoring Officer.</p>	
3. Minutes of Previous Meeting	1 - 12
<p>To approve the minutes of the previous meeting.</p>	
4. Loneliness and Social Isolation	
a. Overview	
b. Community perspectives	
c. Discussion	
5. COVID-19 : Current situation and Lambeth Outbreak Prevention and Control Plan	
6. NHS system preparedness for COVID-19 2nd wave	
7. Lambeth Children's Partnership Board update	13 - 22

HWB



HEALTH AND WELLBEING BOARD

Thursday 2 July 2020 at 5.00 pm

MINUTES

PRESENT: Andrew Eyres, Councillor Jim Dickson (Chair), Catherine Pearson, Councillor Edward Davie, Councillor Sonia Winifred, Councillor Danial Adilypour, Dr Dianne Aitken, Sarah Austin, Sarah Corlett, Heather Gilmour, Clive Kay, David Bradley, Adrian McLachlan, Jill Lockett and Paran Govender

APOLOGIES: Andrew Bland

ALSO PRESENT: Carla Hobart, Maggie Owalade, Andrew Preston, Candace James, Margaret Pierre, Polly Howes, Natalie Creary, Natalia Sali, Abdi Musse, Tom Stannard, Richard Keagan-Bull, Irem Patel, Joseph Casey

1. INTRODUCTIONS

Councillor Dickson welcomed those attending the first Health and Wellbeing Board. This was the first meeting since the Covid-19 pandemic had affected the UK and was taking place virtually whilst being live streamed. A recording of the meeting would also be available online.

The Chair expressed the thanks of the Board to key workers who by their dedicated efforts had ensured that the community was able to get through the first period of Covid-19.

2. PUBLIC NOTICE QUESTIONS

Two Public notice questions had been received. The first question was from Nicola Kinston, which read:

“Local people, patient groups, the voluntary and community sector, faith communities, Mutual Aid groups and others have all contributed to support the statutory response to Covid-19. We welcome the statement by the Leader of the Council that local people will be involved in the Recovery Plan.

People who went to the Clinical Commissioning Group (CCG) meetings in February and March, before the pandemic, about what engagement should look like going forward, were left feeling unsure what public involvement there would be in the future.

Can we ask for:

- A community meeting where the public can talk, to discuss this?
- Local Primary Care Networks to engage with their patient groups to discuss their local response?”

The Chair answered the first part of the question saying that the Board was still formulating how community involvement in the Recovery Plan would work, but there would be significant community involvement. The Chair suggested further discussion with Nicola and others as to how engagement could best take place such as through a community meeting.

Andrew Eyres, Strategic Director, Integrated Health and Care, said he had spoken to the lead on the recovery plan for the Primary Care Networks (PCN) and they were keen to engage with Patient Participation Groups (PPGs). They were currently undertaking a survey with all patients across Lambeth and had over 5,500 responses, with consolidated feedback to be taken back through patient groups etc. How this would take place was still to be decided and the Clinical Cabinet would discuss it further. This information would be built into recovery planning.

Nicola thanked the Board for the responses and noted that the Primary Care Network were having discussions, especially around the equalities impact.

The Chair asked that the second question from Fraser Symes be displayed, which read:

- “What confidence, in percentage terms, does the Lambeth Health & Wellbeing Board have in the Government’s/NHS’ Track & Trace system and what is this level of confidence based upon?
- Does Lambeth fully understand the correlation between diabetes and obesity with Covid-19 other than the general association with inflammation and diminished lung capacity making the flow of oxygen more difficult to the lungs, which the Coronavirus also attacks?”

The Chair noted that Mr Symes had sent in eight questions. Whilst written responses would be provided for all of these it was not possible, due to time constraints, to provide verbal answers to all of these. Many of the questions would also be dealt with in presentations.

Ruth Hutt, Director of Public Health, answered the first question stating that Test

and Trace had been live for over a month. Anyone who had given a positive coronavirus test would be contacted by the service and asked to provide information of who they had been in contact with so those people could be asked to self-isolate. The Director of Public Health received a daily report saying how many positive results there had been. Certain high-risk places (e.g. care homes, prisons) would be escalated to Public Health England (PHE) London through the London Coronavirus Response Cell and they would liaise with the Council. This had worked well and Ruth expressed confidence that the work with PHE locally was working for the borough. The most important aspect of Test and Trace being successful was the public being confident that the system worked.

Dr Di Aitken, CCG Clinical Effectiveness Lead responded to the second part of the question, noting that the correlation of Covid-19 with diabetes and obesity was known. Cardiovascular disease, and particularly hypertension, was also a risk factor. Current ways of responding to this was through General Practices and a few ideas of how to do this had been developed and she would be happy to share this information. In the coming year, General Practices would be able to respond and follow up people to further reduce their risk.

Fraser Symes then questioned the status of the digital Test and Trace programme and asked whether would be fit for purpose by September.

Ruth Hutt responded saying that the App had been trialled but was not going forward at the present time as people could respond online, and although the App would have helped, the system in place was currently working.

3. DECLARATIONS OF INTEREST

There were none.

4. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the previous meeting held on 13 February 2020 be approved and signed by the Chair as a correct record of the proceedings.

5. COVID 19 - EPIDEMIOLOGY

Ruth Hutt, Director of Public Health, introduced this item and Carla Hobart, Public Health Specialist Trainee, presented noting:

- Epidemiology was the study of the distribution and determinants of health-related events, such as for disease;
- Public Health was the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society;
- Covid-19 had spread from a local outbreak and at the time of the meeting had led to 10m cases globally;
- Covid-19 had a highly variable clinical course;
- There was an unknown proportion of asymptomatic infections.
- People without symptoms were capable of infecting others although symptomatic people were the highest risk;

- Lambeth had 1,222 cases to date – although this reflected only those that had been tested;
- The number of daily cases had dropped significantly;
- The majority of deaths from the disease happened in hospital;
- The disease did not affect the community evenly; with high risk factors being, age, ethnicity, underlying health conditions and deprivation;
- Evidence around ethnicity and Covid-19 was still being developed. Ethnicity had not been previously recorded on death certificates and so place of birth had to be used;
- Care home residents made up a significant proportion of Lambeth deaths with 2.3 times the number of deaths that would usually be expected;
- Factors that may contribute to the unequal impact of Covid-19 on Black Asian and Minority Ethnic (BAME) groups included those highlighted in a recent PHE report such as: historic racism and poorer experiences of healthcare, or at work, occupation, housing conditions, use of public transport and long-term conditions/co-morbidities; and,
- Control measures included, social distancing, hand washing, face covering, testing and self-isolation of those with symptoms.

Following questions from the Board officers responded:

- The true numbers of those with Covid-19 was difficult to know and the only way to measure the under-ascertainment was through prevalence survey. This was happening but the numbers were constantly changing making an accurate assessment difficult;
- Local deaths assessments had been based on crude mortality. Age adjusted mortality would be looked at; and,
- Death certificates did include underlying conditions and this data was being analysed. The office for National Statistics (ONS) had done this analysis nationally.

RESOLVED:

1. The Board agreed to the ongoing collection and analysis of local data in relation to disparities in Covid-19 risk and outcomes, in order to inform actions to address inequalities locally.
2. The Board agreed to the development of a local surveillance dataset to provide up to date information on Covid-19 cases, admissions, deaths and local outbreaks to inform local outbreak control.

6. COVID 19 - PERSPECTIVES FROM THE COMMUNITY

The Chair said that the Board was keen to hear the perspectives of the impacts of Covid-19 from the community and ten individuals and organisations had been invited to speak.

Maggie Owolade, Director of ARCS presented. ARCS had been one of the first small groups to do Covid-19 surveys for some of families. Issues raised were:

- Difficulties in managing children's behaviour;
- Disrupted sleep routines;

- Children refusing to go out;
- Lack of structure at home causing anxiety; and,
- Lack of safe spaces for exercise.

Families with children with Special education needs, and particularly neurological conditions such as ADHD and autism, reported:

- Fear of bringing germs into the house;
- Impact of children's challenging behaviour; and,
- Reduction in school-based anxieties. This though would likely lead to problems when children return to school.

About 30% of respondents were on free school meals and 54% of respondents were lone parents. The report on the survey recommended that Test and Trace be localised as families had problems getting out. Covid-19 information needed to be in different languages and include infographics and there needed to be a recognition of children's general anxieties.

Andrew Preston, Chief Executive of Rathbone, presented and noted that:

- Rathbone had been based in Lambeth for 55 years and worked with those with learning disabilities and autism. Rathbone looked after 100 adults and provided statutory services to them, funded by Lambeth Council. A further 30-40 adults used the informal non-statutory groups. The Society also worked with 200 young people between the ages of 11-19 with special needs;
- Covid-19 had hit the organisation hard and a third of the staff were originally lost through shielding or self-isolating but had to date reduced to 15% of colleagues;
- There were health inequalities with the cohort and a high rate of co-morbidity issues;
- There was anxiety with young people about school;
- There had been incidents of young people, especially young men, not wanting to comply with lock down arrangements. Youth workers had been sent out to disperse these groups;
- There had been greater coordination across voluntary sector on food poverty; and,
- Technology would be important but there would be a need to bear in mind that people with learning difficulties often struggled with this.

Andrew thanked colleagues at the Council for their support over the Covid-19 period.

Candace James, manager of the Loughborough Community Centre, which was based at the Max Roach Centre, highlighted:

- The Max Roach Centre was run as a local charity by local residents and parents;
- Before lockdown preschool holiday engagement activities for children 0-18 years of age were run;
- The response to Covid-19 was Happy Lunch and Play, providing 6,445

lunches to 140 children, reaching to 70 families in the previous four months;

- Participants stated that food poverty was a big issue. 73% of parents said they had less money, 55% said they had less food due to lack of shop supply, 39% had no way to getting to shops or food banks, 41% couldn't get food to meet dietary needs, and 82% said taking part in the emergency response had made a major impact;
- 80% of children were Black and African origin and 65% were free school meals or pupil premium;
- Children seen were displaying a sad and deeply withdrawn nature. 65% of children in Happy Lunch had not been outside their immediate homes, and 45% lived in homes without balconies and gardens;
- A short video had been put together focussing on the views of 10 children. The children stated their worries of Covid-19 and going outside;
- There had been an increase in children having nightmares and an increase in anxiety; and,
- The children that came to the centre were largely from low-skilled family backgrounds and had led to Key Workers parents being at higher risk.

The Centre was looking to contribute a holistic approach and were keen to engage with the local authority and other professionals to reach a community of people that were sometimes hard to engage.

Margaret Pierre, Interim Managing Director Marcus Lipton Centre, talked of how they had connected with other organisations in the locality:

- When Covid-19 hit Marcus Lipton was already going through a difficult time due to an incident that had taken place the previous year where a young person was murdered in the Centre;
- The Centre was closed for seven months in 2019;
- A telephony service had been set up to work with young people at high risk of being involved in or victims of violence;
- A key worker service was in place as well as a therapeutic service where young people could be referred into counselling;
- The Service was engaging with 40-50 young people;
- Many issues were around anxiety and not wanting to stay inside;
- Marcus Lipton was engaging with parents. Some of the parents had to be referred to counselling due to stress and challenges caused by Covid-19; and,
- Marcus Lipton had been involved in a locality-wide response to Covid-19. Eight anchor groups in the community had come together to understand what the needs were and identifying where these needs were not been met.

Polly Howes, Carers Hub Carers Strategy Development Manager, noted that the Carers Hub was a charity working with unpaid carers, with the following key issues raised by carers:

- Carers had to take on increased responsibility due to Covid-19;
- There were fears that care workers would pass the virus to those being

- cared for and family members taking over these roles;
- Pressures carers contend with in their normal life, including stress, isolation and financial struggle have been exacerbated;
- Food poverty was a huge issue;
- Bereavement support for carers was lacking;
- Inequalities had intensified and access to digital support for many young people was poor, especially impacting those having to home school or receive virtual support; and,
- Issues around carers' own mental health was worsening.

Natalie Creary, Director for Black Thrive next presented. Black Thrive worked to reduce the barriers that contributed to mental ill health among black communities. Survey, research and listening activities were carried out to see how the community was dealing with Covid-19. The survey highlighted:

- Covid-19 had had a significant negative impact on people's mental wellbeing, especially around bereavement;
- Isolation has been a challenge. In particular Black LGBTQ communities had reported an increased sense of isolation and risk of exposure to abuse within homes in which they were isolating;
- People had been scared to access routine care;
- The negative interactions of law enforcement had led to people feeling unsafe leaving the house;
- Black communities had been disproportionately impacted around employment and self-employment;
- Concern around personal protective equipment (PPE);
- Concern over information and whether it was credible;
- There had been an increase of people seeking help online. This had been positive; and,
- Gaps identified included the impact of Covid-19 on LGBTQ+ communities, people with no resource to public funds, access to digital for people where English was not a first language and fear of the system.

Black Thrive was working towards culturally appropriate healing spaces. There may also be a need to think about grass roots, Black-led organisations are supported to deal with a potential second wave.

Natalia Sali from Healthwatch then presented. Healthwatch had carried out research by scanning the social media posts of relatives of older isolating people who were living away. It was also planned to interview 50 people. So far there had data gathered from four people. From the two projects it was found that:

- A person's home situation had a large effect on the impact of the pandemic on a person. If the older person was living with someone and had access to the internet, they were less likely to feel isolation to be a burden;
- People reported feeling like prisoners and this was exacerbating current mental health conditions;

- Financial hardship made it harder to cope; and,
- Volunteering had increased and this was very positive.

Abdi Musse, Friends of the Horn Foundation, noted that the Friends of the Horn foundation worked with the Somali community.

- Most people in the Somali community were self-employed and were forced to work during Covid-19 as there was no financial support. There was also largely no way of isolating from family members;
- The mental health issue of the Somali community in Lambeth was an issue. The Foundation had to write to ten Government departments to lobby for Government publications in Somali language, which then took three weeks to complete;
- Practitioners of mental health in Lambeth did not know the cultural background of the Somali people;
- There was fear and negative speculation around mental health systems and a culture of silence, especially in men;
- Covid-19 was causing a 'tsunami of mental health issues' and the Foundation was working as an early prevention mechanism using Imams and business people to raise awareness and get the society to talk about mental health issues; and,
- The Foundation was looking for partners to work with and noted that they had a call centre in place.

The Chair gave commitment to work in partnership on the issues raised.

Tom Stannard, Age UK, gave an overview of issues from Age UK Lambeth:

- Age UK worked with people aged 55+. This group was particularly vulnerable to the virus and the negative effects of the lockdown;
- Age UK had to suspend all face-to-face services, advice and social events. These services had been replaced, where possible, with telephone calls and online meetings;
- The Gateway team was expanded to include the whole staff workforce, on a rota, to deal with the influx of calls;
- In terms of social events and befriending, while calls and online was better than nothing it did not match receiving a visit;
- Many of the community did not use computers and telephone conversations had been used in these cases; and,
- There had been 200 new volunteers offering services. This allowed the setting up of a shopping service doing food and other forms of shopping. When the Council took over food delivery the volunteers moved to provide other services and goods.

Richard Keagan-Bull from the Learning Disability Assembly, shared what he had been through in terms of Covid-19:

- It has been harder for people with special needs as they often did not understand what was happening;
- Isolation was a big problem;
- Many people with learning disabilities did not use technology; and,

- There had been one Assembly meeting via Zoom for people with Learning Disabilities.

The Chair thanked all those presenting for their work.

7. **KING'S HEALTH PARTNERS: RESPONSE TO COVID-19**

Jill Lockett, Managing Director, King's Health Partners, presented. She was joined by Irem Patel, Joint Director of Clinical Strategy and respiratory physician, and Joseph Casey, Deputy Director, Programme Delivery.

- The role of King's Health Partners was to deliver better health for all through high impact innovation;
- There had been a significant response across partners and each of them had taken a role in the response to Covid-19;
- There had been great work in high level of specialism in respiratory, with a huge response from the Respiratory Network and Extracorporeal Membrane Oxygenation (ECMO) units;
- There had been an immense response from King's College Hospital (KCH) around testing and from King's College London looking at mass testing and using university laboratories to scale up that offer;
- There has been a large amount of work on research. CogStack had been deployed to provide rapid insights, such as impact of ethnicity on outcome and oxygen consumption;
- 3,200 patients had been treated at King's Health Partners as at 31 May, of which over 500 were admitted to intensive care. Post-Covid-19 clinics were in place to support patients in recovery. 3,300 Guy's and St Thomas' Trust (GSTT) and KCH patients had been recruited to "Chief Medical Officer Priority" clinical trials;
- Ipad style devices had been distributed to 150 Intensive Care Units (ICUs) across England to ensure virtual visiting for the most unwell patients;
- Lots of work had been done looking at the mechanisms of the disease. A Covid-19 symptom study had been recorded into an App. There had been a great response across the community and there was a desire to extend this across the six boroughs;
- BAME communities were presenting at a much younger age than white communities; and,
- The last months had been unprecedented. Colleagues had been redeployed. Post-Covid-19 clinics had been set up to give early follow up and see if patients had developed lung disease as a result of Covid-19 and carry out assessments of their breathlessness, mental health and recovery. Three out of every four patient showed good recovery.

Clive Kay, CEO of KCH, noted that:

- King's first Covid-19 patient had been seen on 4 March 2020. Command and control was put in place and the critical care service was extended across the entire trust;
- The virus hit south east London hard and early, and there was an

- incredible response from all providers across south east London;
- Non-Covid-19 wards were converted to treat only Covid-19 patients. An early decision was taken to stop all routine and elective activity. There had been good collaboration;
 - There was not a need to transfer any patients from south east London;
 - Staff had been redeployed across the organisation and 2,000 staff had been upskilled. At peak there were 550 inpatients. The Trust had seen 444 through critical care, 2,400 had been discharged and there had been just over 500 deaths; and,
 - Some of the changes that had been made over this time had been planned for years and there was a desire that these improvements not be lost by moving back to the pre-Covid-19 state.

The Chair thanked Clive Kay for his presentation and the work that had been done.

Jackie Parrott, Chief Strategy Officers at both GSTT and KCH said that:

- GSTT first patient with Covid-19 was 6 February 2020. The peak number of admissions was at 31 March and the greatest number of patients in critical care was on 12 April.
- There had been good support with Lewisham Hospital around critical care. The impact on the whole organisation had been very challenging. There had been a need to rapidly double critical care at GSTT. Services had moved across London.
- Contact through letter, phone and email had increased as face-to-face contact had reduced. Non-essential activities had to be ceased and this included the usual mechanism to get feedback. However, this had now restarted and surveys were being developed.

The Chair thanked Jackie Parrott for her presentation and for the work that GSTT had done over the past months. He asked that she convey the Board's gratitude to all staff.

David Bradley, Chief Executive Officer of South London and Maudsley (SLaM) NHS Foundation Trust, next spoke about the work of the hospital:

- All staff at the hospital had been incredible. At the beginning any patients that could be discharged were and this enabled the hospital to give a ward to KCH when this was needed;
- A mental Health clinical decision unit was opened at the SLaM and a 24/7 helpline was opened for people to call with mental health problems;
- The SLaM charity was able to provide the hospital with significant funds that helped outpatients – e.g. iPads to contact family; and,
- A Prevention Summit for mental health was run digitally and resulted in an action plan.

The Chair thanked David Bradley and the staff of SLaM.

RESOLVED:

The Board noted the presentation and thanked speakers.

8. LAMBETH OUTBREAK CONTROL PLAN

Ruth Hutt, Director of Public Health, presented the Outbreak Control Plan, noting that:

- Every authority had been to develop an outbreak control plan;
- The Plan provided a strategic framework to stop Covid-19 transmission in Lambeth, helping a return to safe communities and social life, and restarting the economy;
- Measures would be established to prevent transmission and protect vulnerable residents by: risk assessment, easy access to testing, timely and effective identification, and notification of contacts. Support would be given to cases and contacts;
- The outbreaks would be managed in the community while identifying and mitigating the negative impacts of control measures;
- Local surveillance and intelligence would be established with timely and effective monitoring built on local intelligence;
- There was a need to do all of this work in partnership with Lambeth residents;
- Testing at scale would be required. Community confidence in testing would be vital for an effective response;
- Adequate support for those that were most vulnerable was needed;
- The Lambeth Gold Health Protection Board would feed into the Health and Wellbeing Board. The Health and Wellbeing Board would have the public facing role and would engage with residents; and,
- Next steps would be the publication of the Outbreak Control Plan and ensuring engagement with the community to ensure that they knew to inform if they had symptoms.

The Board expressed their thanks to the Public Health team for their exceptional work over the previous weeks.

RESOLVED:

The Board:

1. Agreed the approach to the outbreak control plan.
2. Agreed the Health and Wellbeing Board acting as the Member led board in accordance with the guidance from DHSC.

9. LAMBETH CHILDREN'S PARTNERSHIP UPDATE

RESOLVED:

The Board noted the paper.

CLOSE OF MEETING

The meeting ended at 8.30pm

CHAIR

Contact for Enquiries: Adrian Bentley

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Name of Committee: Health and Wellbeing Board

Date of Committee: 15 October 2020

Lambeth Children's Partnership update

Wards: All

Report Authorised by: Strategic Director: Children Services: Merlin Joseph

Portfolio: Lead Member for Children and Young People: Cllr Ed Davie

Contact for enquiries: Latoya Boyer, Senior Policy, Equalities & Performance Officer, Policy & Communications, 020 7926 3724 lboyer@lambeth.gov.uk

Report summary

The purpose of this report is to update the Health and Wellbeing Board on the work programme of the Lambeth Children's Partnership (LCP). This report covers the outcomes of the LCP development meeting held on 7 July 2020.

The key areas of focus for the meeting were:

- The 2018-2022 Children's and Young Peoples (CYP) Plan has been mainly successful in delivering outcomes over its first two years which has not been without challenges and in particular the current pandemic. Key achievements include: the Lambeth Made programme supporting nearly 3,000 children; the redesign and restructure of the Early Help service; the implementation of a new model of children centres with better integration of services; children at risk of harm having a strong peer review that showed effective partnerships as a strength and finally the local area's positive Special Educational Needs and Disabilities service inspection.
- Lambeth is examining working towards becoming a Unicef Child Friendly City which is a model that puts children's rights into practice by aligning with the UN Convention on Rights of the Child. This process could provide momentum for further improvement and amplify the voices of Lambeth's children and young people.
- Governance arrangements for the LCP are being reviewed. The LCP will continue to drive the last two years of the CYP Plan and in addition have oversight of the Child Friendly Lambeth programme should it be decided to proceed. It was proposed that there will be four boards/sub groups including a CYP Board that will sit under the LCP board.
- Public Health England (PHE) undertook a review of the impact of Covid-19 on Black Asian and Minority Ethnic groups. The review found that age is the largest driver of disparity and the majority of those dying from Covid-19, mortality amongst working age men is more than two times that of female counterparts and there were significantly higher mortality rates among certain ethnic groups, particularly Black and Asian ethnic backgrounds.

Finance summary

There are no capital or revenue implications arising as a direct result of this report.

Recommendations

- (1) To note the contents of the report.

1. Context

- 1.1 The Lambeth Children's Partnership (LCP) is a sub-group of the Health and Wellbeing Board. Its chair is the Cabinet Member for Children and Young People and sits on the Health and Wellbeing Board. Some members sit on both boards. An update of the work of the Health and Wellbeing Board is reported to the LCP via partner updates which is a standing item on the agenda of meetings.
- 1.2 The purpose of the Lambeth Children's Partnership is to enable statutory and non-statutory agencies to work better together for children, young people and their families, both in planning and delivering services and thus improving outcomes for all children and young people.
- 1.3 The Lambeth Children's Partnership is the key body for driving forward the Lambeth Children and Young People's Plan and is committed to ensure it is effective in improving outcomes for children in the borough. It brings together all partners engaged in children's services throughout the borough for a strategic discussion and general overview. The Lambeth Children's Partnership has a strategic link to the Local Safeguarding Children's Board.
- 1.4 The Lambeth Children's Partnership development meeting held on 7 July was attended by:
 - Cllr Ed Davie (Chair), Councillor, Cabinet Member for Children and Young People
 - Merlin Joseph, Strategic Director, Children Services, LBL
 - Abi Onaboye, Director of Children's Commissioning & Community Safety, LBL/NHS South East London CCG (Lambeth)
 - Dan Stoten, Integrated Associate Director of Children's Commissioning, LBL/NHS South East London CCG (Lambeth)
 - Luke Norbury, Early Help Locality Manager, Children's Services, LBL
 - Natalie Creary, Programme Delivery Director, Black Thrive
 - Ruth Hutt, Director of Public Health, LBL
 - Sue Pettrigrew, Chair of VCS Forum, St Michael's Fellowship
 - Nick Butler, Principal, Saint Gabriel's College
 - Michelle Hayden-Pepper, Assistant Director, Safeguarding, Children's Social Care (Division), LBL
 - Miranda Jenkins, Director of Strategy, Evelina London, NHS
 - Dr Raj Mitra, Place based GP, Clinical Lead: Children, NHS Lambeth CCG
 - Maxine Whittaker, Operational Manager, Lambeth Youth Offending Service, Children's Services, LBL
 - Adrian LeCuirot, Head Teacher, St Helen's Primary School
 - Bal Virdee, JCP Partnership Manager
 - Dawn Persad, Henry Fawcett Primary School
 - Harold Bennison, CAMHS Service Director, CAMHS, SLAM
 - Latoya Boyer, Senior Policy and Communications Officer, Policy and Communications, LBL
 - Clare Dudman Assistant Director of Education, School Quality Assurance and Partnerships, LBL

- Laura McFarlane, Director, Lambeth Early Action Partnership
- Tom Cunningham, Commissioning Officer, Children's Commissioning & Community Safety (Division), LBL
- Fiona Morey, Principal, Lambeth College
- Natalia Sali, Engagement Manager, HealthWatch
- DI Matt Pilch, Safeguarding Hub, South Central BCU, Metropolitan Police
- Rachel Scantlebury, Consultant in Public Health, Public Health, LBL

2. Proposal and Reasons

This report has been produced as an information paper for the Health and Wellbeing Board to provide an update on what was discussed and agreed at the Lambeth Children's Partnership meeting held on 7 July 2020. Health and Wellbeing Board members are asked to note the content of the report and provide comments if necessary. The following areas were discussed in detail at this meeting:

2.1 Programme Update Reports (Lambeth Made; Early Help; Better Start; SEND and Children at risk of Harm) Two years progress

Dan Stoten, Integrated Associate Director, Children's Commissioning, LBL and NHS South East London CCG (Lambeth)

- 2.1.1 The delivery of the CYPP has reached the halfway mark now. The ambitions of the CYPP were set out. Digital solutions that were planned have been sped up with the Covid-19 pandemic. There have been several significant outcomes of the plan but this has not been without challenge. During the delivery of the first two years of the plan there has been significant turnover in staff at all levels, refreshed focus on serious youth violence and inequality, three major inspections and the pandemic that we are still in. Managers in Lambeth have been unable to action some of their commitments especially because of Covid-19.
- 2.1.2 The CYPP includes five key partnership priority programmes of work over four years and was launched in May 2018:
 - Lambeth Made campaign
 - A Better Start
 - A New Approach to Early Help
 - Children with Special Educational Needs and Difficulties
 - Children at Risk of Harm and Children Looked After
- 2.1.3 Lambeth Made: The aim of the campaign is to get everyone to think differently about children in the borough.
- 2.1.4 Lambeth Made has impacted nearly 3,000 children and young people in the first two years.
- 2.1.5 It has hosted a Charter mark awards ceremony that went very well and helped to raise its profile and build on existing partnerships.
- 2.1.6 50 Businesses have been awarded with the Lambeth Made Charter for investing in children.
- 2.1.7 Lambeth Made has created and co-ordinated 29 events, training sessions and workshops. Over 100 statutory and community organisations, businesses, recruiters and training providers have been involved and engaged in Lambeth Made projects and events

- 2.1.8 Over 100 Lambeth Council Managers have pledged to create opportunities in 2021
- 2.1.9 Lambeth Made has been a very organic campaign. Going forward formalised governance will be developed and the scope will be redefined so work is in a more cohesive way and will build on outcomes already achieved. There is also work to be done around the evidence.
- 2.1.10 Reframing Early Help: There has been a real partnership approach. There has been a redesign and restructure. Locality Action Panels have been developed where people have been coming together in a very different way.
- 2.1.11 Work has progressed with school nurses to identify issues of emotional wellbeing. The YOS health team has a nurse as part of the team which has proved to be a very effective way of working and has been recognised as best practice.
- 2.1.12 CYP have benefited as waiting times for CAMHs has reduced significantly from 30 weeks to 15 weeks
- 2.1.13 Going forward, work in this area will continue to ensure inequalities for CYP from BAME groups are reduced, and strive to get better representation in the teams especially in leadership roles, develop measures and create opportunities to divert CYP after Covid-19, have a stronger focus on the serious youth violence work stream and a wider focus on emotional wellbeing.
- 2.1.14 A Better Start: There has been significant amounts of work including the full implementation of the new model for children centres, and the development of an integrated early years pathway, leading to better integration of services
- 2.1.15 There is a real breadth of parenting programmes over all ages and to meet the needs of all families.
- 2.1.16 Further work has to be done around maternity services so there is better integration and in particular the prenatal elements such as mental health concerns being identified and work with attachment of parent and child.
- 2.1.17 There needs to be much earlier identification of children that need an EHCP plan
- 2.1.18 There is an expectation that health visiting will change shortly, as the national programme changes.
- 2.1.19 Children at risk of harm: There has been some improvement in Initial Health Assessment performance. The peer review on adolescent safeguarding showed effective partnerships as a strength. Other positives noted included work on the serious youth violence strategy and community early help.
- 2.1.20 Work is ongoing to ensure that there are sufficient and appropriate placements for LAC and LBL are working with the South London commissioning programme
- 2.1.21 There will be a continued focus on Semi-independent provision and the health of looked after and vulnerable children
- 2.1.22 Children with disabilities and special education needs: There has been strong delivery against the SEND Strategy which was highlighted by an positive joint area SEND inspection. Effective joint working across the partnership and more inclusive practice being evident.
- 2.1.23 Going forward there will be a strengthened focus on Transitions and preparation for adulthood, Early years earlier identification and CAMHs input into EHCP SEND processes. There will also be a review of therapies and to be sure that YP access what they need.
- 2.1.24 Comments and discussion:
- 2.1.25 Are there opportunities to collaborate around perinatal review? Black Thrive would like to join into this. Black women have much poorer outcomes in birth
- 2.1.26 Black Thrive crowd funder <https://www.crowdfunder.co.uk/blackthrive>
- 2.1.27 Black thrive are working to put together a platform of black therapists who provide low cost and free therapy for BAME communities.

2.1.28 What is the improvement margin for initial health assessments? These have increased from 39% – 60% over past two years. 12month Health assessment have improved even more. An action plan is being worked on at the moment and LBL are very keen on getting the better health pictures so carers can understand the health needs of CYP that they take on care of

2.2 Unicef Child Friendly model

Cllr Davie, Cabinet member for Children and Young People, LBL

- 2.2.1 Challenges in Lambeth include 42% of the 75,000 children in the borough living in poverty and this has more than likely worsened with Covid-19, disparities in health, educational and other outcomes between children of different ethnicities and socio-economic backgrounds and unmet housing, mental health and other needs.
- 2.2.2 Statutory duties of the Cabinet Member include ensuring safety, educational, social, emotional needs of all CYP being met, driving effective partnership working, integration of equalities duties, safeguarding and having regard to the UN Convention on Rights of the Child.
- 2.2.3 It is proposed that an application and action plan is developed for the Unicef Child Friendly Community programme
- 2.2.4 By Lambeth working towards becoming a Unicef Child Friendly Borough it will build on the Unicef Baby Friendly Stage III accreditation received in 2018 by the local area. By applying to become Unicef Friendly Lambeth will receive external support, expertise and partnership and it will also provide momentum for further improvement and in addition amplify the voices of children and young people.
- 2.2.5 To achieve accreditation the Council would work to carry out the action plan with partners. Accreditation can be awarded by an independent panel after a minimum of three years and the status lasts for three years.
- 2.2.6 Comments and discussion:
- 2.2.8 Are we aware of the Scottish model? It may be helpful to incorporate their approach into our planning <https://www.gov.scot/policies/qirfec/>
- 2.2.9 Social Care Leadership endorses the model principles of Unicef and can see how it will deliver better outcomes for CYP.
- 2.2.10 The principles align with Black Thrives work and could help to accelerate this work.
- 2.2.11 A few years ago an annual public health report around strategic needs alluded to Lambeth going for the accreditation. Lambeth Made originally would incorporate some of the elements of the programme. The borough was in a different place with children services and engagement took place around the CYP plan and it was launched. Lambeth is in a good position to commit to this and push this forward.
- 2.2.12 It would be good to understand the cost implications. The world is in a new place at the moment with Covid-19. There needs to be collaborative partnership and it is hoped that partners can contribute to make up these costs which are approximately £35000. There will need to be a taskforce to pull this together. There is an application process.
- 2.2.13 Engaging with families and CYP is a crucial way of working and it is evident when they are not engaged so this cannot be about lip service so we can truly meet their needs
- 2.2.14 It was suggested that this be discussed at the next meeting
- 2.2.15 Black thrive have offered to help raise funds for this purpose

2.3 Governance: LCP

Merlin Joseph, Strategic Director: Children Services, LBL

- 2.3.1 The existing governance arrangements were explained and how the board fitted with current structure. An explanation was also given on how boards reports to other boards and brief descriptions given of other forums such as HWB and Lambeth together
- 2.3.2 Under the proposal the LCP will now be driving the last two years of the CYP and in addition will have oversight of the Child Friendly Lambeth Programme. There will be 4 boards/sub groups that sit under the LCP which are: Lambeth Made Programme; Integrated Commissioning & Delivery Alliance (ICDA) and Early Years programme Group. The ICDA will have a number of working groups that report to it such as Emotional Health & Wellbeing working group, SEND & Health Programmes working group (includes CYPHP) and Looked after and vulnerable children group
- 2.3.3 The aim of the Young People Friendly Board is to ensure that the voice of the CYP in Lambeth can be at every stage of governance, evident in outcomes and delivery decisions. There will also be a responsibility of the board to drive the delivery of the young people's strategy that will developed and the commissioning commitments that will align to it.
- 2.3.4 Comments and discussion:
- 2.3.5 What is the timescale for finalising the new governance arrangements? ASAP
- 2.3.6 How do we really intend to engage YP? It has to be genuine. We want a representative group and that is why the Unicef framework will bring this about

2.4 COVID-19 Impact BAME report

Rachel Scantlebury, Consultant in Public Health, Public Health, LBL

- 2.4.1 Public Health England (PHE) undertook a review of the impact of COVID on BAME groups in two parts: "COVID-19: review of disparities in risks and outcomes". This review looked at factors including: age; sex; where people live; deprivation; ethnicity; people's occupation and care home residence. The other part of the review was "Beyond the data: Understanding the impact of COVID-19 on BAME groups" - Rapid literature review and external stakeholder engagement.
- 2.4.2 The review found that age is the largest driver of disparity and the majority of those dying from COVID-19 are aged 65 years and over and almost half are over 85. Mortality amongst working age men is more than two times that of female counterparts. There were significantly higher mortality rates among certain ethnic groups, particularly Black and Asian ethnic backgrounds. It also found that the majority of those dying from COVID-19 had multiple underlying health conditions e.g. diabetes, hypertension, COPD and dementia and that mortality rates in most deprived areas more than double those in least deprived areas. Urban areas were also found to have more diagnosis and deaths than less urban areas. Those in public facing roles such as care workers, security guards and transport workers have higher mortality and there is a larger increase in deaths amongst those born outside UK.
- 2.4.3 The literature review highlighted that there is some evidence to suggest BAME groups are more likely to test positive for COVID-19 than those identifying as White British but there is still insufficient evidence to draw conclusions, the evidence describing risk of severe COVID-19 is mixed, emerging evidence suggests excess mortality due to COVID-19 in BAME populations and individuals of Black African or Black Caribbean and Asian ethnic groups may have the highest increased risk
- 2.4.4 There is a clear need to conduct more high quality research.

- 2.4.5 Findings from stakeholder engagement show that COVID-19 did not create health inequalities but exposed and exacerbated long standing inequalities and BAME groups tend to have poorer socio economic circumstances which is associated with worse outcomes from COVID-19 (ONS, PHE). Economic disadvantage is also strongly associated with the prevalence of smoking, obesity, diabetes, hypertension and their cardio metabolic complications, which all increase the risk of disease severity. BAME groups may be more exposed to COVID-19, possibly a result of occupation, population density, use of public transport, household composition and housing conditions (factors known to be associated with ethnicity)
- 2.4.6 A high proportion of people from BAME groups were key workers and in occupations that placed them at risk by increasing the likelihood of social contact and increasing the risk of being exposed to those infected with COVID-19.
- 2.4.7 Health conditions that increase the risk of having severe infection (e.g. diabetes and obesity) are more common in BAME groups and many of these conditions are socio economically patterned.
- 2.4.8 For many BAME groups, especially in poorer areas, there is a higher incidence of chronic diseases and multiple long term conditions (MLTCs), with these conditions occurring at younger ages.
- 2.4.9 The role of severe mental illness as a risk factor for COVID-19 was raised by stakeholders and also racism and discrimination as affecting health, exposure to COVID-19 and disease progression. Discrimination affects people's life chances and stress from discrimination affects mental and physical health. Fear and lack of trust in NHS services and healthcare treatment impacts the likelihood of getting tested and thus presenting early for treatment.

3 Finance

- 3.1 There are no capital or revenue implications arising as a direct result of this report. It should be noted that service planning has been undertaken with consideration of the current funding available and takes account of the Council's medium term financial strategy.

4 Legal and Democracy

- 4.1 There are no legal comments arising from this report but specific legal advice may be provided as required.

5. Consultation and co-production

- 5.1 The report provides an update for the Health and Wellbeing Board. Consultation has been carried out for many of the projects discussed by the LCP board.

6. Risk management

- 6.1 None

7. Equalities impact assessment

- 7.1 The report provides an update for the Health and Wellbeing Board. An Equality Impact Assessment has not been produced for the purpose of this report but will be produced for many of the projects discussed by the LCP at this meeting.

8. Community safety

8.1 None

9. Organisational implications

9.1 Staffing and accommodation

None

10. Health

10.1 None

11. Timetable for implementation

11.1 The next meeting of the LCP is Tuesday 8th December 2020

Audit trail				
Consultation				
Name/Position	Lambeth cluster/division or partner	Date Sent	Date Received	Comments in para:
Councillor Ed Davie	Deputy Leader of the Council, Lead Member for Children and Young People	23.09.2020	29.09.2020	
Merlin Joseph	Strategic Director Children Services	23.09.2020	29.09.2020	
Abi Onaboye	Director, Children's Commissioning and Community Safety	23.09.2020		
Dan Stoten	Integrated Associate Director of Children's Commissioning	23.09.2020	28.9.2020	
Rachel Harrison	Finance	29.09.2020	30.09.2020	
Andrew Pavlou	Legal Services	29.09.2020	30.09.2020	
Adrian Bentley	Democratic Services	29.09.2020		
Grace Gbadmosi	Policy and Communications	23.09.2020		Throughout

Report history	
Original discussion with Cabinet Member	
Report deadline	
Date final report sent	
Report no.	
Part II Exempt from Disclosure/confidential accompanying report?	Yes/No
Key decision report	No
Date first appeared on forward plan	N/a
Key decision reasons	N/a
Background information	None
Appendices	None