**LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES**

**Thursday, 15th May 2025, 2pm**

**Brixton Tate Library, 2 Brixton Oval, SW2 1JQ**

[Part 1 Meeting Recording - Public Forum](https://www.youtube.com/watch?v=jLJI6MSYUHI) (please note, the Public Forum does not have formal minutes taken).

[Part 2 Meeting Recording - Item 1 to 6 (Inclusive)](https://www.youtube.com/watch?v=_Veh42NuxGI)

[Part 3 Meeting Recording - Item 7 to 11 (Inclusive)](https://www.youtube.com/watch?v=7lc3x__GVNQ)

[Board Meeting Papers](https://moderngov.lambeth.gov.uk/documents/g16843/Public%20reports%20pack%20Thursday%2015-May-2025%2013.00%20Lambeth%20Together%20Care%20Partnership%20formerly%20Lambeth.pdf?T=10)

[Supplementary Papers Pack](https://moderngov.lambeth.gov.uk/documents/b36940/Business%20Planning%20Supplement%20Report%20Thursday%2015-May-2025%2013.00%20Lambeth%20Together%20Care%20Partnership%20.pdf?T=9)

**Members Present:**

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| Cllr Nanda Manley-Browne | 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 NHS South East London Integrated Care Board |
| Ade Odunlade | Chief Operating Officer, South London and Maudsley NHS Foundation Trust |
| 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) |
| Cllr David Bridson  | Cabinet Member for Healthier Communities (job-share), Lambeth Council |
| Damilola Bamidele | Head of Programmes for Lambeth, Black Thrive, Lambeth |
| Dr Nozomi Akanuma | Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust |
| Dr Penelope Jarrett*(non-voting member)*  | Chair, Lambeth Local Medical Committee |
| Dr Raj Mitra | GP, Children and Young People's Alliance Clinical and Care Professional Lead |
| Eugenie Dadie | Patient and Public Voice Member |
| Folake Segun*(non-voting member)* | Chief Executive, Healthwatch Lambeth  |
| Jasmina Lijesevic | Lay Member |
| Paul Coles | Chief Executive, Age UK, Lambeth |
| Ruth Hutt | Director of Public Health, Lambeth Council |
| Simon Boote | Children and Young People Alliance Lead (deputising for Andrew Carter, Corporate Director of Children’s Services, Lambeth Council) |
| Therese Fletcher | Managing Director, Lambeth GP Federation |

**Apologies:**

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| --- | --- |
| Andrew Carter  | Corporate Director of Children’s Services, Lambeth Council  |
| Dr George Verghese  | GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet |
| Fiona Connolly | Corporate Director of Housing and Adult Social Care, Lambeth Council |
| Julie Lowe | Site Chief Executive, Kings College Hospital NHS Foundation Trust |
| Louise Dark | Chief Executive, Integrated and Specialist Medicine, Guy’s and St Thomas’ NHS Foundation Trust |
| Sarah Flanagan | Patient and Public Voice Member |

**In Attendance:**

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| Alex Jackson | Programme Lead, Lambeth Together  |
| Edward Odoi | Associate Director of Finance, NHS South East London Integrated Care Board |
| Jane Bowie | Director, Integrated Commissioning (Adults), Lambeth Council and NHS South East London Integrated Care Board |
| Oge Chesa | Director of Primary Care and Transformation, NHS South East London Integrated Care Board |
| Warren Beresford | Associate Director, Health and Care Planning and Intelligence, NHS South East London Integrated Care Board |
| Jade Holvey | Associate Director Housing and Adult Social Care Commissioning, Lambeth Council |
| Jessica Engen | Consultant in Public Health, Lambeth Council  |
| Karen Mathieu | Senior Strategic Development Manager, Lambeth Council |
| Nancy Padwick | Strategic Lead for Sexual Health, Lambeth Council |
| Olawumi Ademokun  | Outreach Lead, Turning Point  |
| Ryan Jackson | Strategic Commissioning Manager, Lambeth Council |
| Serina Aboim | Clinical Service Lead, Health Inclusion Service |
| Tina Fleury | LSL (Lambeth, Southwark & Lewisham) Sexual Health Services, Turning Point |

**1 Introductions**

Board Members present introduced themselves. Apologies were noted from Andrew Carter, with Simon Boote deputising, Dr George Verghese, Fiona Connolly, Julie Lowe, Louise Dark, with Alice Jarvis deputising, and Sarah Flanagan.

Dr Di Aitken noted changes to some Board member roles since the last meeting in March 2025 and welcomed Councillor Nanda Manley-Browne and Councillor David Bridson as the new Cabinet Members for Healthier Communities (job-share). Dr Aitken explained that Councillor Nanda Manley-Browne will replace Councillor Jacqui Dyer as the Lambeth Together Care Partnership Board Co-Chair.

Dr Aitken thanked Cllrs Jacqui Dyer, Tim Windle and Judith Cavanagh for their valued contributions to the Board.

Other key changes noted were:

Two new member representatives were welcomed to the Board, Ade Odunlade for South London and Maudsley (SLaM) NHS Foundation Trust, and Damilola Bamidele for Black Thrive.

Dr Aitken welcomed back to the Board, Fiona Connolly as Corporate Director of Housing and Adult Social Care, and Ruth Hutt, Director of Public Health. Board Members thanked Richard Outram who covered for Fiona Connolly and Bimpe Oki who covered for Ruth Hutt while they covered interim roles over the past twelve months.

**Reporting back from the Public Forum**

Dr Di Aitken welcomed members of the public to the meeting and noted the topics discussed during the earlier Public Forum, that included;

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* Eugenie Dadie gave an update on work she has been completing as a Patient and Public Voice Member and asked, ‘How the Board can support Patient Participation Groups (PPGs)’.
* Synnovis and follow up on previous queries regarding Synnovis.
* National Autistic Society and annual health checks.
* Hosting climate theatre workshops linked to improving health.
* Clarification regarding the position around funding for the 2025 London Inspire Programme annual event in July.
* An issue on the process for wound dressing and need for better follow up to prevent a gap in treatment.

Responses to the specific questions raised at the Public Forum will be published on the [Lambeth Together Website.](https://www.lambethtogether.net/our-meetings/meeting-papers-archive/)

Dr Aitken informed Members that Dr Paul Heenan had recently passed away. Dr Aitken described key achievements of Dr Heenan’s career as a GP, his support for commissioning in Lambeth and as a founding partner at the Clapham Family Practice.

**2 Declarations of Interest**

Members were asked to declare any conflicts of interests linked to specific items on the agenda. No conflicts of interest were raised.

**3 Minutes from 06 March 2025 Meeting**

The [minutes](https://moderngov.lambeth.gov.uk/documents/g16842/Printed%20minutes%20Thursday%2006-Mar-2025%2013.00%20Lambeth%20Together%20Care%20Partnership%20formerly%20Lambeth%20Tog.pdf?T=1) of the meeting of Thursday 06 March 2025 were agreed as an accurate record of the meeting.

All previous actions are closed.

**4 Place Executive Lead Report**

Andrew Eyres gave an overview of the Place Executive Lead report.

**RESOLVED**

1. Board members noted the update on key developments since the formal Lambeth Together Care Partnership Board meeting in public on 06 March 2025.

To view the report accompanying this item, refer to pages 15 to 26 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 02:31 – 07:46.

**5 Deep Dive: Homeless Health**

Jade Holvey, Serina Aboim and Ryan Jackson presented a deep dive into the Homeless Health Programme. The following discussions took place:

* Dr Di Aitken questioned progress with input for the GP data the team had flagged. Dr Aitken asked GP colleagues whether they were involved with supporting this work. Ryan confirmed that some data had been received and supported by the Mawbey Brough Clinic.
* Folake Segun welcomed the presentation and offered help with dual diagnosis which had identified some issues. Folake said there is still a gap and asked what more can be done as GPs may generally be unaware of the support available for people who are homeless.
* Alice Jarvis commended the team and work presented.
* Dr Aitken thanked SLaM for their input.
* Ruth Hutt commended the work presented and noted partners are often not aware of the work being undertaken. Ruth explained the police highlighted the quality of outreach in Lambeth and combating drugs. Ruth welcomed the opportunity to follow up outside the meeting and to consider how this work can be strengthened, particularly regarding rehab.
* Dr Penelope Jarrett thanked the presenting team for the work undertaken and welcomed the positive news of efforts to ensure patients are registered with GPs. Dr Jarrett noted that sometimes contact is difficult as patients may use their parents’ address. In response to Dr Jarrett’s comments, the team will continue to work to ensure contact details are updated.
* Dr Raj Mitra noted higher addiction and malnutrition rates amongst this cohort and commented that. with a move toward a cashless society, it is a challenge to support the homeless with requests for cash. Ryan explained that Lambeth has a particularly wide range of support in place, including food banks, and that there are 343 bed spaces in Lambeth, therefore, the focus should be on supporting individuals to access this offer. Jade explained Streetlink is available to support individuals. Dr Mitra asked for cards to enable signposting to Streetlink. Jade said it was unclear whether cards are available, although a digital link can be shared with members.
* Folake asked what more members could do to support the team. Ryan noted the importance of awareness raising and confirmed that this meeting offers good opportunities to share the knowledge to ensure all are aware of the support for this cohort of individuals.
* Sareena said it would be a good idea to standardise coding across all practices to help prompt questions and have an extended threshold. Dr Aitken agreed.
* Dr Mitra noted that his practice receives 9-10 pages of blood results (blood screening of homeless patients) from the supported hostel without supporting details of what the specific issue is that the screening nurse is worried about. Sareena explained that the EPIC data system has a functionality to make this smoother/make the specific details clearer, therefore, this issue should improve going forward. Sareena explained that GP practices should be getting a letter accompanying the blood screening result and hopefully in future this will be more streamlined.

**Action: Jade Holvey to circulate Streetlink hyperlink details with Board members.**

**RESOLVED**

1. Board members approved the progress report on the work of the Homeless Health programme against ‘Our Health, Our Lambeth’ activities and outcomes; and
2. Endorsed and supported the recommissioning plans for the Vulnerable Adults housing pathway and rough sleeping outreach service.

To view the report accompanying this item, refer to pages 27 to 50 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 07:50 – 46:25.

**6 Deep Dive - Sexual Health**

Jessica Engen, Nancy Padwick, Karen Mathieu, Tina Fleury, and Olawumi Ademokun presented a deep dive into the Sexual Health Programme. The following was discussed:

* Dr Raj Mitra explained that Lambeth still has some of the highest HIV rates and asked what is unique to Lambeth that makes that the case.
* The team suggested that HIV rates are still so high amongst young people due to the impact of the Covid-19. There is a lack of confidence around signposting and in schools, it is often expected that untrained teachers will cover sex education and culture and factors such as stigma. Furthermore, sometimes the family unit is not an easy place for a young person to get information and advice. There are challenges and the average person does not realise that only 30% of people may have symptoms of STIs and that there is no shame in it.
* Dr Mitra also noted he had not heard of the Sexual Health website mentioned. Dr Penelope Jarrett commended the team on the website and like Dr Mitra, hadn’t heard of it until now. The team have promoted the website but will circulate again. The Communication and Engagement team have advised that the website link was well distributed, and a launch message was sent out the previous week.
* Dr Nozomi Akanuma congratulated the team on reaching hard to reach cases, such as complex and mental health issues, in particular, ethnic minority groups and would like to know how to work with the team to gain expertise on engaging these groups.
* Jessica confirmed Lambeth has the highest STI testing rates.

**Action: Sexual Health team to promote website to Board members.**

**RESOLVED**

1. Board members approved the progress report on the work of the sexual health programme against ‘Our Health, Our Lambeth’ activities and outcomes;
2. Endorsed the promotion of our sexual health services, including the outreach service and Find Sexual Health; and
3. Agreed to work in collaboration to achieve outcomes within the Sexual Health Strategy.

To view the report accompanying this item, refer to pages 51 to 67 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 46:45 – 1:26:55.

**7 Business Planning: Second Annual Review - *Our Health, Our Lambeth***

Alex Jackson presented on the second annual review of the *Our Health, Our Lambeth* Health and Care Plan. Beverly de Valmency from the Black Prince Trust, and Noreen, a local service user, shared their lived experience. The following was discussed:

* Alex noted that there is one final change to the Plan that will be edited by the design team for the final document, to correct a typo in the finance appendix.
* Dr Raj Mitra asked if there are any plans for the Black Prince Trust to work with Guy’s and St Thomas’ Hospital (GSTT) and King’s College Hospital (KCH) on pre-op rehabilitation.
* Beverly outlined the Black Prince Trust’s work with GSTT to deliver community days for musculoskeletal (MSK) patients. There are no plans currently to work on pre-op rehabilitation, but the team are interested in exploring this.
* Dr Mitra asked if there are any proposals within the Health and Care Plan to provide free weight loss injections as many patients do not fit the South East London Integrated Care Board (SEL ICB) criteria. Dr Di Aitken responded that the SEL criteria is very specific but there is a national consultation on the pathway, and she will discuss with the Medicines Optimisation team.

**Action: Dr Di Aitken to raise the weight loss injection guidance at the Medicines and Clinical Pathways meeting.**

Alex Jackson also presented the Integrator Model that has been agreed by the Neighbourhood and Wellbeing Delivery Alliance (NWDA) to support the delivery of Integrated Neighbourhood Teams (INTs), following delegation of this work at the March 2025 Lambeth Together Board.

Edward Odoi presented the 2025-26 NHS SEL ICB (Lambeth) Budgets, outlining the significant financial challenge and plans to deliver efficiency savings. Alex Jackson presented a summary of the Lambeth Council budget position for 2025-26 for Adult Social Care, Children’s Social Care and Integrated Health and Care. The following was discussed:

* Dr Penelope Jarrett stated that there are challenges to deliver the nationally negotiated GP contract within the funding allocated, as well as the proposed changes to the local contracts.
* Andrew Eyres noted that every sector is financially challenged and that all NHS providers have savings targets to deliver. Therefore, we will all have to work together to get the most from our budgets. Andrew noted that primary care has been allocated a larger uplift relative to other sectors.
* Dr Jarrett noted that GP leaders are very keen to continue to be involved in the development of the integrator role. Dr Raj Mitra asked how conflicts of interest with the integrator role will be managed to ensure patient care is optimised. Andrew responded that it is for the partners to collectively decide who the integrator is. The long-term aim is for the Neighbourhood and Wellbeing Delivery Alliance to become the integrator. In the meantime, the best approach is the combination of the NHS Trust, providing the scale of a large institution, in partnership with General Practice, which has the benefits of being close to the local population. This will need to be agreed by all partners.
* Caroline, a Public Attendee, asked if we should be concerned about the allocation for the GP national contract. Andrew responded that national contracts are negotiated between the Department of Health and Social Care (DHSC) and the British Medical Association (BMA). The question for us locally is whether it meets our level of need. For example, our registered list size for General Practice may grow in year, which would put pressure on the budget. This would equally apply across any other service. The expectation is to manage within the overall budget.

**RESOLVED**

1. Board members approved the second annual review of *Our Health, Our Lambeth* and the 2025/26 action plan;
2. Approved the final integrator model for Integrated Neighbourhood Teams (INTs) as agreed by the Neighbourhood and Wellbeing Delivery Alliance; and
3. Noted the 2025/26 SEL ICB (Lambeth) budget and 2025/26 Lambeth Council budget for health and social care and supported the expenditure plans.

To view the report accompanying this item, refer to pages 69 to 87 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 00:50 – 42:40.

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

Jasmina Lijesevic gave an update on the March PCCC meeting and Board members ratified all decisions made at that meeting.

Dr Di Aitken noted that there was a conflict of interest regarding the Lambeth Offer with GPs who are Board members and confirmed those members withdrew from the decision making.

**RATIFIED**

1. Members of the Board noted the update on discussions held at the Primary Care Commissioning Committee on 19 March 2025; and
2. Ratified decisions made at the Primary Care Commissioning Committee on 19 March 2025.

To view the presentation accompanying this item, refer to pages 89 to 99 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 42:40 – 52:10.

**9 Lambeth Together Assurance Sub-group (LTAG)**

Jasmina Lijesevic gave an update on the March LTAG meeting and the following was discussed:

* Dr Di Aitken explained the demand for the Single Point of Access is outstripping capacity and asked how we could resolve this issue. Dr Nozomi Akanuma explained two factors contributed to reducing waiting times within 14-28 days and explained initial modelling five years ago has needed updating. Due to processing time and triage time, even with extra staff, the service faces resource pressures.

**RESOLVED**

1. Board members noted the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 18March 2025.

To view the report accompanying this item, refer to pages 101 to 114 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 52:15 – 1:03:50.

**10 Questions from Public Attendees**

A member of the public identified a typing error in the Integrated Assurance report on page 15 related to the Learning Disabilities and Autism programme. The Board acknowledged and apologised for the typing error.

1. **AOB**
* Dr Raj Mitra noted the increase in unemployment rates and explained the work he is doing in his Primary Care Network (PCN) to reduce this and asked how the health and social care system can support to get people back into work. Andrew Eyres referred to his report earlier in the meeting outlining opportunities to join people up to wider services, including employment support for people with long-term health conditions. Some individuals are classed as economically inactive and that this may be due to health conditions that we can help with. Andrew explained there was a workshop at Denmark Hill earlier this week and it is a national priority to tackle this, noting there is more that can be done locally.
* Jasmina Lijesevic noted that in Lambeth some of those who are classed as economically inactive, particularly mothers and women on PIP, are not always able to go back to work. Therefore, despite the national definition, they should not be considered “economically inactive”, and there needs to be a different way of describing this.

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as Thursday 3 July, which will be held in person, location to be confirmed.

**CHAIR**

**LAMBETH TOGETHER CARE PARTNERSHIP BOARD**

 **Thursday 15 May 2025**

Lambeth Together Care Partnership Board – March Action Log

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| **No** | **Date Raised** | **Action** | **Open/Closed** |
| 1 | 06/03/2025 | An item on Integrated Neighbourhood Teams to be brought to the April Seminar. | **Closed** |