

## LAMBETH TOGETHER STRATEGIC BOARD MINUTES

Wednesday 29 September 2021 at 2.00 pm  
Microsoft Teams - hosted by SEL CCG

### Members Present:

Dr Dianne Aitken	Lambeth CCG
Sarah Austin	Guys' and St Thomas' Trust
Councillor Lucy Caldicott	LB Lambeth
Fiona Connolly	LB Lambeth
Amanda Coyle	Lambeth Together (Neighbourhood & Wellbeing Delivery Alliance)
Councillor Jim Dickson	LB Lambeth
Andrew Eyres	Lambeth Clinical Commissioning Collaborative Board
Therese Fletcher	GP Federations
Sue Gallagher	Lambeth CCG
Graham Gardiner	Age UK Lambeth
Ruth Hutt	Lambeth Public Health
Penelope Jarrett	Lambeth LMC
James Lowell	South London and the Maudsley NHS Foundation Trust
Julie Lowe	Kings College Hospital Foundation Trust
Adrian McLachlan	NHS SEL CCG, Lambeth Living Well Network Alliance
Raj Mitra	Lambeth Children and Young People Alliance
Sabrina Philips	Lambeth Living Well Network Alliance
George Verghese	GP & Primary Care Clinical Cabinet

### In attendance:

Jane Bowie	Lambeth CCG
Catherine Flynn	LB Lambeth
Peter Hesketh	LB Lambeth
Edward Odoi	CCG
Abi Onaboye	LB Lambeth
Andrew Parker	NHS SE London CCG

### Apologies:

Natalie Creary	Black Thrive
Merlin Joseph	LB Lambeth

## 1 **Agenda - Lambeth Together Strategic Board**

## 2 **Introductions**

Andrew Eyres welcomed attendees to the meeting and introduced James Lowell, South London and Maudsley Trust (SLaM), and Julie Lowe, King's College Hospital (KCH), as new nominated Board Members.

## 3 **Declarations of Interest**

There were none.

## 4 **Minutes**

The minutes of the meeting of Wednesday 21 July 2021 were agreed as an accurate record.

Andrew Eyres noted that responses to questions at the Public Forum in July were available on the Clinical Commissioning Group (CCG) and Lambeth Together website. Councillor Jess Leigh, Deputy Cabinet Member for Health and Wellbeing of Young People, would be attending future Board meetings.

## 5 **Lambeth Living Well Network Alliance**

Sabrina Philips, and Guy Swindle, of the Living Well Network Alliance; introduced the report and updated the Board on the Alliances recent work:

- The hard work of Holly Napman, a member of one of the four Southeast teams; highlighting the importance of peer support adding quality, increasing face-to-face support, the overall aim to discharge service users back into the community.
- Most mental illnesses started as depression, and many could be kept well by taking medication daily with regular GP contact.
- The three Living Well centres had been condensed into two, with venues shared with GP colleagues and had greater access to people within the community.
- Services had been sustained during the pandemic by utilising personal protective equipment, social distancing and telephony.
- Service surveys had received 37 responses and respondents had been pleased to speak to their care coordinators and overall, provided a positive account of their recent experiences; however, some respondents preferred face-to-face, and this would be increased.
- All Alliance partners had access to Covid-19 vaccines and frontline staff prioritised for boosters, with 86% of SLaM staff having received both vaccine doses.
- The major workforce development had implemented a single point of access and was

moving to bringing together teams, improving compassionate care knowledge sharing (e.g., mentoring), measures to address racism through a race equality framework, and improving system leadership.

- The number of occupied in-patient beds had been reduced by over 10% a month, which had also resulted in significant cost reductions but demand had increased again this year. This was aided by the wider community sector, the CCG and Council colleagues and this work would be shared in the future.
- The Talking Therapies service had maintained access and recovery targets, with many users liking the flexibility.
- Complex Needs Pathway development continued and seeking to increase community expertise.
- Ongoing Alliance challenges included enabling staff to continue working safely during the pandemic, addressing inequalities (via the Culturally Appropriate Peer Support Advocacy (CAPSA)), financial pressure, uncertainty, and filling posts.
- Information on bed usage and equalities would be shared at the next meeting.
- Funding from NHS London and service transformation had been used to develop co-produced services, with a bid put in to boost support initiatives as Staying Well was focused on recovery.
- Current Alliance involved Black Thrive in recruitment to help combat racism, increase community engagement, and foster trust with Black Asian and Minority Ethnic communities.
- Overall, resources and expertise were expected to be pushed out into communities, working alongside primary care, GPs, and community organisations.
- Children transitioning to adult services remained a local and a national issue. The Alliance was working with leads to improve understanding, communications, and pathways. An all-age service was needed that looked at people as whole people, and improvements and increased funding was expected.

Anna Penn-Carruthers, Centre Lead for the Southwest Centre Locality, noted her experience of working at a Living Well Centre during the pandemic, stating:

- She was proud of the service during the pandemic, especially due to the recent integration with the voluntary sector and other partners.
- The main challenges were rapid changes as the Alliance joined with the southeast team, invocation of bubble working arrangements, and other Covid-19 process changes.
- Many positives came from the changes, such as improved digital health care, for both staff and service users, which had allowed clinicians and service users flexibility; increased staff resilience, with low staff turnover; a shared duty system; and being able to review service users from the southeast.
- Alliance management changes saw a focus on building relationships and trust between teams, utilising reflective practices and increased staff support, with the introduction of 'huddles' and 'check-ins' as well as yoga sessions via Microsoft Teams.
- The level of changes had not been anticipated as the number of service users expanded from southwest to encompass southeast.
- Safety measures were still in place, including temperature checks, social distancing, and daily Covid-19 assessments.
- The Southeast team had moved back to their Centre and the Southwest team had moved

into Gracefield Gardens, allowing greater community accessibility to nearby health services.

- The physical health offer was being improved for service users, noting the outdoor space.
- Staff were motivated after Covid-19 hardships, especially with service users now able to access digital healthcare, and the Centre was in a good position.

In discussion it was noted:

- The mix of the voluntary community sector (VCS) and care services was applauded, with praise also for the ongoing development of the complex needs pathway and for the work of the Living Well Centre during a pandemic.
- Integrating SLaM leads and VCS managers was challenging, noting the differing cultures, systems integration, and data sharing, but the shared motivation had helped teams work together effectively.
- Conversations, improved training, and career pathway development was hoped to attract staff.
- Complex Needs Pathways were being redesigned to ensure greater access. Integration with the psychological therapy team would also ensure referrals from the old team were picked up by the new team and service users would receive therapy at a lower level whilst awaiting higher level. This extended to practical support for those within the community, such as when filling in applications forms.
- The Social Worker Network was being reviewed as an item for future development.
- Improving Access to Psychological Therapies (IAPT) waiting times were monitored daily but had increased due to the single point of access for referrals. Complex Care Pathways waiting times were also under review, especially for short-term care support, and improvement was needed for whole system support and further integration.
- Penelope Jarrett, Lambeth LMC, did not hold exact IAPT waiting times data but would provide an answer at a future meeting.
- Referrals to talking therapies during the pandemic had been overwhelming and waiting and recovery times were still backlogged, but it was hoped that new posts, peer support and further integration would lead to improvements.
- There were gaps in the psychological therapy services and support for those returning to primary care, with an ongoing review for those not recovering or not supported. Current survey feedback noted that young black men were over-represented in this cohort and would be a future focus.
- Access to primary care networks should be explored to increase integration.

#### **RESOLVED:**

1. To note the report.

## **6 King's Strategy 2021-26: Strong Roots, Global Reach**

Roxanne Smith, Director of Strategy, King's College Hospital (KCH) NHS Foundation Trust, introduced the Strategy Report and noted:

- It had been developed by engaging over 4,500 people from different groups and backgrounds, which was jointly led by clinicians within the KCH NHS Foundation Trust. As

well as consultations, the strategy considered other key factors such as population drivers, the impact of the pandemic, and partnerships formed in the integrated systems model.

- The importance of the workforce as an integral part of the wider integrated system. The wellbeing offers for both staff and patients was improving, nurturing a culture of learning and listening, with recruitment of diverse populations and pursuing a sustainable model as a London Living Wage employer.
- The KCH site was often congested and the Strategy would review the use of space. It was also noted that the modernising medicine programme was underway to revolutionise care, as well as improving nutrition and patient entertainment.
- The Strategy was designed to adapt to changing priorities and events, looking at the challenge of ensuring financial sustainability and how to deliver the best experience to service users.

In discussion it was noted:

- The work to understand population health had been done at Integrated Care System (ICS) Board level, supported by Kings Health Partners' analytics. The Trust looked to embed its Health Inequality Programme in the Strategy and Roxanne Smith would follow up with the Lambeth Together Equalities Group to feed into this.
- The Strategy was designed in partnership with SLaM and there were opportunities to embed learning across clinical teams. Some areas needed improvement and the offer needed to be consistent across the Trust, including on issues of health inequality.
- The Vital 5 was key within the Strategy and the 'every contact counts' philosophy was embodied across all work at KCH. Staff were motivated and how the electronic connections (patient records and digital capabilities) would help deliver a better service to users. The joined-up approach would also improve service delivery and KCH would come back to the Board to report further.
- KCH was thinking creatively about becoming a community anchor, building partnerships or through local procurement and recruitment. The Lambeth Together Partnership was invited to determine priorities and areas of greatest community impact, as well as input into the delivery plan.
- Lambeth and Southwark community services were provided by Guy's and St Thomas' Trust (GSTT), although KCH did meet weekly to discuss these, this meant that engagement between GSTT and the wider local health service were more frequent.
- Engagement with trade unions would be key, but KCH were open to suggestions around different means to address these new ways of working.
- It was recognised that Kings would benefit from extended engagement with partners through borough arrangements including Lambeth Together in the realisation of its strategic aims

#### **RESOLVED:**

1. To note the Kings Healthcare NHS Foundation Trust Strategy.

## **7 Lambeth Together - Developing our partnership working arrangements**

Sophie Taylor, Lambeth Together Programme Lead; and Andrew Eyres, Strategic Director for

Adults and Health; introduced the report as follows:

- New partnership governance arrangements had been agreed at the Board in May, with a further update provided in July. All recommendations within the report had been progressed, either completed, or were firmly in motion.
- The Health and Care Bill was still progressing through Parliament, but a thorough understanding and advance guidance was expected. Lambeth was well placed to take the next steps with pre-existing strong partnerships and leadership.
- The LTSB were considering next steps in informal conversations and would come back for decision in November, with statute expected from Parliament on a similar timeframe, with commencement of arrangements expected in January 2022.
- Organisational changes should not lead to delays and delivery was expected at pace.

In discussion it was noted that:

- Any further views on this report should be emailed in for the Board to pick up at a later date.
- The associated Assurance Report was in the current annex.
- The Equality, Diversity, and Inclusion (EDI) Group was reviewing the Lambeth Together pledge and would bring the report to November for sign-off, which would include the mentoring programme and securing resources.
- The importance of relationships to smooth the transition as regulations and structures would be more diffuse, but accountability and clear structures, process and leadership, would be needed.

**RESOLVED:**

1. Note the continued progress of the Lambeth Together governance review recommendations.
2. Note the activity to date in developing our Lambeth Together arrangements to take forward Place-Based arrangements for Lambeth within the developing SE London ICS, as well as next steps.
3. Note the update from the Lambeth Together Assurance Group and associated Integrated Assurance Report.
4. Receive an update from the Lambeth Together Equalities, Diversity and Inclusion Group and consider and discuss the questions within the presentation which will directly inform our EDI progress.

## **8 Date of Next Meeting**

The next Lambeth Together Strategic Board would take place on Wednesday 24 November 2021.

The meeting ended at 3.46 pm



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