**LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES**

**Thursday, 21st September 2023, 2pm**

**Microsoft Teams Virtual Meeting**

[Part 1 Meeting Recording - Public Forum](https://www.youtube.com/watch?v=KL6SOhNMhQo) (please note, the Public Forum does not have formal minutes taken).

[Part 2 Meeting Recording - Item 1 to Item 5 (Inclusive)](https://www.youtube.com/watch?v=Y7NYF_lvk2A)

[Part 3 Meeting Recording - Item 6 to Item 10 (Inclusive)](https://www.youtube.com/watch?v=xWDVjiopuM4)

[Lambeth Together Care Partnership Board Papers](https://moderngov.lambeth.gov.uk/ieListDocuments.aspx?CId=846&MId=16385&Ver=4)

**Members Present:**

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| Cllr Jim Dickson | Lambeth Together Care Partnership Board Co-Chair. Cabinet Member for Healthier Communities (job-share), Lambeth Council |
| Dr Di Aitken  | Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead |
| Andrew Eyres | Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board |
| Anna Clough | Site Chief Operating Officer, Kings College Hospital NHS Foundation Trust (deputising for Julie Lowe, Site Chief Executive, Kings College Hospital NHS Foundation Trust) |
| Cllr Judith Cavanagh | Young People’s Champion, Lambeth Council |
| Cllr Marcia Cameron | Cabinet Member for Healthier Communities (job-share), Lambeth Council |
| Dr George Verghese | GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet |
| Dr Raj Mitra | GP, Children and Young People's Alliance Clinical and Care Professional Lead |
| Fiona Connolly | Corporate Director of Housing and Adult Social Care, Lambeth Council |
| Lilian Latinwo-Olajide | Programme Director, Black Thrive, Lambeth |
| Nathalie Zacharias | Director of Therapies, South London, and Maudsley NHS Foundation Trust |
| Nozomi Akanuma | Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust |
| Paul Coles | Chief Executive, Age UK, Lambeth |
| Raks Patel | Project and Engagements Manager, Healthwatch Lambeth (deputising for Mairead Healy, Chief Executive, Healthwatch Lambeth) |
| Rich Wiltshire | Patient and Public Voice Member |
| Ruth Hutt  | Director of Public Health, Lambeth Council |
| Sarah B Flanagan | Patient and Public Voice Member |
| Sue Gallagher | Lambeth Together Care Partnership Board Lay Member |
| Therese Fletcher | Managing Director, Lambeth GP Federation |

**Apologies:**

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| --- | --- |
| Andrew Carter  | Corporate Director of Children’s Services, Lambeth Council |
| Dr Penelope Jarrett | Chair, Lambeth Local Medical Committee |
| Julie Lowe | Site Chief Executive, Kings College Hospital NHS Foundation Trust |
| Mairead Healy | Chief Executive, Healthwatch Lambeth |
| Sarah Austin | Chief Executive Integrated and Specialist Medicine, GSTT NHS Foundation Trust |

**In Attendance:**

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| Edward Odoi | Associate Director of Finance, Lambeth, Southeast London Integrated Care Board |
| Guy Swindle | Living Well Network Alliance Deputy Director |
| Jane Bowie | Director of Integrated Commissioning (Adults), Lambeth Council and Southeast London Integrated Care Board |
| Josepha Reynolds | Neighbourhood and Wellbeing Delivery Alliance Programme Director |
| Oge Chesa | Director of Primary Care and Transformation, Southeast London Integrated Care Board |
| Sabrina Phillips | Living Well Network Alliance Programme Director |
| Warren Beresford | Associate Director, Health and Care Planning and Intelligence, South East London Integrated Care Board |
| Alexandra Eastaugh | Public Health Intelligence Analyst, Lambeth Council |
| Ese Iyasere | Public Health Consultant, Lambeth Council |
| Richard Sparkes | Deputy Director of Social Care |
| Robert Goodwin | Programme Manager, Combating Drugs Partnership |
| Simon Boote | Children and Young People Alliance Lead |
| Chris Moretti | Lambeth Together Programme Lead |

**1 Introductions**

Those present introduced themselves. Apologies were noted from Julie Lowe, with Anna Clough (AC) deputising, Sarah Austin, Penelope Jarrett, and Mairead Healy, with Raks Patel (RP) deputising.

Welcome to Nathalie Zacharias (NZ) who has taken over Kirsten Timmins’ role as a Board member and Simon Boote (SB) as the new Children and Young People’s Alliance Lead.

**Reporting back from the Public Forum**

Dr Di Aitken (DA) welcomed members to the meeting and noted the topics discussed during the public forum that included:

* The potential privatisation of NHS services, namely the Camberwell NHS dialysis centre and it is move to Brixton and the AT Medics practice in Streatham.
* Naloxone access for frontline police and emergency services.
* The waste disposal site fire on Shakespeare Road and the concerns around toxic fumes.
* Access to new Covid vaccination appointments.

The responses to specific questions raised will be published on the [Lambeth Together Website.](https://lambethtogether.net/about-us/lambeth-together-strategic-board-future-meetings-and-papers/board-meetings-archive/)

* A video demonstrating the excellent work providing personalised care which was launched at the recent Carers’ Sector Awards was played. To view the video, please click [here.](https://www.youtube.com/watch?v=NB7vbRE8U78)

The following discussions were also had:

* Sarah Flanagan (SF) gave an update on the work she has been completing within the community as a Patient and Public Voice Member (PPV), namely, accessing the Project Smith Community Connectors at Healthwatch, attending a study day for joint pain, and visiting the Lambeth Health and Wellbeing Bus to have her blood pressure taken. SF wanted to highlight how well-attended the bus was. SF also mentioned it is World Mental Health Day on the 10th October and the Age-Friendly event at the Oval on the 30th September. SF had noted that Healthwatch were running projects for digital inclusion and wanted to reach out to members to encourage the south Asian population in the borough to attend these projects, as they tend to miss out due to a language barrier.
* Andrew Eyres (AE) reported on the ongoing industrial action and explained that strike action was currently underway this week, with junior doctors and consultants on strike. This is the first time both junior doctors and consultants were on strike at the same time, and as such, this presented an additional risk. AE reported that trusts are doing an excellent job responding to patients’ urgent care needs and maintaining services as best they can. The real impact of the strike would be felt by cancelled procedures and appointments, and that Trusts are still in the process of recovery from activity lost during the pandemic. Further industrial action is planned for October and at a time close to the date Guy’s and St Thomas’ and King’s are implementing a new information system, which is a major transformation piece.
* AE also explained we are seeing an increase in the numbers of Covid being reported, although we are not seeing a big change in admissions to hospital. As a preventative measure, the NHS has brought forward the roll out of the vaccine programme for those most at risk. The roll out started 11th September, with local vaccination sites including 34 pharmacies, 3 primary care network sites and the Guy’s and St Thomas’ site. GPs are responsible for administering vaccines to those who are housebound.

**2 Declarations of Interest**

Members were asked to declare any conflicts of interests linked to the items on the agenda.

None were declared.

**3 Minutes from 20 July 2023 Meeting**

* The [minutes](https://moderngov.lambeth.gov.uk/documents/b34333/Minutes%20of%20meeting%2020072023%20Thursday%2020-Jul-2023%2013.00%20Lambeth%20Together%20Care%20Partnership%20former.pdf?T=9) of the meeting of Thursday 20 July 2023 were agreed as an accurate record of the meeting, subject to;
* Rich Wiltshire (RW) asked for a comment he made at the July meeting to be added to the minutes. The comment was RW had witnessed the increased and growing spread of Covid in the communities that he was a part of. He also noted the outsized negative impact Covid has on the vulnerable and self-employed.
* Penelope Jarrett (PJ) had a comment sent in advance regarding matters arising, surrounding a governance process for the PCCC (Primary Care Commissioning Committee), which Sue Gallagher (SG) commented has been addressed and resolved at the July meeting (where PJ was not in attendance).

**4 Lambeth Together Care Partnership – Place Executive Lead Update**

Andrew Eyres (AE) gave thanks to trust colleagues for attending today’s meeting given the operational challenge presented by industrial action. AE gave an overview of key highlights in his Place Executive Lead report, and the following discussions were had:

* Sue Gallagher (SG) mentioned the report refers to a survey being done with ethnic minority communities and asked if there was any resistance to people being asked to complete a survey and if there are any learnings about how to best engage. SG also noted, the report refers to the community living room being a great idea for adults and asked if there is anything similar for young people.
* AE mentioned the survey SG was referring to was the Age Friendly survey and there would be further feedback once the current discovery phase was complete. Ruth Hutt (RH) explained that whenever we do surveys, we try to make sure we have representation across all groups and if not, this is addressed through focus groups and trusted networks.
* AE also explained we do have some dedicated facilities for young people, but they are not a ‘living room’ for children. Investment into voluntary organisations working with young people is funded through the Lambeth Made Safer programme, with opportunities for young people to attend homework clubs, sports, etc.
* Cllr Judith Cavanagh (JC) commented on Lambeth having the lowest uptake of using 111 services and asked if that was a sign people can get hold of their GPs or is that because more people are accessing A&E. AE explained access in Lambeth is good compared to other places and we have extended access arrangements based on public feedback with increased capacity on Saturdays, and with more appointments after 5pm.
* RW commented on the GP survey responses which are good or very good and explained that it is his experience of his local practice in Brixton. DA added to JC’s point that within the National GP Patient survey, Lambeth is the best performing in South East London and the figures show how easy it is to access a GP by phone – the national average is 48% whereas Lambeth is 61%. AE explained that means 39% are still struggling to access their GP via phone so we cannot become complacent.
* RW had a question about the new electronic system, namely, for users and patients with multiple long-term conditions who visit multiple clinics and trusts, historically have relied on doctors copying different people into correspondence, so will their records be in one place as it will be much more helpful? RW also asked what are the changes and how are we progressing with the system? AE explained the benefits of the system go beyond that as there will be a new patient app which will bring together clinical systems for professionals but will allow interface with patients themselves to interact with their care and appointments. Anna Clough (AC) explained it is a large scale of implementation at one time, but that it will be worth it because of the benefits.
* Cllr Dickson (JD) wanted to make sure members were aware that a 111 ‘press 2’ service for those with a mental health issue is due to launch shortly, to allow for patients to be directed to the right services. JD welcomed this service and is interested to know more about how it will work in terms of linking patients with local Lambeth services. JD explained this is a big step forward and asked for some more information. AE explained this could be brought back to a future meeting.

 **Action: Age Friendly Discovery findings to be presented at a future Board meeting.**

 **Action: 111 Press 2 service to be presented at a future Board meeting.**

**RESOLVED**

1. Board members to note the update of key developments since the last Lambeth Together Care Partnership Board meeting in Public on 20th July 2023.

To view the report accompanying this item, refer to pages 11 to 17 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 03:35 – 21:17.

1. **Children and Young People Alliance – Deep Dive**

 Simon Boote and Raj Mitra presented on the Children and Young People’s Alliance. The following discussions took place:

* DA was pleased to see the emphasis on two-way communication with different groups. DA uses Twitter and LinkedIn but young families use TikTok, Instagram, etc. so asked if we are going to modernise the mediums we use and use those mediums to work with that cohort of people?
* SB explained the discussions were had in a meeting he attended earlier in the week and the Alliance has it specifically in their plan, as the way in which children and young people communicate is different in terms of apps they use, so we need to understand the trend and what will give us most interactions. We need to work with our communications team on how best we get our message out there. RM explained we need to go out and talk to young people so we can find out and explained we need to continue to talk to them.
* SG was very excited to hear about the Alliance and was particularly worried about two groups: single parents and those children who do not attend mainstream school. SG is aware that single parents are most vulnerable when it comes to the cost-of-living crisis and poverty and wondered if we could instil plans to talk to single parents and children about things that would help them. SG noted with those children excluded from school, we need to consider how vulnerable they are to get picked up by gangs or become involved in violence, so SG wondered whether there were plans to talk to staff in pupil referral units and individuals themselves so we can consider what creative ways we can use to try and steer their path in a positive way.
* SF asked about the length of time it will take to put this plan into practice – will it be a year, or 2 years, for example?
* PJ stated with a comment sent in advance that this is such important work, but the report is heavy in governance and hard to understand in the absence of any associated verbal report. As GPs, we are in alignment with parents in valuing stability and the one-stop shops provided by children’s centres. Will these be retained and strengthened?
* JC asked where the priorities for the plan have come from and if children and young people have been a part of those discussions to say what the priorities are.
* SB answered regarding single parents and explained that the alliance is linked with the maternity system. There is a piece of work looking at those who may find it difficult to access services and there has been a recent piece of work where five charities link with and support those groups of people. Five reports are due and three are imminent at the end of October so we will make sure to acknowledge the work when it goes on and get the right things in place to put recommendations from those reports in place.
* Regarding children out of education, there is a focus on that and recently, Guy’s and St Thomas’ hired a nurse to support the mental health for those out of the education system. This was a difficult position to fill so this is a good news story.
* We pulled the plan together in terms of different elements – we need robust governance in place so logically, this needs to be in place to enable the work we want to deliver. We are looking at the structure of the alliance and will work with programme and project teams – there are several people we need to work with us to deliver against the plan. We have in place specific timelines that will then follow on from that work and the plan is very long-term and we do not want to rush. RM explained there have been lots of plans over the years and this is a new plan – we have an emotional health and wellbeing scheme in Lambeth and South East London, so things are going on currently - this plan is a refresh for the future.
* In terms of children centres being strengthened and retained, we are not looking at things that are currently happening to replace them, it is heavy in governance, which I understand if you are reading the slides without the commentary attached but it’s not about shutting things down or making things complex, it’s just an aim to provide a firm foundation for progress and to highlight all the work being done within the alliance. The plan’s focus is stability. RM explained that if anything, we will strengthen the children’s centres and the worry is, we have the centres, but they are underutilised.

**RESOLVED**

1. Board Members to note the proposed plan for the Children and Young People’s Alliance.
2. Board Members to discuss any points of the plan that are of interest.
3. Board Members to highlight any areas of missed opportunity or concern.

To view the presentation accompanying this item, refer to pages 19 to 32 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 21:31 – 59:09.

**6 Lambeth Together Assurance Update**

Sue Gallagher and Warren Beresford updated the Board on the Lambeth Together Assurance Group.

* SG noted the papers included were for May and not for the more recent July meeting. SG explained there was also an Assurance meeting this week, which would be for September, but that will be presented at the November Board. SG explained that the Assurance group focused on three outcome areas:
	+ People know where to go to get the right help and are told at the right time and in the right place for their needs.
	+ People have healthy mental health and emotional wellbeing.
	+ People are immunised against vaccine preventable diseases.
* SG explained there has been some subsequent developments around the Assurance report and we are continuing to try and refine it. PJ has sent comments in advance about the relating to the risk report.
* PJ stated that the Assurance pack contains a lot of dense information, it is hard to read and often also hard to interpret, even for someone like PJ who is close to much of the work and used to looking at data and there are examples where PJ cannot tell if we are doing well or badly. It would be more appropriate for the Executive, with highlights only coming to the Board. Highlights would cover where we are doing well, and where we could do better.
* PJ also asked if the primary care estates risk was only about physical buildings, or does it also cover IT? PJ sees this as a significant risk area, but it is on the South East London risk register. The other potential risk in primary care is the number of GPs leaving, either due to retirement or to work elsewhere.
* SG explained we are struggling to meet some of the national standards in relation to cancer and immunisations and other areas we have usually done very well in but are not currently doing so, i.e., dementia screening and recovery rate for talking therapies.
* Warren Beresford (WB) explained in July we launched the new format of the report. Which would continue to focus on the Health and Care Plan. In the report and as part of the Health and Care Plan planning process, we identified impact measures to make sure we were moving forward with the outcomes and within the report in July, we reported on half of those. In September, we were reporting on almost all those impact measures. WB ran the new highlight report through the Board PPV, RW, to make sure it was accessible to the public. One of the pieces of feedback was it is a huge report so how do we sort it out and where are we in terms of our progress. The report does have a summary highlight page, but we will develop a scorecard for an at-a-glance summary.

 The following was discussed:

* On primary care risks point, South East London are building a dashboard and one of the things they will want to build into that is, how resilient practices are across the system. We will consider with Oge Chesa (OC) and WB how that might play into our reporting of risks.
* RM mentioned there is a risk relating to GP premises and asked if this is reflected on the risk register? AE and SG confirmed it is and it is deemed a high risk.

SG wanted to thank members for being very helpful in contributing to the assurance meeting and report.

 **Action: Review meeting dates for the Assurance Group alongside the Board meetings.**

**Action: Oge Chesa and Warren Beresford to review primary care data reporting to assess how resilient practices are in terms of estates, IT, and workforce.**

**RESOLVED**

1. Board Members to note the accompanying report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report.

To view the presentation accompanying this item, refer to the supplementary paper.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 00:12 – 10:50.

1. **Adult Social Care Assurance**

Fiona Connolly presented on Adult Social Care Assurance. The following discussion was had:

* Cllr Marcia Cameron (MC) expressed that the team have been working so hard, concisely, and efficiently regarding this work. MC spoke to the person from the Care Quality Commission (CQC) yesterday and comments were very positive around how Lambeth are doing. MC explained there had been an enormous amount of data collection The inspectors are going to look at the customer experience and how we support people in making decisions for themselves, especially those with mental health and physical disabilities. MC wanted to flag that there are a lot of occasions where we could promote more on what we are doing well
* RM agreed with MC as RM spent an afternoon with the initial contact team who do amazing work. We need to break down the walls around adult social care and celebrate the work we are doing - social workers want to come out and see what GPs do and this would be a good way to get people working together. RM highlighted again how impressive the team were.
* SG mentioned in the Assurance meeting this week there was a presentation which showed King’s was doing well in offering supportive employment for those with learning disabilities, but Guy’s and St Thomas’ did not feature so the question we posed was is there going to be a focus on Guy’s and St Thomas’ engagement? The question we have known for years now iscustomer satisfaction in relation to home care, the stability of the person who visits and if they have time to have a chit chat is very important and secondly, if they are connected into multi-disciplinary teams, should they have multiple needs, is also very important so I wondered if we are at a point to commission home care providers to provide home carers for small neighbourhoods to maximise recruitment potential for those who do not have resources to travel or have care needs where they need to manage the hours they work?
* Guy Swindle (GS) stated that adult social care and mental health is a core member of the Living Well Network Alliance so offered any help required with the inspection.
* FC thanked GS for his offer. FC explained we must demonstrate working together in one system to deliver holistic care and that we are joined up in the places we need to be joined up in and mental health is a good example of that. Those services are the ones we are cross cutting with other providers so we can demonstrate how effective we work but that does not mean we do not have challenges, so we need to know our current position in adult social care – what is going well, what areas need developing. We are responsible for prevention, which is a huge area for us, working with GPs and initial contact is a good example of partnership with Age UK. There were lots of referrals coming into adult social care, 80% were signposting and the voluntary sector are more skilled at signposting. We are still finding too many assessments that are not leading to care and support. We want to make sure we are working with those who really need it so that is a good example of how we are trying to work with the voluntary sector in adult social care.
* FC explained we need to be aware of what our organisations offer and do the work together that prevents people becoming unwell earlier than they need. To MC’s point, it is intense, but that’s ok as we have been able to bring in extra resource, in particular around communications. Our measure of success will be if everyone has the same narrative of adult social care, so we are working with communications teams to define that narrative. Before the inspectors come, they will ask for a raft of information which will be data driven and the data will drive them to areas we are doing well in, to sense check those and then where we are not doing so well. We need to consider what we are doing about the areas that need improving and what are we doing with the data to drive improvements because improvements mean better outcomes.
* To SG’s point, around neighbourhood working, colleagues are working hard in this space. We have seen the business case for how we want to go out to procure neighbourhood-based models of care and support. The main reason for that is local people knowing local workers as they live in the area, building relationships with nursing teams and housing officers. We need to bring everyone together to share intelligence and keep people well.
* In terms of contacting us, we have good websites and good details on websites. If we take the case of housing and people who want to complain, not many people complain, but what is clear is our own systems and processes do not make it easy as we have multiple entry points for talking about housing, so we are streamlining that into a single point of contact. I do not see those same challenges with people trying to contact us regarding adult social care, I believe people can contact us quite easily.
* PJ raised a question, sent in advance, around forms and the formatting. Richard Sparkes (RS) says there is a dedicated email address GPs can use to contact adult social care and they can attach any form that is relevant to them and make a referral. We do have an online form we encourage other professionals to use, and we have done work to simplify that. we encourage professionals to use the online forms so phonelines are kept open to those who are not good with digital platforms. RM confirms practices are still sending documents to the incorrect email and explained Mina and her team agreed to provide information on what adult social care does, the statutory duties and the email address, the form to use and RM will distribute this information to practices in Lambeth. RS will pick up outside the meeting.

**Action: Richard Sparkes to provide information on adult social care responsibilities, their statutory duties and to reissue email addresses and forms to use to GP practices in Lambeth.**

 **RESOLVED**

1. Board Members to note the new external inspection regime for Adult Social Care
2. Board Members to consider those areas where support is requested from the Lambeth Together Care Partnership Board

To view the presentation accompanying this item, refer to pages 33 to 48 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 11:06 – 49:30.

1. **Substance Misuse – Deep Dive**

Ese Iyasere (EI), Robert Goodwin (RG) and Mike Kelleher (MK) gave a deep dive on Substance Misuse:

* DA asked what should GPs and GPs in training should be looking out for in terms of physical problems – should they be looking for liver problems or should they be screening people for chronic obstructive pulmonary disease, for example?
* MK explained if you look at mortality in working age adults under age 55, the vast cause of it is related to drug and alcohol abuse and the lead cause of death in the under 55s is liver disease. The main cause of liver disease is alcohol so when it comes to patients in GP surgeries and picking up the causes, GPs can do the simple AUDIT-C screening to identify people who drink too much and then make the relevant referrals. The other big physical health killer we see is [Chronic Obstructive Pulmonary Disease (COPD)](https://www.bing.com/ck/a?!&&p=9c02b7bf870b1c7dJmltdHM9MTY5NTYwMDAwMCZpZ3VpZD0xYTQ2OGJiNi02YjZmLTZlMTYtMDllNS05OTkwNmE1NzZmMzEmaW5zaWQ9NTIwMg&ptn=3&hsh=3&fclid=1a468bb6-6b6f-6e16-09e5-99906a576f31&psq=copd&u=a1aHR0cHM6Ly93d3cubmhzLnVrL2NvbmRpdGlvbnMvY2hyb25pYy1vYnN0cnVjdGl2ZS1wdWxtb25hcnktZGlzZWFzZS1jb3BkLw&ntb=1) - when we look at alcohol dependant patients, about 80% of them smoke and with Opioid dependant patients, about 90% of them smoke. When you look at the general adult population, only about 15% of them smoke. When you think about 5% of the population are drug or alcohol dependant and nearly 100% of them smoke, that is about a third of people who are smoking and are either drug or alcohol dependant. We run a smoking cessation clinic and have a community respiratory team come to our services in Brixton and run a clinic where they check people for COPD and offer treatment for asthma and COPD. These are the two big issues practices should be looking out for.
* AE noted the data is striking but it would be helpful to see numbers as well as percentages. Secondly, what MK describes is taking a population health approach, yet, the services are still reliant on individual referrals, so is there any way we can use this population health approach to have a pull referral rather than a push approach. How do we look at databases to pull people in?
* George Verghese (GV) was interested in mental health crisis presentations and believes what is turning up a lot into our emergency departments are mental health patients, probably well known to the system but are exacerbated by substance misuse issues. For the GP, how they connect with substance misuse and dual diagnosis workers can be a little challenging at times. GV wondered if we could think about solutions to that going forward.
* JD asked when health leads had conversations with the Office of Health Improvements and Disparities (OHID) in August, some of our partners were saying a big constraint was on recruitment and workforce development. JD understands it does not apply to us in Lambeth but would be interested to know if there is a dimension there at all. At the same time as us not seeing the referral rate rise as much as we would like, we do see a lot more street homeless people whose situations appear to be driven by addiction so the public would be wanting us to use whatever means possible to help get those street homeless people into treatment. JD wondered if those links are as strongly developed as they could be.
* SG is interested in the prison system and whether the team know the reasons why we are getting so few people into treatment once they come out of prison.
* Raks Patel (RP) asked what happens once the individual gets the service, is there any information about outcomes?
* Nozomi Akanuma (NA) believes what is missing in terms of identifying needs and providing interventions is the neuro and cognitive side of the consequences of substance misuse. Quite often, the number of those affected is small, but it still takes up a lot of resources to deal with and not many people have that level of expertise across the borough, which may be why there is a bit of a gap with these situations.
* EI explained we do have access to specific numbers so we can get those. Regarding pulling people in rather than waiting for referrals, we are looking at how we frame things regarding alcohol and how we ensure that message resonates with people who have those problems and that they feel comfortable and confident enough to come forward and access treatment. This would also answer the question around prevention – we are working with the rough sleepers’ team and their outreach service to engage rough sleepers while the team is out and about. We can understand the type of rough sleepers we have, where they are from, what pulls them into Lambeth, etc., so we are on top of that and produce targeted, bespoke solutions. We are in the process of pulling together an outreach team dedicated solely to substance misuse, above and beyond what the team already do.
* In answer to GV’s question, it is clear that in Lambeth, wherever people turn up, they should get support. MK explained their team talks a lot with the mental health team and looks at things that can be done but does realise more than can be done. NA adds there is a dual diagnosis worker post and believes the interface within the local relationship is effective NA believes the challenge around how we will eliminate discrimination or different treatment is a lot bigger than getting extra staff members and notes that, within our control, we treat people with mental health conditions and substance misuse conditions without using the word disorder or discriminating. NA agrees there is a lot more to do.
* GV mentions the Staying Well Clinic and that it would be a good idea for the local substance misuse worker to attend that clinic. NA explains there is a Primary Care Network Living Well Centre virtual clinic which we have enrolled into 6 out of 9 Primary Care Networks, so we are in the first phase of enrolment. NA said more will come. GV asks that a substance misuse worker attend an hour or 30 minutes every other week. MK can take that away from the meeting.
* MK wanted to note on AE’s point – the reason referral numbers are so low and self-referrals are so high is because there are no barriers to people coming in to see us. We will see people without asking many questions.
* EI answered JD’s question around workforce – we are in a good place in Lambeth. RG explained we did a workforce development review and found it is a national issue and we did not find anything particularly problematic regarding Lambeth. We are feeding into a regional workforce development group and are working across South East London where issues are shared, how we train people, how we retain people, etc. is shared.
* Regarding the prison question, RG explained we are looking at our main feeder prisons, where the numbers of people are and how we compare with other areas and we are working with them, such as Croydon, which has a higher referral uptake than us so we are finding out what they are doing right, how can we share learnings, etc. We are hearing from prisons that every local authority wants prison workers inside and prisons cannot accommodate that so we are working with Croydon and Southwark to see if we could get one or two workers inside to represent our boroughs and link to services – this is due to the pressure on the prisons. We are working with NHS England who are commissioning prisoner’s health within the prisons, to link in our services with them. We are moving forward a lot with that. Private prisons have made it clear they will not let local authorities in. EI added that we are all talking to each other and helping each other make links with each borough.
* MK answered RP’s question about what happens when people go through the service – we provide treatment in line with national guidance. There are two things we do – we harm reduce; we keep people alive until they make their choice. There is a lack of rehab space, due to 13 years of lack of money and there is a difficulty getting things in place, but we have considerable amounts of community rehabilitation and are doing our best to integrate with physical and mental health care.
* AE wanted to follow up on the self-referrals and asked is there something we need to do to make people aware of that? MK noted the numbers are going up but there are a lot of myths DA is speaking to GPs in the borough, MK is speaking to pharmacists, but there is always more we can do to ensure people know they can self-refer. We do not screen people out; everyone will be seen.

 **Action: Ese Iyasere to provide specific numbers with the presented data provided.**

 **Action: Mike Kelleher to find out if a substance misuse worker can attend the Primary Care Network Living Well Centre virtual clinic.**

 **Action: Consider how we promote self-referral into the services.**

**RESOLVED**

1. Board Members to support Lambeth in achieving the ambitions of the drug strategy regarding numbers in treatment.
2. Accept the offer of free training related to substance misuse in Lambeth.

To view the presentation accompanying this item, refer to pages 49 to 65 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 49:37 – 1:45:30.

1. **Questions from public attendees**

There were no questions from public attendees.

1. **AOB**

 The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as 16th November 2023 and will be held in person and virtually. The venue is to be announced.

 GS explained that South London and Maudsley colleagues were happy to attend Mosaic Clubhouse to administer vaccinations for colleagues and service users. GS agreed a date would be arranged. This follows a discussion during the break where SF asked if Mosaic colleagues would be included in vaccinations for healthcare colleagues.

 **Action: GS to arrange a date for Mosaic Clubhouse to receive their Covid vaccinations.**

 The meeting ended at 16:58.

CHAIR

LAMBETH TOGETHER CARE PARTNERSHIP BOARD

 Thursday 21 September 2023