

Lambeth Together Strategic Board

Wednesday 23 September 2020 1.00– 4.30

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	- Lambeth Together Programme Lead
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
Andrew Eyres	- Strategic Director, Integrated Health & Care NHS SE London CCG (Lambeth) and Lambeth Council
Therese Fletcher	- Managing Director, GP Federations
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
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

Andrew Parker

Catherine Pearson
Neil Robertson

Sabrina Phillips
Sarah Corlett
Yasmin Kamara
Dr Vikesh Sharma

David Orekoya

Juliet Amoa

- London CCG (Lambeth) and Lambeth Council
- Director of Primary Care & Transformation, NHS SE London CCG (Lambeth)
 - Healthwatch Lambeth Chief Executive
 - Alliance Director, Lambeth Living Well Network Alliance
 - Lambeth Living Well Network Alliance
 - Healthwatch
 - Neighbourhood Nursing
 - GP at the Gratham Practice and Clinical Director for Stockwell PPN
 - Associate Director, Integrated Commissioning, NHS SE London CCG (Lambeth) Lambeth Council
 - Associate Director Community Health and Engagement

1. Welcome, introductions and apologies

Andrew Eyres, Strategic Director, Integrated Health & Care, Lambeth Council and NHS South East London CCG (Lambeth), welcomed attendees to meeting.

Apologies were received from Councillor Jim Dickson and Merlin Joseph

2. Declarations of Interest

There were none.

3. Minutes of previous meetings

Minutes of the Meetings 17 June 2020

The minutes of the meeting of 17 June were agreed as an accurate record.

Minutes of Extraordinary Part B Meeting 1 July 2020

The minutes of the meeting of 1 July were agreed as an accurate record.

4. Terms of Reference

Andrew Parker, Director of Primary Care & Transformation, presented the latest draft of the Terms of Reference for the Lambeth Together Strategic Board. Previous

versions had been shared at earlier meetings of the Board and comments had been reflected in the document. The Board were asked for their agreement.

RESOLVED

The Terms of Reference for the Lambeth Together Strategic Board were agreed.:

5. Lambeth Together Recovery Plan

Dr Di Aitken presented the Recovery Plan and sought agreement for this document. She noted:

- A listening event had been held at the beginning of September and the highlights of the plan, relating to: staying healthy, weight management and stop smoking plans had been discussed.
- The lessons from Covid were being used to improve the sexual health programme with Southwark and Lewisham.
- The Digital Community for Children and Young People was being expanded and work was being done to prepare for the increase in safeguarding referrals.
- Work with the BAME community was continuing to develop effective and culturally appropriate services.

Domestic abuse was referenced in the report but had not been highlighted. Dr Aitken provided details of the MARAC project, which aimed to increase early identification and prevention of primary care and general practice. Prevalence of Domestic abuse in Lambeth was the second highest in London and the perpetrators of this abuse use primary care. Lambeth had no specialist resource for GPs around high risk domestic abuse cases. Collaborations had taken place with Guys and St Thomas's NHS Trust and a pilot MARAC panel had been established. The MARAC had started just before the pandemic had hit. Dr Aitken said that she was happy to bring back the activity data if this was needed.

The Recovery plan was a live document and was designed to address the challenges caused by Covid. There was an 18 month plan for Lambeth Together.

The Board was asked to provide sign off to the plan noting that it was a live document and there would be ongoing change.

Thanks were given to all those that had contributed to the report.

RESOLVED

The Board agreed the Recovery Plan and the recommendations to support this plan

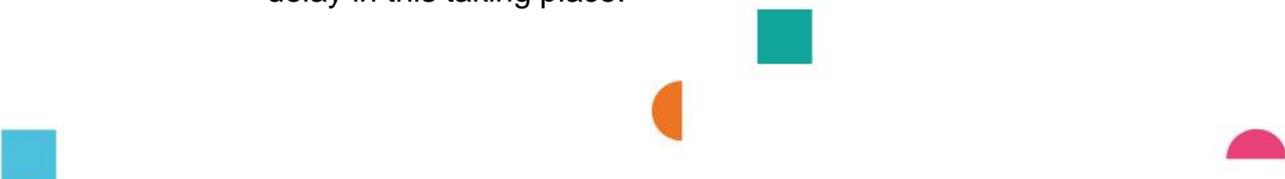
6. Covid-19 status update



Ruth Hutt, Director of Public Health, provided a status update on Covid 19. She noted:

- There was a public facing dashboard available based on the nationally available data and people were encouraged to use that.
- There had been problems in testing seen across London and the Lambeth seven day testing rate had fallen. Data suggested that this was improving but the fall had deflated the overall instant rate.
- The positivity rate had remained consistent between 2%-3.5% but there had been an increase seen in the number of people calling 101.
- There had been no outbreaks in schools or care homes, although there had been some isolated cases. A keen eye was kept on such cases when they occurred.
- The number of people who had tested positive and engaged with the NHS test and trace programme in Lambeth was 85%, which was higher than the national position. When cases were escalated (e.g. schools, care homes) this figure rose to 99%.
- The testing positivity rate that had been declining was expected to increase.
- Cases in Lambeth were widespread across the borough.
- New control measures included: Rule of 6, 10pm closing, work from home, self-isolation and test if symptomatic, support for those who were self-isolating, the test and trace app.

In response to the Board's questions it was noted that:

- The aim was to keep services operating as much as possible through the second wave. Improvements had been put in place since the first wave and it was hoped that this could allow this to happen. If however the second wave produced very high numbers of hospitalisations this may not be possible. Constant adjustment and judgement would be required.
 - Planning for a second wave was in place in the Outbreak Control Plan.
 - There was increased awareness in those that were in a high risk group in how to self-protect.
 - Staff continued to be engaged and different ways of communicating had been found. People were tired. SLaM had been robust in ensuring people take their leave. Sickness rates had returned to pre covid times.
 - Social care staff were emotionally worried as covid hung around their personal and professional life, but the dedication they had shown had been impressive. Emotional and practical support was being given to staff teams. A presentation had been put together on this and this would be shared.
 - Sessions to pick up what had been learned from Covid were taking place within GP practices.
 - NHS and social care staff were being towards the top of the priority list for testing. Test results should be sent to GPs – although there may still be a delay in this taking place.
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- There had been lots of networks and sessions for BAME staff to ensure they were supported.
- Work had been done with the Comms team to ensure those with English as a second language were contacted. This involved getting information in the correct language into the places that were used by the community.
- Staff welfare was being taken very seriously within GSTT and a suite of support ideas for staff was being developed and would be rolled out.
- Black Thrive was working with SLaM to test emotional emancipation circles with black staff.

RESOLVED

The update was noted.

7. Lambeth Together

Andrew Parker provided an update report on the status of Lambeth Together. Reporting would be aligned with the structure of the Recovery Plan and the oversight and leadership arrangements

Jane Bowie, Director of Integrated Commissioning, provided an update on the Neighbourhood Alliance. The Alliance had been paused due to the pandemic but was restarted in July. Work done ahead of the lockdown was being revisited to pick up the learning from Covid. Outcomes delivered before the pandemic had been tested and these had proved still to be relevant. The outcomes had though been streamlined into six key priorities and seven essential principles to run underneath these. One of these was Living Well with Chronic Pain and members of the Board would be contacted about this to ensure robust engagement with the design of programmes.

Appointments to the interim project manager and programme director posts had been made. An induction pack would be put in place for the Programme director.

RESOLVED

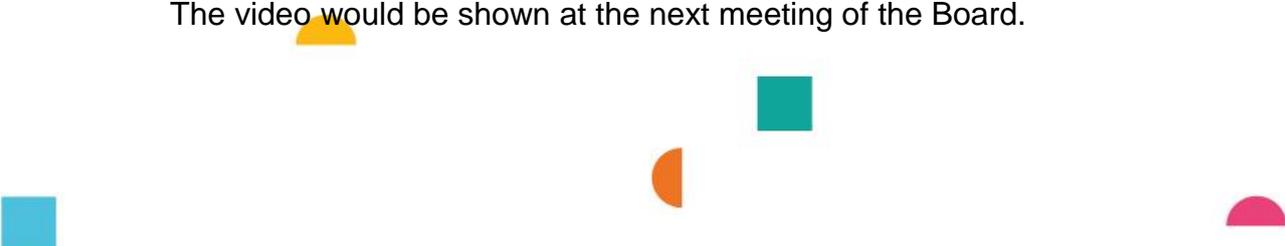
The update report was noted.

8. System Story

Abi Onaboye introduced a video showing activities put in place for Children over the summer months. Sound issues were experienced and the video was stopped

RESOLVED

The video would be shown at the next meeting of the Board.



Part B

Adrian McLaughlin, GP and Governing Body Member NHS SEL CCG, clinical lead for Lambeth Living Well Network Alliance, took over as Chair for this part of the meeting.

9. Recommendations for SEL CCG Primary Care Committee

Andrew Parker provided a report setting out Lambeth Borough recommendations to approve the full Business Case for the redevelopment of Crown Dale Medical Centre.

The current premises were not fit for purpose. In October 2019, the previous Lambeth Clinical Commissioning Group were requested by the ETTF Programme Management Office to submit an updated application for ETTF. The application for ETTF was approved by the London Estates Primary Care Capital Panel (LEPCCP) to the value of £3m subject to approval of a Full Business Case.

Over the period of the last eleven months the Project has been designed and developed to deliver:

- The modernisation and refurbishment of existing consulting / treatment rooms to ensure compliance with statutory guidance
- The addition of four additional consulting rooms through the extension of the Practice Premises

Subject to Full Business Case Approval, the Project was scheduled to commence in November 2020 year, with a Practical Completion date of September 2021.

The funding for the Project would be provided as “Funding Grant” to the Practice from NHSE and upon the basis that the Practice enter a new twenty-year Lease.

The Board commented noting that:

- The Lambeth Clinical Cabinet fully supported the recommendations.
- Further support was shown from members of the Board.

RESOLVED

The Business Case was approved.

10. Integrated Assurance Reporting

Andrew Eyres presented this report updating on the process of developing new borough based integrated health and care assurance arrangements and reporting.

This was designed to bring key standards and indicators together with the public facing indicators.

Work was starting. This work would have begun earlier but had been delayed by Covid. Reporting would become more integrated.

Further proposals would be brought back to the Board and members may be asked to help with the development.

The Board commented:

Dr Aitken said that the report met a lot of things she was looking for and was happy to work with the team to bring the quality report from all of the Alliances. She noted that a few more sections around Equality reporting would be useful.

Practice level and PCN level reporting had been suspended during the covid period but this would be picked up.

There were lessons that Black Thrive could share to provide detail of the outcomes and inform what could be done going forward. This would be embraced.

This was an opportunity to have whole system overview to see people's journey through Lambeth services.

This could be linked to the work of the Lambeth Clinical Effectiveness Group.

RESOLVED

The report was noted.

11. Finance update

Pete Hesketh, Assistant Director of Finance, ACS and Edward Odoi, Associate Director. Finance NHS SE London CCG, presented a paper updating the Strategic Board on the latest finance reports.

Pete noted:

- The council's overall performance report had been circulated. This was meaningful as the increasing funding for Covid pressures was being managed by the council themselves.
- Adults and Health were forecasting an overspend of £13.2m. £12.2m of this was Covid related.
- In terms of Covid costs this had included, food provision for the vulnerable, Covid fee increases, PPE, staffing costs and delays to savings in year.
- The council was forecasting an overspend of £42.7m and had received £23.2m in grant funding for Covid costs. This left an overspend of £19.5m outstanding.

- The Government had agreed to cover some of the income loss but this had yet to be calculated. It was expected that even after this payment the outstanding amount would be over £10m.

Edward noted:

- During month 4 the CCG continued to operate within the temporary financial arrangements put in place by NHS England in response to the pandemic.
- An arrangement had been put in place to ensure that money was not an impediment to dealing with the pandemic.
- The CCG position was an overspend £11.5m but it was expected that funding would be received to allow a break even position.
- CHC prescribing and mental health were the areas of main, non covid, pressures.

The Board commented saying that the overall position was one of uncertainty. The Recovery Plan would have to be constantly tested to ensure that it remains affordable.

This was a very difficult situation and costs would be ongoing.

RESOLVED

The reports were noted.

12. Lambeth Hospital Reconfiguration and Redevelopment Programme

Jane Bowie, provided a report giving an update on Lambeth Hospital.

This was a multiple layer development and a chronology on progress was provided. This draft timetable could be subject to change.

The proposals had been agreed at the South East London Governing Body and SLAM Foundation Trust Board.

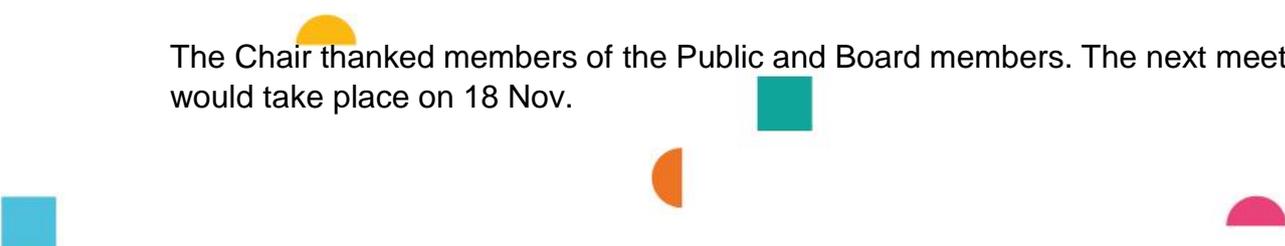
The Planning Consultation would be submitted in October and additional comments could still potentially be incorporated in to this.

There would be another Joint Overview and Scrutiny meeting in January 2021. A single oversight group had been set up to maintain a view on progress.

RESOLVED

The Board noted the update.

The Chair thanked members of the Public and Board members. The next meeting would take place on 18 Nov.



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