

HEALTH AND WELLBEING BOARD MINUTES

Thursday 21 October 2021 at 6.00 pm

Committee Room (B6) - Lambeth Town Hall, Brixton, London, SW2 1RW

Members Present: Councillor Lucy Caldicott, Sarah Corlett, Councillor Jim Dickson (Chair), Andrew Eyres and Ruth Hutt

Apologies: Andrew Bland, Merlin Joseph and Adrian McLachlan

Also present online: Dr Dianne Aitken, Sarah Austin Fiona Connolly, Dr Jane Fryer, Jill Lockett, Catherine Pearson, Dan Stoten (substituting for Merlin Joseph), and Councillor Sonia Winifred

1 Declarations of Interest

There were none.

2 Minutes of Previous Meeting

The minutes of the meeting on 8 July 2021 were agreed as a correct record of proceedings.

3 Public Notice Question

Angharad Start, representing a group of children of patients who were forced to leave Minnie Kidd House, asked when the overdue consultation would start on this much needed resource (noting that it was to go to December Overview and Scrutiny), when consultation would occur and if this would include options for clinically vulnerable persons' use and meet their complex care needs, and whether a councillor could be nominated to keep them informed of progress.

Jane Bowie, Director of Integrated Commissioning responded as follows:

- Officers apologised for the disruption caused to patients and families when essential fire safety repairs were identified at Minnie Kidd House in October 2020 and remedial work required residents to be transferred to suitable alternative placements, with their families' involvement.
- Issues had been reviewed with family members individually and discussed at the Lambeth Together Strategic Board (LTSB), Corporate Committee, OSC, and this Health and Wellbeing Board.
- The December OSC would receive a report following from the recommendations of their July meeting and it would be useful for OSC to remain the lead responder.
- Assurance was given that families had relevant lead officers' contact details and were able

to contact them further.

Sarah Austin, Managing Director of Integrated and Specialist Medicine, Guy's and St Thomas' (GSTT) NHS Foundation Trust, reiterated the apology to the families, noting that GSTT would remain accessible to families collectively or individually, and the follow-up report would be presented at December OSC.

Councillor Jim Dickson offered thanks on behalf of the Cabinet for the raising this issue and noted that this was a difficult period. Both himself and Councillor Lucy Caldicott committed to being available to families up to and beyond the December OSC meeting and offered separate meetings to discuss.

4 Health and Wellbeing in Housing and Estate Regeneration

Councillor Jim Dickson, Cabinet Member for Health and Social Care (job-share) and Chair of the Health and Wellbeing Board; noted that the Health and Wellbeing Board (HWB) used themed discussions on borough issues with members of the public and professionals able to input.

Bimpe Oki, Public Health Consultant, introduced the report and stated:

- Housing and estate regeneration were key areas for residents and the Council.
- There was a strong relationship between housing, regeneration and health.

The Board heard the following representations from Anthea Cook, Anthea Cook Consulting; Tony Coggins, Thrive Consultancy:

- Estate regeneration could be designed to build social capital and in turn health and wellbeing.
- Health Impact Assessments (HIA) were evidence-based processes that adjudged policy impact on health and wellbeing, alongside the environment and other important factors, and sought to formulate recommendations to mitigate negative impacts, ensure resilience and improvements.
- The Clapham Park Regeneration HIA that was conducted several years ago was discussed, noting that most health benefits arose from good quality housing, adaptations for disabilities and ensuring the nearby relocation of neighbours.
- Negative impacts could include isolation in high-rise buildings, poor access to health and care services, and building and construction generating dust, noise, and disruption.
- Positive impacts of regeneration could include improved respiratory health from solving damp issues, independence and improving stress on young families with better facilities, reduction in crime and fear and community network improvements.
- The Clapham Park recommendations included considering built environment, community safety, service/leisure access, suitable housing provision, maintaining neighbours and managing relocation and construction phases.

The Board next heard from Alice Orr-Ewing, Head of Resident Commitment and Re-Housing, on how health and wellbeing was considered during regeneration:

- Homes for Lambeth (HfL) undertook a person-centred approach, where health impacts and outcomes were considered from inception, acknowledged that residents' needs changed and had a wide scope to support broader determinants of health, such as employment and skills.

- HfL was dependent on joint working and incorporated best practices from across the UK and the NHS Healthy New Towns programme.
- Health was integrated into the estate regeneration masterplan process (initial phase of development) to its outcome phase, by establishing a health profile baseline and reviewing how estate design addressed challenges and provided mitigating actions.
- It was essential that relationships were established with residents.
- HfL contained a social value programme to improve digital access, reduce social isolation, benefit community development and organisation, promote enterprise, and support employment.
- Current residents who were to move to new homes were given occupational health assessments, with the results of these incorporated into developers' design briefs, such as ensuring overcrowded households were moved into right-sized homes. Help was also provided with a packing and unpacking service and moving residents in their neighbourhood groups where possible.

Theresa Agyeman, Resident and Community Centre Manager for Metropolitan Thames Valley Housing (MTVH); and, Dr Andrew Boyd, Clapham Park Practice GP; gave evidence on the outcomes of Clapham Park Regeneration Plans:

- Moving home involved change, but the benefits arising from new facilities such as community centres and education facilities, especially for young and vulnerable persons, was considerable.
- The benefits for low-income communities were often pronounced, and the improvement in quality of homes had a noticeable benefit on people's wellbeing.
- Monthly meetings with the Council were offered to discuss issues and brought the community together to help tackle issues such as anti-social behaviour.
- The Clapham Park development had delivered more pleasant, modern and safer accommodation.
- GP practices should be beacons of community wellbeing and not just places for sick people.
- Housing problems underlined many medical consultations and was commonest reason to signpost to social prescribers (GP support workers).
- It was difficult for GPs to see the impacts of housing, noting that those with high needs did not necessarily seek support and it would be useful to review further linking with, and be advocates for, the local community.

Emma Cummings, Community Health and Wellbeing Manager, and Antoinette Harriott, HWB adviser, from Optivo Housing; and, Alima Qureshi, Head of Strategy and Support - MTVH; discussed Registered Providers working with residents to improve health and wellbeing:

- Lambeth Optivo covered 3,000 homes with support based on reducing isolation and increasing confidence through activities, one-to-one support, online consultation, and peer support.
- Optivo provided Projects on Resilience and the Digital Divide, a Parent Forum, online Women's Health Group, self defence classes, upcycling, and after-school Children Workout classes.
- Optivo had received 100,000 calls in 2020, which were followed-up with regular wellbeing calls, and 94% confirming it had offered reassurance during a challenging time.
- MTVH provided a range of care and support services, including homes for older people, adults with mental health support needs, learning disabilities and histories of rough sleeping.
- Covid-19 had placed huge pressures on MTVH residents, which had created a Covid

Support Hub from its food and fuel poverty relief efforts to identify vulnerable persons and support residents.

- Lambeth had the highest percentage of local authority referrals with the high level of complex repairs a significant issue, necessitating a specialist role to support more vulnerable residents' complaints and home repairs.

Claire Wise, Chair of the Lambeth Housing Partnership, MTVH, highlighted the importance of joint working and partnerships:

- The Lambeth Housing Partnership (LHP) covered the three work strands of Growth; Neighbourhoods and Community Safety; and Homelessness, Health and Resilience. These groups discussed strategic subject matters which were then give to frontline colleagues.
- Meeting membership changed depending on topics, with a core group from the Council and representatives from health, housing or housing associations as needed.
- Previous topics discussed included financial resilience, domestic abuse, homelessness, young people's pathways, and equalities.
- Meeting local community needs and supporting residents required partnership working, highlighting the importance of the voluntary sector.

It was noted in response to questions that:

- Housing Associations' Covid-19 response plans remained in place, and the Public Health team would review current and potential co-working across partners' differing roles.
- It was essential to understand the needs of resident groups that did not approach services or partners. MTVH were keen to reach out to communities and welcomed the opportunity to hear the perspectives of, and work with, health partners, noting that the number of service access points was confusing for many residents.
- HIAs were broad brush and took a strategic overview and was not designed to be person-centred, but a person-centred approach was beneficial to create support packages to retain tenancies and to prioritise and meet needs.
- It was essential that different parts of the regeneration process and associated partners complemented one another and took into account broader views.
- Lambeth's Regeneration Decamp team provided customised individual support to homeowners, with the importance of establishing good relationships noted.
- Lambeth's Regeneration programme's sustainability and zero carbon goals were detailed in the 15 March 2021 Cabinet report (paragraphs 2.24-2.27).
- MTVH's temporary Covid-19 assessment and support had shown how to assess need, establish new posts such as Resident Support Managers, and highlighted the most pressing issues, such as domestic abuse and mental health.
- The large number of MTVH's customers' needs meant that, whilst unusual, it was sensible for it to support customers alongside Lambeth and other partners.
- The Health and Wellbeing Hub, once Lambeth's model had been established, should take advantage of these synergies.

The Chair thanked attendees for their input and in delivering a multi-streamed, strategic approach to housing and health, noting the importance of co-working with partners. He also asked that comments raised in the Teams meeting chat be sent through to officers outside the meeting for a response.

RESOLVED:

1. To note the report.

5 Update: Child and Adolescent Mental Health Services in Lambeth

Dan Stoten, Integrated Associate Director of Children, Young People, Maternity, CAMHS and VAWG Commissioning, updated the Board on Lambeth's Child and Adolescent Mental Health Services (CAMHS) since the July report, noting:

- Service referrals peaked in May but dropped in August to match previous years, reflecting national statistics, largely resulting from Covid-19, and average weekly waiting times were stabilising.
- Leaflets had been distributed to children and families on services and triaging.
- Children's case complexity and case numbers were increasing.
- It was essential to engage with wider networks to enhance support as other bodies, such as schools, were likely to know of additional needs, but this increased complexity.
- There was increasing acute accident and emergency presentation of those with mental health needs, which was being monitored at weekly Gold meetings.
- Over 18 weeks' waiting was slowly improving, but over 52 weeks had significantly improved (24 down to nine individuals). Tackling recruitment issues would improve this further.
- There were eight Tier 3 South London and Maudsley (SLaM) Trust vacancies, of which five were not due to be filled soon. Recruitment challenges were a national problem, and mental health trusts were attempting to recruit from the same small pool of practitioners and SLAM were doing all that was possible.
- No SLaM staff were on long-term sickness and all had access to health and wellbeing support.
- CAMHS staff were being encouraged to hold their clinics and appointments face-to-face. Using GP surgery space was under review and CAMHS were due to move to St John's School in Angell Town by Q4 2021-22.
- Significant investment from the CCG and SLaM would support mitigations and meeting the wellbeing needs of children and young people.
- The Alliance group were reviewing CCG and SLaM investment options; alongside an evaluation January 2022 of mental health support teams in schools.
- The statutory Autism Strategy covered all ages, which remained an issue with this casework (migrating between age-based services) but would impact on CLAHMS caseloads.

It was noted in response to questions from the Board that:

- All mental health providers had the dual challenge to encourage people into services and to encourage local communities to service them so that they reflected those communities.
- It was encouraging that SLaM arrangements were being repeated in other mental health trusts.
- The biggest challenge was the provision of a skilled and representative workforce.
- Partnership working was good, but the wide array of emotional health and wellbeing services on offer were not necessarily well communicated to residents.
- Services needed to meet both community needs and types of need.
- Further co-working with children, schools, Youth Council and others would reduce pressures by lowering demand, but – such as early help approaches – comprised long-term work-strands.

The Chair recorded a degree of confidence that Lambeth and partners were managing challenges to this important service but noted the severe pressures.

RESOLVED:

1. To note the report.

6 Developing our South-East London Integrated Care System (ICS) - Proposed Transition Arrangements

Councillor Jim Dickson, Cabinet Member for Health and Social Care; and, Andrew Eyres, Strategic Director for Adults and Health, updated the Board on Integrated Care System (ICS) development:

- The Health and Care Bill, containing integrated care provisions, was in the Parliamentary committee stage, with the Act expected in advance of April 2022.
- South-east London health and care partners would implement a series of arrangements in advance of the 01 January 2022 go live date, following received guidance.
- Arrangements included not just ICS, but also disestablishing existing CCGs and establishing governance integrated care partnerships and a new Board.
- South-east London had engaged with people to design the ICS, noting the:
 - key role of an integrated care partnership, building sustainable systems that extended across existing structures, reduced inequalities and improved health outcomes;
 - focus on working together to improve collaboration; and,
 - clear commitment to subsidiaries and delegation, developing provider collaboratives and Lambeth Together as a local care partnership in the wider ICS system.
- The Lambeth Together Strategic Board (LTSB) was reviewing arrangements but Lambeth was well placed to operate under new local care partnerships from April.
- The November LTSB would hear final proposals, but these were building on a set of behaviours and partnerships that were already well developed.

The Chair thanked officers and noted the considerable structural changes being delivered alongside partners, strengthening these bonds and empowering partners to improve citizens' health outcomes.

RESOLVED:

1. To note the contents of this paper.

7 Board Development Day Session Feedback Report (September)

Ruth Hutt, Director of Public Health, introduced the report, noting:

- Feedback to themed meetings and inclusivity of the hybrid/online meeting arrangements was good and had increased attendance.
- An inclusive Joint Strategic Needs Assessment (JSNA) was needed that captured individual experiences within the borough before, during and after the pandemic.
- Proposals for a Board refresh would be brought back in 3-6 months for further discussion prior to the 2023 refresh and would be a co-worked with partners.

The Chair offered support to a community focussed JSNA to drive improvement and confirmed that Healthwatch and other partners would be central to the hearing of people's voices.

RESOLVED:

1. To note the contents of this paper.

8 Better Care Fund (BCF) 2021/22 Planning Requirements and templates

Councillor Jim Dickson, Cabinet Member for Health and Social Care (job-share); Jane Bowie, Director: Integrated Commissioning (with CCG); and, Jennifer Burgess, Integrated Commissioning Manager, noted:

- The Better Care Fund (BCF) was established in 2015 to support the integration of social care and health. A new planning template has now been released and the required submission is by 16 November.
- Lambeth had met all national conditions for the BCF.
- The BCF supported people to remain independent in their own residence.
- Continued development through the Lambeth Together partnership and delivery alliances would ensure local person-centre services that improved health and wellbeing, including inequalities.

In discussion it was noted:

- The BCF was a good example of how Lambeth met integrated health care outcomes by pooling budgets and would be the vehicle to improve local persons' outcomes.
- The Government had altered data collection metrics which could present challenges.
- The BCF had oversight and monitoring arrangements funded by different aspects within the BCF.
- Most metrics were on the evaluation of commissioned services and not primarily on inequalities.
- The Chair noted that equality impact assessments and monitoring remained issues to pursue.

RESOLVED:

1. To note the report.
2. To delegate the formal sign-off of the Lambeth BCF 2021-22 to the Health and Wellbeing Board Chair and Vice-Chair, to be finalised before 16 November 2021.

9 Quarterly Report of the Director of Public Health for Lambeth

Councillor Jim Dickson, Cabinet Member for Health and Social Care (job-share) stated his approval of the new Office of Health Improvement and Disparity launched by the Secretary of State in Lambeth, using Lambeth's example of community partnerships to achieve outcomes. Ruth Hutt, Director of Public Health, introduced the report and noted:

- The Public Health team had delivered well in the last 24 months at considerable pace.
- Whilst the team had concentrated on Covid-19 response, there would be a return to some business-as-usual functions, such as the JSNA.

- The report detailed work undertaken on schools, food, and other activities, and future work to be undertaken over the winter.
- Attendees were asked to help advertise the winter HIV prevention programme as part of HIV London Prevention Partnership and Lambeth's Health Intelligence Team.
- It was essential to work with partners to remain resilient over the winter months, whilst deploying capacity into other workstreams, such as JSNA, in the coming year.

Andrew Eyres, Strategic Director of Adults and Health recorded the Public Health team's Lambeth team of the year award and the local government Chronicle Awards, praising their dedication serving the people of Lambeth during this extraordinary time. The Chair also thanked officers for the report and to the wider Public Health team and Bimpe Oki on delivering the Black Community Public Health Day, the 30 September Board Development session, and the themed event for this meeting, alongside core workstreams.

RESOLVED:

1. To note the report.

The meeting ended at 8.12 pm

CHAIR
HEALTH AND WELLBEING BOARD
Thursday 20 January 2022

Date of Despatch: Thursday 11 November 2021

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In addendum to the above minute, it shall be recorded that:

The locations named in the Quarterly Report of the Director of Public Health for Lambeth were mentioned to NHS Test and Trace and based on a small sample of Covid-19 infections – they are not necessarily where people caught Covid-19 and could be co-incidental. Lambeth Council is not advising people to avoid specific locations. The Council are asking people to be cautious, use face coverings in busy places, to regularly use free rapid lateral flow tests and to take up the offer to be both vaccinated and answer the call when a booster jab is offered.

The virus that causes Covid-19 is known to spread in clusters. Identifying these sources of infection is key to reducing spread, unfortunately, it is often not possible to know where people got infected particularly when there is significant spread of the virus in the community. There are however tools that can provide vital clues, and one of the best is data on what are known as 'common exposures' which can help identify shared locations and possible outbreaks. But they do not provide definitive information about how transmission occurred or actual or pattern of spread. More information would be needed to find out the transmission details and say for certain how the virus spread.