

## Lambeth Together Strategic Board

Wednesday 26 May 2021 2:00 – 5:00pm

### Microsoft Teams Meeting

#### Members

Cabinet Member for Health and Social Care (job-share)	Cllr Jim Dickson
GP Assistant Chair NHS SEL CCG, (clinical lead Neighbourhood & Wellbeing Delivery Alliance)	Dr Di Aitken
Executive Director of Adult Social Care	Fiona Connolly
Cabinet Member for Children and Young People	Cllr Ed Davie
Strategic Director, Integrated Health & Care NHS SE London CCG (Lambeth) and Lambeth Council	Andrew Eyres
Managing Director, GP Federation	Therese Fletcher
Strategic Director Children's Services, Lambeth Council	Merlin Joseph
CEO Age, UK Lambeth	Graham Gardiner
Director of Public Health	Ruth Hutt
GP & Chair, Lambeth Local Medical Committee	Dr Penelope Jarrett
Director Integrated Care, GSTT	Sarah Austin
PCN Clinical Director and GP Clinical Cabinet representative	Dr Sadru Kheraj
GP Governing Body Member NHS SEL CCG (clinical lead Lambeth Living Well Network Alliance)	Dr Adrian McLachlan
GP Borough Clinical lead, clinical lead Children and Young People Alliance)	Dr Raj Mitra
Chief Operating Officer, South London and Maudsley NHS Trust	James Lowell

#### In attendance

Programme Lead, Lambeth Together	Tom Barrett
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SEL CCG Corporate Governance Lead – Lambeth	Cheryl Smith
Programme Director, Lambeth Together (Neighbourhood and Delivery Alliance)	Amanda Coyle
Lambeth Together Communications Lead	Samantha Lasbury
AD Finance, NHS SEL CCG (Lambeth)	Edward Odoi
Assistant Director of Finance, ACS	Pete Hesketh
Director of Primary Care & Transformation, NHS SEL CCG (Lambeth)	Andrew Parker
AD Health and Care Planning and Intelligence, NHS SEL CCG (Lambeth)	Brian Reynolds
Assistant Director Children, Young People, Maternity and CAMHs Commissioning	Dan Stoten
Deputy Director, Lambeth Living Well Network Alliance	Guy Swindle
Alliance Director, Lambeth Living Well Network Alliance	Sabrina Phillips

### **Apologies**

Lambeth Patient Participation Group Network	Sandra Jones
Borough Lay Member	Sue Gallagher
Director of Integrated Commissioning (Adults), Lambeth CCG and Lambeth Council	Jane Bowie
Kings College Hospital Foundation Trust	Kate Gregory

### **1. Welcome, introductions, and apologies**

Andrew Eyres, Strategic Director, Integrated Health & Care welcomed attendees to the meeting.

Apologies were received from Sandra Jones, Sue Gallagher, Kate Gregory and Jane Bowie

Dr Adrian McLachlan noted the sad passing of Dr Ray Walsh a Lambeth GP for many years. Adrian spoke to members of Dr Walsh's dedication to the NHS and for

the health of Lambeth residents. Based at the Clapham Family Practice, Dr Walsh was a passionate GP specialising in mental health and sexual health services and served as a member Lambeth CCG's Governing Body for many years. His legacy will live on in the many improvements in health care services he was involved in.

## **2. Declarations of Interest**

There were none not already listed on the Register of Interests

### **NOTED**

## **3. Minutes of the meeting of 20 January 2021**

The minutes of 26 May 2021 were agreed as an accurate record.

### **AGREED**

## **4. South London and Maudsley (SLaM) NHS Trust – Developing our Strategy**

James Lowell, Chief Operating Officer and Lucy Canning, Associate Director of Strategy SLaM NHS Foundation Trust presented to members.

The Trust has been running the changing lives strategy and are now moving onto the next phase and are running a 12-week staff engagement programme 'be the change beyond changing live' between April and June with the ambition to be the best mental health trust in the country by 2026. The formal launch of the Strategy is planned for the week commencing 27 September 2021.

It was noted that the change required is as much about how this are done as what is done. The five emerging strategic ambitions at this point are:

- Best place for outstanding mental health care
- Partner in Prevention
- Catalyst for change
- Building a Culture of Trust
- An Effective and Sustainable Organisation

The chair thanked JL for the presentation and asked for questions and comments from Board Members. The following was noted:

- Members welcomed the commitment to valuing staff and being a good system partner.
- It has been noticed that there is improved communication between talking therapies
- Cross borough working is still an issue with people within the four boroughs being given incorrect information on how to gain access to mental health services. Pathway does not seem to be clear.

- Mental health can be a confusing landscape and does not allow us to pick up and help service users quickly. Work is ongoing in London with the compact, which means that they can access services in their borough and will not need to change GP's. This has been agreed between all trusts and an impact assessment is being completed at the moment. Will publish guidance as this comes out.
- Currently measures of success include inpatient admissions, use of mental health act, patient recovery, recycling through crisis support, patient transferred to GP for care and then re referred. SLAM want to know if these measures are the correct ones. We are having talks with CAMHS to look at what success look like. JL acknowledged that there is a disparity between world leading research and a two-year waiting list for patients to access services and this has been recognised as a board. It was noted The Well Centre works with young people between the ages of 13 and 22.
- It was asked what the Trust could do to help our communities better understand and deal with the difficulties of life without the need to access formal services. JL noted that we are looking at international best services to see what we can implement to improve the services on offer so that people get the best quality of care when and where needed.
- Engagement with the team through the LLWNA has begun and have started to seen changes. JL noted that there are engaging with partners who we have not engaged with previously and are actively engaging with faith groups
- There is a huge disproportionality of our black residents in the trust's acute services, and this still needs to be focussed on.
- The trust is a big institution doing amazing international work but what's truly important is how we serve our local communities that are getting really poor outcomes. The service provided has to be about outstanding care, evidence based, recovery focused, culturally appropriate care for those who need it.
- It was good to hear plans to employ more people locally and training trainees and apprentices which is right, and a plug was made for our care leavers but also those of the other three boroughs who have very disproportionately poor mental health outcomes.
- The board are working very hard to change the culture that has historically not always offered a very welcoming and open environment.
- It was asked if there an opportunity to have a more in-depth conversation about some of our children and young people. Schools are critically important in this space as is early intervention and how we work with our communities to support the wellbeing and help our children and young people.
- It was noted that Lambeth Children's Services were looking at becoming a child friendly borough and it would be good to see how the trust could be involved in that.
- Members commented that Slam is a large institution but through the Lambeth Alliance there is good evidence of how a large institution can be very local and very centred on local populations

The chair gave thanks to James Lowell and Lucy Canning for attending the meeting.

## **5. Children and Young People Alliance**

Raj Mitra gave a short introduction to this item and handed over to Dan Stoten, to present the first item.

### **Children and Young People's Mental Health and Emotional Wellbeing: Programme of Current and Future Delivery**

The programme board are currently carrying out a Mental Health and Emotional Wellbeing Needs Assessment. The aim of which is to understand the current level of mental health and wellbeing need and identify factors that promote resilience in children and young people. It is looking at the following:

- Inequality in condition, outcome, and service access
- Local provision available
- Determinants that affect mental health and wellbeing

A Task and Finish group has been established to advise and guide development and will lead to the development of clear commissioning and transformation priorities and future investment plans. The overarching themes of the need's assessment are:

- Deprivation
- Young population with a high proportion of young people in transition to adulthood
- Wide diversity of ethnic and cultural backgrounds
- Complex interaction of risk factors for poor mental health and wellbeing
- Negative impact of COVID-19
- Engagement with temporary issues and concern about the future

Key findings have included:

- Prevalence of obesity in childhood
- ¼ of secondary school children are chatting online with people they do not know
- Speech, language, and communication needs are much higher in Lambeth and is the most common Special Educational Need
- 49% of CAMHS patients diagnosed with neurodevelopmental conditions; 50% young people attending Well Centre presented with depression
- Kooth reporting increase in young people expressing suicidal thoughts, self-harm, and worries about family relationships
- Among those receiving free school meals, the risks of mental health problems were around 30% higher than in those not receiving free school meals
- Rate of hospital admissions due to mental illness higher than regional and national

Key priorities that have been found include:

- A real need to collect further data on mental health and wellbeing, particularly to understand inequalities
- Increasing support to young carers and looked after children that are placed out of area
- Support and expand mental health capacity and capability in schools
- Looking creatively about how we can use online tools available
- Earlier intervention and prevention to stem the need for high tier support

The chair thanked Dan for his presentation and invited questions from members. The following points were noted:

- A question was asked regarding schools and whether it is more difficult to work with schools now that they are more detached from the local authority. SP stated that we are working very closely with schools, through the Lambeth Schools Partnership. The issue is really about the early interventions and seeing how we can support teachers and schools.
- Are there any specific plans regarding increasing the workforce? HB noted that they are looking at the skill mix in the workforce and not re-advertising the same post over and over. Also looking at working in partnership with primary care, charity and voluntary groups who may be able to take on some of the community work better, which will enable us to focus more on the referred CAMHS services whilst being more open and integrated with our partners
- It was noted that the demand for CAMHS has doubled in the last year and the pressure remains on the system and staff. The longer-term issue is that nearly half of local children are living in poverty and it is important that we do everything we can to address these issues. It was noted that we are not just focussing on a CAMHS services but a whole emotional wellbeing and support service. DS reiterated that the alliance group want to make sure that there are universal services available to all.
- This is not going to be a rapid fix but will be a long-term project
- It was stated that GS would be very happy to provide any support required to help take this forward. ED stated that unless all of the different services within the council and CCG work together on this it will not be able to be taken forward. In the past year there has been some great progress due to collaboration

## **RESOLVED**

### **Maternity programme and priority update and the 5X More Campaign**

Merlin Joseph introduced the next item. Clotilde Abe – Co founder of the Five X More campaign presented the work of Five X More. Five x More is a grass roots campaign committed to highlighting and changing Black women's Maternal

outcomes in the UK. The campaign was founded by Tinuke, Founder of Mums and Tea and Clotilde, founder of Prosperity's.

Currently, black women are 4 x more likely to die during pregnancy, children birth and 6 weeks after, South Asian women are 2 x more likely and mixed-race women are 3 x more likely to suffer poorer outcomes.

The campaign has 5 aims:

- Empower
  - Empower mothers with the 6 recommendations and by offering 100 Black women free access to digital hypnobirthing courses
- Educate
  - Teamed up with the RCOG to give five steps for health professionals. Also give talks to university students
- Amplify
  - Amplify the voices of Black women and allow them to speak out about their experiences, good or bad, so others can learn from it
- Raise Awareness
  - The #fivexmore selfie on social media to keep the conversations going and continue to raise awareness of this issue sharing positive and negative stories
  - Also created the UK's first Black maternal health awareness week in September
- Lobby
  - The petition gained over 187,000 signatures in June 2020. Debated on Monday 19<sup>th</sup> April.
  - An MP letter writing campaign and have submitted written evidence to the Maternity Safety Enquiry
  - In December 2020 gave evidence in parliament

The 'I am here to Listen' badge has been launched with Guys and St Thomas's NHS Trust. Staff wearing the badge show that they are taking active steps to ensure the safety of black women and they are adhering to the principles of Five X More. It also acts as a reminder to black women that staff who are wearing the badge have been trained by Five x More.

Feedback from Black mothers has been overwhelmingly positive. Feedback shows that Black and Ethnic Minority women grow in confidence after learning from the Five X More Campaign.

Working with the Royal College of Obstetrician and Gynaecologists, the campaign have identified 5 steps for health professionals to improve the outcomes for Black women:

- Listen
- Remove any barriers to communication
- Check you are providing clear information

- Provide access to detailed documentation
- Be a champion

Other initiatives launched during the April Advocacy month were colourful maternity wallets and the Black Maternity Experience Survey after it was reported that not enough women had come forward to provide data on the disparity in outcomes for Black women. In the first 24 hours of the survey being live 500 Black women completed the survey.

The Chair thanked Clotilde Abe for her presentation and invited questions and comments from the board. The following comments and questions were noted:

- A fantastic and impressive presentation focussed on practical advice and interventions for health professionals and families.
- Happy to provide contact details within the Royal College of Midwives if not already involved.
- An area that has been talked about before with this group and it was noted that these experiences are experienced across all specialities and all classes.
- Great news that you have initiated the Black Maternity Experience Survey.
- Is there more we can do differently to support women with their mental health during pregnancy and afterwards? CA noted that encouragement is key, and that women are welcomed when they try to access mental health services.
- Given the history of this issue, are you meeting resistance from health professionals in trying to bring about this level of change? CA noted that health professionals are undergoing training and changing their practice.

The Chair again thanked Clotilde Abe for a very inspirational presentation.

It was noted that the presentation due to be given by Nina Khazaezadeh Head of Midwifery- Guy's & St. Thomas NHS FT would not take place. Slides had been circulated within the papers for today's meeting and were taken as read.

## **NOTED**

## **6. Lambeth Together – Developing our partnership working arrangements**

### **Governance review and Assurance Arrangements**

Over the past few months, a refresh of governance arrangements has taken place.

Tom Barrett presented the recommendations for approval:

1. That the priorities and ways of working for the board be agreed
2. That officers establish a process over the next months to develop the Lambeth Together pledge and this be brought back to a future Board for agreement

3. That the number of VCS providers on the Board increases from 1 to 3
4. That each Alliance identify one VCS Provider representative from each Alliance (ie x3)
5. That reconfirmation be sought from the Foundation Trusts that they have the appropriate representation at both Board, Executive and within Delivery Alliances
6. That reconfirmation be sought from Clinical Cabinet for Primary Care leadership
7. That each alliance reviews their membership to ensure appropriate clinical input
8. That consideration be given to inclusion of pharmacy and/or other primary care practitioner role
9. That a workshop session be held to agree how we pick back up the activity undertaken pre-Covid on developing our Lambeth Together engagement:
  - Developing our overall approach to engagement and co-production, Lambeth-wide and within our Delivery Alliances
  - Citizen/community representation within our governance fora
  - Relationship with existing SEL engagement assurance committee members and future ICS arrangements
10. That the Assurance arrangement be agreed

Brian Reynolds spoke about the implementation of an Assurance Working Group.

The Chair asked for comments from the board:

FC noted the importance of being clear within the membership of the statutory roles.

### **RESOLVED**

#### **Lambeth Together & Integrated Health and Care Assurance Report**

Andrew Parker spoke to members about the Assurance Group

The Lambeth Together Assurance Group is being implemented to focus on risks, quality, and key assurance issues. This will be chaired by Sue Gallagher – Lay member of the LTSB. The structure of the group is about bringing together the Lambeth Together transformational programme including equalities and quality and other things with the reporting of progress and delivery of the health and care directorate business plan.

### **RESOLVED**

#### **Update on the work of the Equalities and Diversity Group**

Di Aitken reported to members of the Board on the work of the Equalities and Diversity Group. Recent work has been to look at It was noted that there had recently been a workshop for board members on equality and diversity. Feedback

from the facilitators was that the board was very forward thinking with a breadth of knowledge and members were ready to take action forward. The next stage is for the facilitators to return to look at structural inequalities and what that means for Lambeth Together, does this relate to an inclusive workforce and also interview some members of the board that did not attend the first session. Have linked in with the communications team on ways to publicise this work.

The Chair asked for comments and questions from the board. The following was noted:

- RM noted that this work was great, and it was good to know that progress is being made. And asked if there was a plan for taking this forward throughout our system. DA noted that this would definitely be worth discussion as parts of the system will be at different stages
- Curious to know if Members of the board have shared the resources from the previous session

The Chair thanked DA for the update and noted that dates for the next session will be circulated.

## **NOTED**

## **PART B**

Dr Adrian McLachlan chaired this part of the meeting.

### **7. Section 75**

Andrew Parker reported to members on the chairs action taken to make amendments to the Section 75 agreement which gives the CCG and Lambeth council authority to exercise functions on behalf of each other. The amendments were made to reflect the change from NHS Lambeth CCG to NHS South East London CCG as well as some other minor variations. Due to time constraints and the Covid pandemic this was completed using chairs action.

## **RESOLVED**

### **8. South East London CCG Quality Report – Lambeth**

Dr Di Aitken presented this item.

DA explained the process for Quality Alerts and Serious Incidents. It was confirmed that DA receives weekly reports from the CCG central team and was keen to hear what Members wanted to hear from these reports. The following was noted:

- This is an important part of assurance, there has been a problem in the past of the report being so generic that they become unhelpful. Information needs to be detailed and relevant. It would be helpful for the board to hear about incidents that have involved different parts of the system
- Dissemination of information needs to be meaningful and done in a way that people actually take note of so that it can change practice
- It was noted that information and learning is disseminated through the GP Practice Bulletin which asks for action and can be used for CPD
- New system in place which enable learning from across the whole CCG rather than just Lambeth
- SP noted that within the Living Well Alliance they are looking at getting patient feedback and wondered if there was a need for a summit quarterly so that any immediate learning can be shared quickly
- When practice visits are re-instated learning incidents can be discussed

**ACTION: DA to look at the appropriate steps to build on feedback given**

**NOTED**

## **9. Finance Reports**

Edward Odoi presented this item. The 2020/21 final draft CCG Finance report has been submitted to NHS England and auditors are currently looking at this. The following points were highlighted:

- Lambeth underspend of £500,000 and is due to various schemes not delivering due to the merger including corporate vacancies not being filled.
- Within the reported position we have pressures on CHC and prescribing services which were mitigated by underspend elsewhere
- The plan for 21/22 is included within the papers. NHS England are only planning for the first 6 months of the year. The plan for the CCG has been submitted to NHS England for approval. The allocation for Lambeth is £84 million.
- Still under instruction of NHSE and not clear on what will happen in the second half of the year.

The Chair thanked EO for the report asked for comments from the board. The following was noted:

- EO was thanked for the work that had gone into the budget this year
- It was noted that £84 million was less that would usually be seen over 6 months, however this was due to resources going direct to NHS trusts are centrally determined and based on a formula based on activity for last year. This has dropped during the pandemic.
- The £84million is for things outside of NHS Trusts

- A discussion took place on how this budget is allocated. EO noted that this was detailed within the pack.

### **NOTED**

Pete Hesketh reported on the Lambeth Council finance report. The following was noted:

- A near breakeven spend £103,000 overspend on Adult Social Care and Public Health for 2020/21
- This position would have only been possible with extra resources from the NHS and the government to pay for large amounts of pandemic related overspend
  - Discharges from hospital led to higher costs than normal. The NHS discharge scheme funded this
  - Council implemented a temporary increased fee to all social care providers to give them extra resources
  - Infection control fund paid to providers
  - Other pandemic costs such as PPE
  - Provided support to those that were deemed as Clinically Extremely vulnerable
  - Public Health extra activity such as test and Trace and Surge testing

The Chair thanked PH for the report and invited questions and comments from the board. It was noted that both finance teams have done a great job over the past year. The Chair thanked both EO and PH for the work put in over the past year.

### **NOTED**

## **10. Integrated Health and Care Business Plan 2021/22 and NHS Planning Guidance**

Andrew Parker presented this item.

This plan follows a linear, cyclical process following NHS planning guidance and working within the council's framework however we have also had to look at making the plan adaptable due to covid recovery, changes throughout the year and also financial constraints as mentioned in previous items. Andrew thanked Brian Reynolds for his work in putting this together. This report will be the basis of what we report back on through the assurance reports.

Also included within the papers is the NHS planning guidance and is helpful as a reminder of the priorities of the NHS notwithstanding any changes due to the pandemic.

- Thanks was given to BR for the work put into this work

- Earlier talked about the assurance plan, is this work linking to that assurance work. AP confirmed that yes this is very much the case and will enable us to delve into different areas.
- Will metrics be developed to look at how to look after our staff? AP noted that yes, this will be developed. It is expected that this will be one of the items discussed at the first Assurance working group meetings
- Planned care and Covid-19 related backlogs and whether this appears within the section on planning guidance. AP noted that the approach to this is mainly led by the central SEL team, however we do have input into this. DA noted that there is allocated elective recovery funding and the task is in hand through the trusts, however aware that they will need to collaborate with Primary Care so needs to be on our radar.

The Chair thanked AP for the presentation.

**NOTED**

**11. SELCCG – Lambeth Borough Risk Register**

Cheryl Smith reported to Board members. The following was noted:

- 15 risks currently active on the Lambeth Risk Register
- 1 risk currently rated as red, however this risk should be moving onto the SEL Risk Register as relevant to all boroughs
- New system in place across South East London. Currently reports that can be pulled down are restricted however we are working with Datix on this
- Training is ongoing for Risk Owners and Sponsors

The Chair thanked CS for the report.

**NOTED**

**12. LWNA/SLaM MHA consultation response**

Andrew Parker presented this item and noted that this was put together in response to the Mental Health Act reform proposals. SP noted that LLWNA agreed in principle with the recommendations, one concern is resourcing, however looking forward to working on implementation. DA noted that it has taken two years from publication of the white paper and looking forward to starting work.

**RECEIVED AND NOTED**

13. Any other Business

None reported.

The date of the next meeting is 21 July 2021 1 – 5pm.

Adrian McLachlan also noted that it would be good to have feedback from Board Members on the format and length of these meetings.