**LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES**

**Thursday, 5th September 2024, 2pm**

**Microsoft Teams**

[Part 1 Meeting Recording - Public Forum](https://www.youtube.com/watch?v=slEamwsX7Ak) (please note, the Public Forum does not have formal minutes taken).

[Part 2 Meeting Recording - Item 1 to 5 (Inclusive)](https://www.youtube.com/watch?v=vGRwFbLvmQ8)

[Part 3 Meeting Recording - Item 6 to 11 (Inclusive)](https://www.youtube.com/watch?v=HFA5u3phoU0)

[Board Meeting Papers](https://moderngov.lambeth.gov.uk/documents/g16839/Public%20reports%20pack%20Thursday%2005-Sep-2024%2013.00%20Lambeth%20Together%20Care%20Partnership%20formerly%20Lambeth.pdf?T=10)

**Members Present:**

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| Cllr Jacqui Dyer | 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 |
| Alice Jarvis | Director of Operations and Partnerships, Guy’s and St Thomas’ NHS Foundation Trust, (deputising for Louise Dark, Chief Executive, Integrated and Specialist Medicine, Guy’s and St Thomas’ NHS Foundation Trust) |
| Bimpe Oki | Acting Director of Public Health, Lambeth Council |
| Cllr Judith Cavanagh | Young People’s Champion, Lambeth Council |
| Cllr Tim Windle | 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 |
| Folake Segun | Interim Chief Executive, Healthwatch Lambeth |
| Jasmina Lijesevic | Lay Member |
| Paul Coles | Chief Executive, Age UK, Lambeth |
| Richard Outram | Director Adult Social Care, Adults Social Care and Housing, Lambeth Council |
| Sarah Flanagan | Patient and Public Voice Member |

**Apologies:**

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| Andrew Carter | Corporate Director of Children’s Services, Lambeth Council |
| Dr Nozomi Akanuma | Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust |
| Dr Penelope Jarrett | Chair, Lambeth Local Medical Committee |
| Julie Lowe | Site Chief Executive, Kings College Hospital NHS Foundation Trust |
| Lilian Latinwo-Olajide | Programme Director, Black Thrive, Lambeth |
| Louise Dark | Chief Executive, Integrated and Specialist Medicine, Guy’s and St Thomas’ NHS Foundation Trust |
| Nathalie Zacharias | Director of Therapies, South London and Maudsley NHS Foundation Trust |
| Therese Fletcher | Managing Director, Lambeth GP Federation |

**In Attendance:**

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| Edward Odoi | Associate Director of Finance, Lambeth, Southeast London Integrated Care Board |
| Ese Iyasere | Public Health Consultant, Lambeth Council |
| Guy Swindle | Deputy Director, Living Well Network Alliance |
| Josepha Reynolds | Programme Director, Neighbourhood and Wellbeing Delivery Alliance |
| Lorraine Gordon | Interim Director, Living Well Network Alliance |
| Oge Chesa | Director of Primary Care and Transformation, Southeast London Integrated Care Board |
| Ruth Hutt | Acting Corporate Director of Housing and Adult Social Care, Lambeth Council |
| Simon Boote | Children and Young People Alliance Lead |
| Warren Beresford | Associate Director, Health and Care Planning and Intelligence, South East London Integrated Care Board |
| Dr Nandini Mukhopadhyay | GP and Clinical and Care Professional Lead for Mental Health, Learning Disabilities and Autism |
| Jamie Shovlin | Lead Manager, Lambeth Street Engagement Team, Thames Reach |
| Michael Corbishley | Homewards Head of Local Delivery |
| Rob Carrick | Lead Commissioner, Substance Misuse, Lambeth Council |
| Vanessa Cottrell | Senior Commissioning Officer, Public Health, Lambeth Council |

**1 Introductions**

Board Members present introduced themselves. Apologies were noted from Julie Lowe, Nathalie Zacharias and Dr Penelope Jarrett.

A welcome was given to new Board members, Jasmina Lijesevic, the new Lay Member on the Board, Cllr Tim Windle, Sarah Flanagan, who is returning as Patient and Public Voice Member and Folake Segun, the Interim Chief Executive of Healthwatch, Lambeth, who will take Mairead Healy’s place on the Board while Healthwatch are recruiting a new Chief Executive.

**Reporting back from the Public Forum**

Dr Di Aitken welcomed Members to the meeting and noted the topics discussed during the earlier Public Forum that included:

* Sarah Flanagan gave an overview of work she has been completing as Patient and Public Voice Member and wanted to note she attended the Lambeth Country Show in June, which was a great day for all partners involved. Sarah has also attended Chronic Pain Support Groups and has spoken at Group meetings mainly about Mosaic Clubhouse and services they offer.

The following topics were also discussed:

* Synnovis and the reduced pathology services over the last few months, as well as measures that could be taken to prevent a future cyber-attack from happening.
* Blood testing via Swiftqueue.
* The impact of a Kent patient transport going into administration and mitigating actions.
* Training for GPs around Myalgic Encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS) and Long Covid.
* Houses of multiple-occupancy (HMO) and the impact of mould in an HMO in West Norwood.
* MPox, measles, whooping cough, and vaccinations.
* The Ageing Well Festival taking place on Saturday 5th October at The Oval for residents over fifty, along with their relatives and carers.

**Action: Provide a written response regarding Synnovis and blood testing questions. and arrange a focused meeting to develop solutions to ensure we remain a borough of equity and justice. Action: Alice Jarvis to link Lorraine Gordon with colleagues regarding the mental health impact Synnovis may have had on patients.**

**Action: Andrew Eyres to follow up with King’s regarding the Trust’s stance on the Ambulance Service.**

**Action: Andrew Eyres to follow up with Ruth Hutt regarding addressing mould.**

**Action: Nicola Kingston to contact Odilon Couzin regarding the Lambeth Housing Group.**

Responses to the 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/)

**2 Declarations of Interest**

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

None were declared.

**3 Minutes from 11 July 2024 Meeting**

The [minutes](https://www.lambethtogether.net/wp-content/uploads/2024/09/Draft-LTCP-Board-Minutes-11.07.2024-Updated-Final-Following-Sep-Board.pdf) of the meeting of Thursday 11 July 2024 were agreed as an accurate record of the meeting.

Rich Wiltshire, the previous Patient and Public Voice Member, sent some comments via email regarding the July minutes. These amendments will be added to the July minutes and updated on the relevant websites.

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

Andrew Eyres gave an overview of the key highlights in the Place Executive Lead report. The following discussions took place:

* Dr Raj Mitra asked, with the new government coming in, had any senior meetings been held about what the current priorities are for the year ahead? Andrew confirmed that system-wide sessions were underway. Dr Di Aitken mentioned that she had an invitation to join a meeting to give their views around out of hospital care and primary care. Richard Outram confirmed invitations were beginning to come in from the new minister for social care.
* Richard explained that he had been in a meeting earlier this morning with King’s College Hospital (KCH) and Guy’s and St Thomas’ Hospital (GSTT) around wanting to frame Lambeth Together, determine what the ask was in the short term around managing the immediate demands on our population systems and making sure that's a coordinated response, and also forming a longer term ask around how do we move things towards a prevention agenda, rather than responding to an immediate crisis.
* Dr Aitken confirmed it would be good to coordinate what is coming out of Lambeth in terms of our narrative when we meet people who have national influence. Dr Aitken asked if this topic could be built onto the agenda for the Board Seminar in October.

**Action: Add item to Seminar agenda in October.**

**RESOLVED**

1. Board members noted the update on key developments since the formal Lambeth Together Care Partnership Board meeting in public on 11th July 2024.

To view the report accompanying this item, refer to pages 17 to 26 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 03:20 – 14:08.

**5 Substance Misuse - A Deep Dive**

Rob Carrick, Ese Iyasere, Vanessa Cottrell, and Jamie Shovlin presented a deep dive into the Substance Misuse Programme and Combating Drugs Partnership (CDP). The following was discussed:

* Dr Di Aitken was pleased to hear about the Street Engagement team working with the Metropolitan Police to find out about the locations within Brixton where there is the most drug use.
* Dr Aitken asked about the uptake of GP training and whether the team was happy with the uptake or if there was anything the Board could do to assist in getting more GPs trained in Level One and Level Two.
* Dr Aitken also asked about a street death she had recently heard about in Brixton and asked if that was outside of the norm for the Substance Misuse team or if that was something the team are seeing more frequently.
* Cllr Judith Cavanagh asked if the Substance Misuse team are part of the Homewards Project initiative.
* Paul Coles wanted to thank Jamie for his support with the new offices for Age UK. Paul asked how long the team’s interventions with a single person are before they are committed to taking on treatment. Paul also asked if the team are doing a cost benefit analysis as part of the assessment to see how well the project has done.
* Andrew Eyres asked about the residential figures and the difficulties in hitting the targets and asked if that was due to people being unwilling to go into residential support, or if there was no need for it, or because there is no capacity to deliver the care. Andrew also asked about overall numbers and asked if we are making an impact on a significant proportion of the population.
* Dr Nandini Mukhopadhyay explained there was a drug and alcohol worker within general practice, and it made a huge difference, so wondered if there is a rollout for more of those workers. Dr Nandini also explained not all GPs are aware of what happens at Lorraine Hewitt House and wondered if there was any digital process that could help GPs support the team and the patient, such as around prescribing.
* Sarah Flanagan asked if individuals are choosing not to be involved in treatment and would like a clearer picture of what is happening.
* Ese and Rob explained the organisation and management of the training has recently moved over to Lorraine Hewitt House so Rob will link Dr Aitken to the manager via email to get an understanding of what is happening with the training uptake.
* Ese explained the Street Engagement team is a support team and not an immediate response team but as a system teams work together for a response. For example, the teams worked across Lambeth and South East London (SEL) to train those most likely to be present at incidents, to administer Naloxone, and have advocated for Police colleagues to carry Naloxone. The Police are fully engaged in public protection regarding this matter.
* Dr Aitken explained it may be worth approaching the Business Improvement District to see what the appetite is for businesses to assist in these matters. Ese confirmed the District has been approached to recruit businesses into a Harmonisation Programme and Commercial Licensing Officers have been offered Naloxone training, for example, and that offer will continue to rollout.
* Rob went on to answer Cllr Cavanagh’s point around the Homewards Project and explained the Substance Misuse team work very closely with the rough sleeping pathways and those at risk of rough sleeping. The team are in receipt of the Rough Sleeping Drug and Alcohol Treatment Grant, and it is due to come to an end in March 2025, but that funds a team across the integrated health network across Lambeth for those rough sleeping and those at risk of rough sleeping. Rob confirmed Jamie works for Thamesreach who offer the On Street Engagement team and offer outreach for those who are homeless or at risk of homelessness and work is being done to look at how the team can better support those in hostels who are subject to drug and alcohol addiction, so there are a lot of crossovers between the teams.
* In terms of Paul’s question around team interventions, Ese and Jamie explained that time spent is fluid and is anchored on building trust. The team are committed to dedicating time with service users. Jamie explained the team get someone into treatment after their first engagement but depending on what individual circumstances are, they will get assessed and depending on what their needs are, it will depend on the treatment programme they get and how long it takes to get them onto a programme. Jamie confirmed there is no one-size-fits-all approach and sometimes, the team are limited on how much time they can spend with someone, dependant on circumstances, but the commitment is for treatment to be continuous.
* Due to the uncertainty of the continuation of the grant, the team are looking to work with partners and service users to identify areas of the grant where significant impact has been made and will continue to sustain those areas.
* Ese explained that over a number of years, there has been a cut to funding for the Substance Misuse programme and that made the system react by firming up inclusion criteria, which affected a residential rehab. The team are aware that the inclusion criteria for referral into residential rehab was tightened in the past three supplemental grants. Ese explained there is an issue of capacity across London as all the same services are being used for residential rehab, but Lambeth ranks amongst the highest of users in residential rehab. The team are continuing to keep on top of who is due for referral. Rob went on to explain the assessment process for residential rehab takes time and it is unusual to have someone in the residential rehab without having an inpatient detox first.
* Ese noted that in response to Andrew’s question around numbers in treatment, within the presentation, it shows the team are in the right direction of travel across the various areas they are monitoring. Lorraine Hewitt House is working with practices to ensure that service continues within the main treatment services. Rob confirmed the team are looking to have more of an open access route for GPs in Lambeth to support this. Dr Aitken confirmed she can see activities from Lorriane Hewitt House and Ese confirmed the team would pull together some communications as to how GPs can access the data.
* Ese explained about substance users on the street and explained it is a challenging situation as treatment isn’t mandatory and the support team try to engage, learn what the issues are and encourage the service user. The team find some people choose to engage then they fall off and rejoin the services at another time, so it isn’t a one-size-fits-all approach, but the Outreach team is committed to engaging and reengaging those users. The team recognises it is a public safety issue where people are taking and supplying drugs on the street and the team are working with the Public Protection team and Police. Ese explained the key point here is reactivating the required assessment programme where the Police engages with the substance user rather than arresting them straight away. They will refer to the Substance Misuse Treatment Service and actively follow up referrals, giving the users chances to engage with the service before legal, punitive action is taken.

**Action: Rob Carrick to link Dr Di Aitken with the Manager at Lorraine Hewitt House to discuss Level One and Two training for GPs to get an understanding of what is happening with training uptake.**

**Action: Ese Iyasere and Rob Carrick to contact Lorraine Hewitt House to send communication to GPs about how to access their data systems to GPs have an overview of treatment service users are receiving.**

**RESOLVED**

1. Board members noted and discussed the deep dive into the Substance Misuse Programme, supplementary grant and Combatting Drugs Partnership and offered feedback to promote development and facilitate strategic measures to improve outcomes.

To view the presentation accompanying this item, refer to pages 27 to 52 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 14:10 – 1:14:40.

**6 Homewards**

Michael Corbishley gave an overview of the Homewards Project in Lambeth. The following discussions took place:

* Cllr Judith Cavanagh explained that there a many young women in temporary accommodation, raising young children. Cllr Cavanagh explained there isn’t usually much investment into helping these women so was happy to see the Homewards Project was considering more funding for this area.
* Cllr Cavanagh also explained, if the project wanted to get in touch with single parent families, she could identify families that could assist with the project, if they needed that type of resource.
* Sarah Flanagan asked if the project was going to be involved in building houses or if that was to be left to other agencies to do.
* Michael explained the project will not develop and own houses as it is not in the skill set as an organisation. The project has a role to bring the right partners in place to get as much housing underway as possible. Small brownfield sites are often unattractive to developers, but the project has a broad range of developers who can deliver on those sites. Michael confirmed the organisation are not interested in building or owning housing, but they can bring people together to get that going.

**RESOLVED**

1. Board members considered and fed back on the possible synergies with areas of work.

To view the presentation accompanying this item, refer to pages 53 to 105 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 00:07 – 13:35.

**7 Primary Care Commissioning Committee (PCCC)**

Oge Chesa gave an update on the PCCC meeting from 17th July 2024. All decisions made at the PCCC meeting were ratified by the Lambeth Together Care Partnership Board.

Warren Beresford explained, in relation to the ratification decision on page 118 of the Board pack, the Board was asked to ratify the decision made by the PCCC on 17th July 2024 to re-procure EZ Analytics for an additional year. Warren clarified the PCCC's decision was to allocate funding for the procurement of a Population Health Management (PHM) Tool for another year, not specifically to commission EZ Analytics. Warren also explained that while EZ Analytics is the tool being used for 2024/25, a formal procurement process will take place in 2025, which may result in the selection of an alternative tool.

**RATIFIED**

1. Board members noted the update on discussions held at the Primary Care Commissioning Committee on 17th July 2024.
2. Board members ratified decisions made at the Primary Care Commissioning Committee on 17th July 2024.

To view the presentation accompanying this item, refer to pages 107 to 118 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 13:45 – 23:15.

**8 Lambeth Together Assurance Group Update**

Warren Beresford gave an update on the Assurance Group meeting from 16th July 2024. The following was discussed:

* Andrew Eyres flagged a risk that has changed over time regarding primary care and the position around the Lambeth Walk surgery. Andrew confirmed there are now measures in place to address this. Andrew highlighted the good work with Practices, the Primary Care team and Estates team who came up with solutions in difficult territory. Andrew confirmed work is continuing on a permanent solution for the Lambeth Walk Surgery and Waterloo Health Centre.
* Dr Di Aitken explained that earlier today, she had to present to the SEL Inequalities Committee on Population Health work and Dr Aitken used the Assurance Group method around the driven change in culture and confirmed the Committee were so impressed that they want to discuss it at the next Place Executive Leads meeting for other boroughs.

**RESOLVED**

1. Board members noted the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 16th July 2024.

To view the presentation accompanying this item, refer to pages 119 to 164 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 23:15 – 35:55.

**9 Developing Integrated Neighbourhood Working**

Oge Chesa and Josepha Reynolds presented on integrated neighbourhood working. The following discussions took place:

* Cllr Jacqui Dyer asked about the two priority areas chosen – frailty and multimorbidity (the presence of two or more long-term health conditions). Cllr Dyer asked how we are attending to multimorbidity but also the mental health challenges at the place of neighbourhood working as Cllr Dyer does not see that visibly. Cllr Dyer felt there was an opportunity with some of the NHS England guidance around community mental health transformation and the intention there was about improving the interface between primary care and secondary care and Cllr Dyer does not see how that has been realised. Cllr Dyer sees a significant opportunity with our Neighbourhood and Wellbeing Delivery Alliance (NWDA) approach and the Alliances’ approach as a whole to really get that strengthened. Cllr Dyer would like to understand what work is being done around that. Cllr Dyer explained there was a mention around children and young people and mental health but it was not clear how that is operating at that level.
* Cllr Dyer asked how we are attending to mental health challenges, those of which are often around multimorbidity, using these structures and how are we implementing the Patient and Carer Race Equality Framework (PCREF) pertaining to mental health within the work this Alliance is doing around the two priorities chosen.
* Andrew Eyres explained that what Josepha describes is a moving piece of work over a local and national level and how we take forward integrated working will be a moving piece and the priorities we have identified are what we will be doing anyway. Andrew went on to explain that we are trying to do is bring together a range of initiatives that we have put in a coherent framework which gives us flexibility to change, and it is important we do that. We cannot lose the physical and mental health interface; we have separate Alliances dealing with this, but we need to make sure we are working together.
* Dr Raj Mitra explained that over the last ten years, Lambeth did a lot of work around frailty and multimorbidity and had data from American companies telling us who the people are. Lambeth have had a £10million project and we found out that at the top of the pyramid for frailty, the trajectory was not much different in terms of keeping well but the cohort below that is what we should be targeting so would be keen to use previous learnings in Lambeth and SEL of what does not work and not to repeat that.
* Dr Mitra also mentioned networking with local teams and the NHS plan and explained the whole point of the Health and Social Care Act was so that we would meet with our local colleagues, not just primary care colleagues, but mental health, paediatrics, etc. but we are yet to see district nurses, health visitors, or social workers in our practices and Dr Mitra believes meeting colleagues first is a quick win to get to know each other and then the network can begin to flow more easily.
* Dr Mitra went on to explain in his practice, in order to focus on reducing inequalities, they focus on the opposite approach to trying to improve capacity. Dr Mitra explained we know that 9% of the population in Lambeth take up about 40% of our appointments. If we halved that to 20% of appointments, we could offer the remaining 20% to those who find it difficult to see us or reach us. Dr Mitra would like to focus on access, improving the lives of the 9% of people in Lambeth who contact their GPs 40% of the time, who also may end up in A&E and outpatients a lot and focus more on that 9%, rather than work we have already done that we know will not make much difference. Dr Mitra would not focus on the two projects mentioned and would maybe focus on one but not both of them and focus on that 9% instead.
* Dr George Verghese mentioned around Cllr Dyer’s point on mind and body in the integrated neighbourhood team and explained that in Lambeth, we are in a special place with our neighbourhood team around mental health and we are the envy of the wider SEL community. Dr Verghese explained we have a community and secondary care interface with primary care. We have mental health practitioners in six of the nine neighbourhoods, and we have just had three people recruited to the mental health practitioners’ team. He explained that when we work on aging and frailty, they will also be able to join the offer of mental health and we are trying to provide as close to a holistic offer with primary care (in a broader sense, not just general practice), including community pharmacy, optometry, etc. and it does need some work. Dr Verghese explained mental health care is unfortunately a second-tier service in the modern-day NHS, so we have to keep pushing for that. Dr Verghese reiterated that Lambeth are in a good place, however, we must keep pushing.
* Dr Nandini Mukhopadhyay explained that we have been working behind the scenes with primary and secondary care, we have staying well meetings which are about addressing the person holistically. Some of our patients with serious mental illness die of preventable conditions two decades earlier than those without mental illness. The NHS England target is 60% of patients who should have a physical health check, and we met the target in Lambeth with 60% to 80% of those checks being completed. Lambeth are the only borough in SEL who did that, and we are now aspiring to more than NHS England’s national targets. Dr Mukhopadhyay explained it is not just the check but also what happens after the check and what health inequality has been identified as a result of the check. Lambeth are undertaking physical reviews for those under mental health review, and we started a pilot eighteen months ago with South London and Maudsley NHS Trust (SLAM) using community teams to help look at people more holistically.
* Dr Di Aitken explained regarding Dr Mitra’s point on improving capacity and working with people who attend frequently that the current Local Quality Improvement Scheme does address Dr Mitra’s point in terms of looking at people with chronic pain and offering those patients a chronic pain review if they are on more than ten different types of medication, or if they have fibromyalgia, or if they appear on a frequent attenders search long-term. It has been rolled out across four Primary Care Networks (PCNs) then it will be rolled out with searches that have just been finalised.
* Cllr Dyer explained that part of the NWDA is about early intervention and prevention. We have to consider that we have a demographic nature of these challenges here and where is that data and how will we utilise the data? We know our Black communities suffer more multimorbidity’s and are overrepresented in detention under the Mental Health Act and we know it exists so how are we using that data to attend to this in a targeted way? When we look at how are we using PCREF, where there is that data around severe mental illness in terms of ethnicity, how are we applying the range of data sources and what do we need to do to improve outcomes? Cllr Dyer noted that she is appreciative of these projects that are being focussed on.
* Cllr Dyer explained that when she is in a mental health space such as SLAM, when talking about primary care, there is no idea of what is happening here and the work that is being done, which is concerning, and it is not joined up.
* Lorraine Gordon explained that Alliances are working together but it is not as transparent for all to see so Alliances can do more work around communicating the work being completed.
* Josepha mentioned Cllr Dyer’s point and explained it shows we need to algin the NWDA and Living Well Network Alliance (LWNA) better and explained it may be worth the Alliances coming back to a future Board meeting to present jointly about how Alliances are aligning with mind and body work. In terms of engagement around PCREF and the delivery impact of that engagement work, that also needs to be communicated better so that can also be brought back to a future Board meeting.
* Josepha went on to explain there are broader pieces of work that partners are completing and the NWDA are working with Richard Outram on Adult Social Care and are looking at work being carried out in Norfolk on those expected to become frail and have falls and evidence is already showing a huge impact on quality of life.
* Richard Outram explained it is still early days on that piece of work and the team are hoping to show Cllr Dyer and Cllr Windle in the near future the beginnings of that work.
* Dr Mitra explained we do not want to repeat the same mistakes as before and that we make sure the models are different. We need to involve those who are frail and help them with what keeps them well. Those patients will focus on social determinants to determine what keeps them well. The social things such as company, having someone to talk to keep people well more than medication and appointments.
* Cllr Dyer explained that she would like a better understanding of this area of work, for example, in secondary care, there is an absence of understanding of what is being presented on this. In the PCREF Part one of the focus is severe mental illness, amongst other data sources, our evidence of what we are doing in response to our demographic data/racialised experiences is vital and we are not just talking to ourselves, we are talking with our constituents, and we’re trying to build trusting relationships that mean people come to us earlier rather than avoid us because they fear us.

**Action: Reshare the work of Primary Care and Alliance Network (PCAN) with Board Members.**

**Action: Josepha Reynolds and Lorraine Gordon to present at a future Board meeting about how Alliances are aligning with mind and body work and engagement around PCREF and the delivery impact of that engagement work.**

**Action: To discuss Cllr Dyer’s point regarding evidence of what we are doing in response to our demographic data/racialised experiences in the Board meeting de-brief with the Co-Chairs and Place Executive Lead of the Board.**

**RESOLVED**

1. Board members noted the Integrated Neighbourhood Working and agreed the proposed prioritisation and next steps.

To view the presentation accompanying this item, refer to pages 165 to 173 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 36:37 – 01:18:12.

**10 Questions from public attendees**

Wendy Horler asked a question regarding the Assurance Report, around the SEL Integrated Care Board (ICB) corporate objectives and delegated assurance metrics, namely that they are unrealistic and not aligned with local delivery, local trajectories are not consulted on, and Lambeth do not recognise these as achievable. Wendy asked, are there consequences for this and are there penalties for failure to commit to something you were not consulted about and cannot do?

* Warren Beresford explained that SEL have to report certain measures to NHS England and provide their own objectives based on these measures, so they have their own joint forward plan that Lambeth contribute to and have good working relationships with. However, they were comparing Lambeth to national benchmarks, and Lambeth have more deprived areas than other areas of the country, we have different demographics, we have a young population, a high population of Black and Ethnic Minorities and much more deprived areas in some of the reporting that went to SEL committees. Therefore, it was not right to compare us to national targets as we have different benchmarks. We came up with a trajectory that was more meaningful and engagement on this has been stronger in this financial year. Warren confirmed, in terms of any penalties, there was no penalty.
* Andrew Eyres thanked Wendy and explained SEL was trying to move quickly to a new system and confirmed they are listening and starting to respond to local differences.
* Sarah Flanagan explained, if we cannot reach those targets, she did not like the idea of changing them just because we will not meet them and explained we need to be trying to go for the best and not readjust. Andrew explained that we do not want to set ourselves unambitious targets but equally targets do have to be achievable to incentivise us to do better.

**11 AOB**

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as Thursday 7th November 2024, in person, venue to be confirmed.

The meeting ended at 16:59.

CHAIR

LAMBETH TOGETHER CARE PARTNERSHIP BOARD

Thursday 05 September 2024

Lambeth Together Care Partnership Board - Action Log

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| **No** | **Date Raised** | **Action** | **Open/Closed** |
| 1 | 11 July 2024 | John Manley to share data on workforce to show the demographic of the workforce and leadership team. | **Closed** |
| 2 | 05 September 2024 | Add item on demands on our population systems to Seminar agenda on the forward plan | **Closed** |
| 3 | 05 September 2024 | Send Primary Care Overarching Plan to Penelope Jarrett. | **Closed** |
| 4 | 05 September 2024 | Rob Carrick to link Dr Di Aitken with the Manager at Lorraine Hewitt House to discuss Level One and Two training for GPs to get an understanding of what is happening with training uptake. | **Closed** |
| 5 | 05 September 2024 | Ese Iyasere and Rob Carrick to contact Lorraine Hewitt House to send communication to GPs about how to access their data systems to GPs have an overview of treatment service users are receiving | **Closed** |
| 6 | 05 September 2024 | Reshare the work of Primary Care and Alliance Network (PCAN) with Board Members | **Closed** |
| 7 | 05 September 2024 | Josepha Reynolds and Lorraine Gordon to present at a future meeting about how Alliances are aligning with mind and body work and engagement around PCREF and the delivery impact of that engagement work. To be added to forward plan | **Closed** |
| 8 | 05 September 2024 | To discuss Cllr Dyer’s point regarding evidence of what we are doing in response to our demographic data/racialised experiences in the Board meeting de-brief with the Co-Chairs and Place Executive Lead of the Board. | **Closed** |