

Lambeth Together Strategic Board

Wednesday 17 June 2019 1.00– 15.30

Microsoft Teams Meeting

Councillor Danny Adilypour	- Cabinet Member for Health and Social Care (job-share)
Dr Dianne Aitken	- GP and Assistant Chair NHS SEL CCG, clinical lead for Lambeth Neighbourhood & Wellbeing Delivery Alliance
Sarah Austin	- Director Integrated Care, GSTT
Tom Barrett	- Strategy Manager
Jane Bowie	- Director of Integrated Commissioning (Adults), NHS SE London CCG (Lambeth) and Lambeth Council
Liz Clegg	- Associate Director – Integrated Commissioning, Adults NHS SE London CCG (Lambeth) and Lambeth Council
Fiona Connolly	- Executive Director of Adult Social Care
Natalie Creary	- Programme Delivery Director, Black Thrive
Councillor Edward Davie	- Cabinet Member for Children and Young People
Councillor Jim Dickson	- Cabinet Member for Health and Social Care (job-share)
Andrew Eyres	- Strategic Director, Integrated Health & Care NHS SE London CCG (Lambeth) and Lambeth Council
Therese Fletcher	- Managing Director, GP Federations
Sue Gallagher	- Lay Member
Graham Gardiner	- Age UK Lambeth
Heather Gilmour	- Deputy Director of Strategy
Peter Hesketh	- Assistant Director of Finance, ACS
Ruth Hutt	- Director of Public Health
Penelope Jarrett	- GP & Chair, Lambeth LMC
Sandra Jones	- Lambeth Patient Participation Group Network
Merlin Joseph	- Strategic Director of Children's Services
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Adrian McLachlan	- GP and Governing Body Member NHS SEL CCG, clinical lead for Lambeth Living Well Network Alliance
Edward Odoi	- Associate director. Finance NHS SE London CCG (Lambeth)
Abi Onaboye	- Director of Children's Commissioning and Community Safety, NHS SE London CCG (Lambeth) and Lambeth Council
Andrew Parker	- Director of Primary Care & Transformation, NHS SE London CCG (Lambeth)
Catherine Pearson	- Healthwatch Lambeth Chief Executive
Neil Robertson	- Alliance Director, Lambeth Living Well Network Alliance
Sabrina Phillips	- Lambeth Living Well Network Alliance
Sarah Corlett	- Healthwatch
Yasmin Kamara	- Neighbourhood Nursing
Dr Vikesh Sharma	- GP at the Gratham Practice and Clinical Director for Stockwell PPN
David Orekoya	- Associate Director, Integrated Commissioning, NHS SE London CCG (Lambeth) Lambeth Council

1. Welcome, introductions and apologies

Andrew Eyres, Strategic Director, Integrated Health & Care, Lambeth Council and NHS South East London CCG (Lambeth), welcomed attendees to the first public meeting of the Lambeth Together Strategic Board. Those that had attended the meeting for the public forum were invited to stay for the rest of the meeting and asked to put any comments they had into the chat screen for a response in writing.

2. System Stories

A community nurses reflections on Covid-19

Yasmin Kamara, Development Coach, Neighbourhood Nursing joined the group to give her reflections on Covid 19.

She reported that during the pandemic she had felt anxiety over her own health and safety and worried about her duty of care to others. Good planning had been needed to prevent infection. The knowledge of effective use of PPE had been important and a necessary part of making patients confident that they would be safe.

Anxieties were reducing both for nurses and patients.

Some staff had been working from home.

Nurses had been redeployed and there had been close work with other health professionals. Working together had reduced the pressure on all.

Andrew Eyres thanked Yasmin for her work over her career and especially the previous few months.

Lambeth Portuguese Wellbeing Partnership and Covid-19

Dr Vikesh Sharma, GP at the Gratham Practice and Clinical Director for Stockwell PPN joined the group and gave details of his work with the Lambeth Portuguese Wellbeing Partnership and how they had dealt with Covid. Dr Sharma had founded the partnership five years previously. He noted that:

- The Portuguese speaking population had high prevalence of diabetes, blood pressure and obesity.
- All ethnic sub-groups were less likely to reach expected Community & Language Development (CLD) compared to White British pupils across Lambeth. Portuguese pupils were 4.7 time less likely to reach expected CLD than White British pupils
- Black Caribbean and Portuguese pupils were at greater risk of education underachievement, as were pupils with Special Educational Needs and Disabilities (SEND).
- BAME residents (particularly black residents), migrant groups (particularly Portuguese residents), disabled residents, and residents with a mental health issues were both more likely to be unemployed and to be in low-paid work.

Dr Sharma had invited a Lisbon based GP and focus groups had been run with the Portuguese community. In talking with colleagues similarities in people falling through the gap was seen. Networking events had been run, such as a breakfast homework clubs.

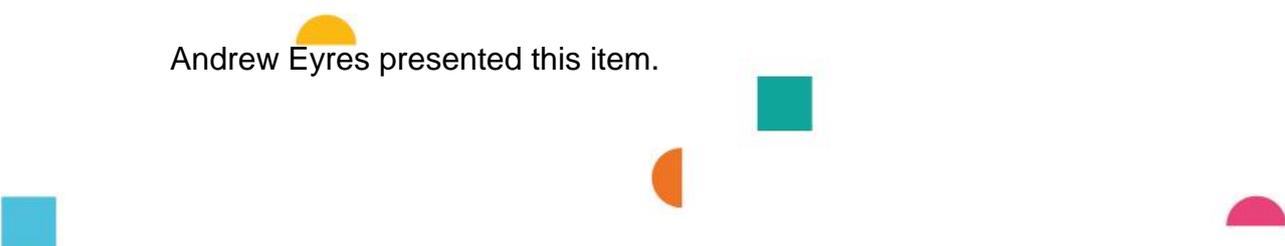
The partnership had grown in the last few years, with increasingly ambitious projects, through partnerships with bigger organisations.

In the past six months the organisation had transformed into a Community Interest Company.

Andrew Eyres thanked Dr Sharma for his presentation.

3. Lambeth Covid-19 Borough Response Group (CBRG) - Governance and Status report

Andrew Eyres presented this item.



The past three months had been one of great change and, for many people, had been very traumatic and a time of loss. The BAME community had disproportionately suffered.

The impact of Covid would be felt for some time to come and the response of public services had to change.

An integrated Health and Care Borough response group had been set up to bring together the key Lambeth service partners. There had been oversight of shared data, analysis intelligence and reporting. Key workstreams had included: primary care, discharge, demand and capacity, testing, PPE, care homes and community support.

Work had been developed on recovery planning, understanding and addressing inequalities, test and trace, enhanced mental health and next steps neighbourhood community support.

The paper provided in the pack was the internal report that had been produced twice a week. There was now a move towards recovery planning.

Test and Trace would be a key factor in moving forward.

There had been a huge amount that had been learned from covid and large amount of things that should not be returned to. There was also much that needed to be done better, not least dealing with the issue of the disproportionate impact of the pandemic.

Ruth Hutt presented details of the findings around mortality.

A mortality report had been written. Analysis showed that:

Age was single biggest risk factor and the best way to support older people through broader community networks.

Males were at higher risk than females

There was differential risk by ethnic group. Whilst ethnicity was not coded on death certification a local surveillance system was set up to collect this voluntary information.

Deprivation was a major factor and a significant proportion of difference by ethnic group could be explained by socio-demographic factors.

Work was now taking place with Public Health Departments across South East London to develop a joint Strategic Needs Assessment for Covid 19. There was a need to fully understand the “lived experience” to protect against another wave of the virus.

Andrew Eyres asked Fiona Connolly to give an update from the Community Hub.

The delivery hubs were set up by Council to protect clinically shielded individuals. A helpline was also set up. 11,600 food packages had been delivered and 27% of those people receiving food had either been furloughed or made redundant due to covid.

95% of shielded individuals had not left their home over the past 13 weeks. 2850 people who had no form of social contact, and had not returned phone calls, were visited.

Covid had made visible the levels of vulnerability and had increased the number of people in poverty, especially food poverty.

The next steps would include commissioning a sustainable food offer, continuing to support communities to manage and improve their health and wellbeing through the development of Health and Wellbeing hubs. A fresh approach to working with the VCS would be established in line with the fundamentals of the already agreed VCS strategy.

RESOLVED

Board members noted the summary of Lambeth Covid-19 Borough Response Group and the report on the food and Voluntary and Community Sector: Next steps to a Place-Based Model.

4. Lambeth Together Programme Status Report

Andrew Parker, Director of Primary Care & Transformation, NHS SE London CCG (Lambeth), took the Board through the status report provided.

There had been a Pause in the Lambeth Together Programme during Covid – 19 response phase. Aspects of the Programme were restarting with consideration of previous aims and with learning from Covid -19.

A Borough Based Plan would be in place by 17 July.

Key Themes that had been discussed at the previous session included:

- A move towards Virtual Working:
- The Important role of 'anchor institutions' to supporting local people.
- The need to undertake a programme of engagement to understand people's experiences of Covid-19
- Inequalities, with a focus of what the data was showing
- New methods of interacting with communities/ local people
- Continuing to progress service delivery integration at pace by working together
- Prioritisation on the Welfare and development of children
- Looking out for and investing into support to those suffering grief and trauma during and post Covid.

- Striking the right balance between the pace of change and ensuring meaningful engagement with local people and stakeholders.
- Reviewing the impact of lockdown to peoples overall mental health
- Building on the relationships forged with VCS Colleagues through Covid-19 response for at-risk/shielded people and the impact of hub arrangements.

Due to time constraints members were asked to email in any questions on the update report.

RESOLVED

1. The Board noted the status of the Lambeth Together programme during the response to Covid-19
2. The Board noted the steps being taken to enter into a recovery phase across Lambeth and the SEL ICS more broadly and the role of Lambeth Together in those next steps

5. Terms of Reference

Andrew Parker, presented the redrafted Terms of Reference.

The Terms of Reference was a large document as the Committee fulfilled various functions. Part A of the Board included a forum for all partners to bring their own authority to make their own decisions. Part B of the meeting was Commissioner orientated. All Members of part A&B would be invited to attend but on only those who are members of part B committee would vote.

Andrew asked the Board to accept the document as a final TOR noting that it would be kept under review.

Penelope Jarrett, Chair of the Lambeth Medical Committee noted that the document did not say this was about health and this could confuse. She also said that 'Client Group commissioning' did not mean anything to people outside the organisation and that the reference to Bi- monthly was confusing.

Andrew said that a summary top sheet could be put on if sharing with others and that 'bi monthly' would be changed to 'every two months'.

Natalie Creary, Black thrive, reflected on reports from Public Health England and asked if there was an opportunity to address issues of structural racism in the document.

RESOLVED

1. Comments would be taken away and a revised document would be circulated around Board Members over the following week and then brought back to the next Board.

2. Andrew Parker would speak to Natalie to discuss how structural racism could be reflected in the document.

Part B

Adrian McLaughlin, GP and Governing Body Member NHS SEL CCG, clinical lead for Lambeth Living Well Network Alliance, noted that this part of the meeting was the Borough Based Board which was a Committee of the CCG which also functioned as a Committees in Common.

6. Primary Care Programme Governance

Andrew Parker presented an update on the report provided.

General Practice commissioning was a function delegated from NHS England to Clinical Commission Groups. In South East London the operation delivery of the delegation was through boroughs.

Reports would be brought to this Borough Based Board around matters relating to primary care, and in particular general practice matters. The Document provided context to how this would work.

Leadership and general practice had worked as one across the borough throughout the covid period. Meetings were taking place three times a week.

It was proposed that the bulk of the work overseeing primary care would fall with the Primary Care partnership forum and primary care operational group. These groups would feed into this Borough Based Board.

RESOLVED

The Board noted its role in the new SE London CCG in respect of matters delegated to NHS SE London CCG and operated at borough level.

The Board considered and endorsed the approach to managing and overseeing the Primary Care Programme for 2020/21

7. Lambeth Hospital Next Steps

Jane Bowie, Director of Integrated Care Lambeth Council and CCG and David Orekoya - Associate Director, Integrated Commissioning - presented a paper to the Board on the consultation for the Lambeth Hospital reconfiguration.

A public consultation on the reconfiguration had begun on 4 March and had run for 12 weeks.

The consultation had started under one CCG and had finished under another to the forming of the South East London CCG.

Joint Scrutiny Committees between Lambeth and Southwark had taken place due to the impact on both areas.

Covid lockdown had affected the consultation but the level of participation that continued meant that there was confidence in the levels of engagement.

Responses were received from 235 individuals, with 147 responses to the online survey and 48 individuals involved through with focus groups or other events

A governance route was in place and further discussion would take place at the joint Overview and Scrutiny Committee at the end of June. Feedback would be taken to the Living Well Network Alliance Leadership Team on 1 July. Thereafter the decision would go through the south East London CCG Governing Body on 16 July and then to SLaM Foundation Trust Board later in July for a final decision.

There had been extensive pre consultation engagement with staff and patients and the official consultation had involved surveys, adapted public meetings and social media. Press releases have been circulated to ensure feedback from key people.

Healthwatch had hosted a supported event, which allowed public attendance. There were also focus groups with carers and black men of working age, who were a key demographic from whom feedback was sought.

The consultation had shown general support for the proposals but there were issues around access to the site and, particularly from black service users, what the services inside the building would be. It would be critical to co-deliver a culturally appropriate service.

The Board was asked to consider the evaluation and the contributions made and for support to recommend that the South East London CCG approve the preferred option.

The Chair asked the Board for any question for comments:

Natalie Creary from Black Thrive stated that a number of people from the black community had expressed concerns that they had not been able to contribute to the consultation. This was particularly the case with those that had become digitally excluded. An event hosted by Black Thrive was scheduled but had to be cancelled following the death of a service user. Natalie asked what proportion of responses received were from black communities.

David Orekoya responded that 25% of responses were from the BAME community. There was awareness that further engagement was needed with the community and following the need to delay the event with Black Thrive SLaM were reaching out to Black Thrive and other organisation to develop a production plan as part of the development of what the service would look like inside the newly developed Douglass Bennett House.

Natalie asked that it be noted that, from the Black Thrive Facilitation Team's perspective, it was not felt that engagement from the black community had been satisfactory and support for the proposals could not be given wholly.

It was proposed that Issues raised be discussed at Overview and Scrutiny and further assurance on points made would be obtained before this meeting. The Lambeth Together Board could reconvene for a special meeting if a specific decision was needed. In the meantime work would take place with Black Thrive to look at specific concerns raised and see if they are different from the ones considered at the time of the last meeting.

RESOLVED

The Board gave approval and support to the proposal as requested, noting that further evidence and assurance had been requested and noting that the Oversight and Scrutiny Committee would take place before the decision went on to the South East London CCG.

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