

LAMBETH TOGETHER STRATEGIC BOARD

Date and Time: **Wednesday 17 June 2020 1.00 pm**

Venue: **Online: hosted by NHS South East London CCG Via Teams**

BOARD MEMBERS:

Councillor Danny Adilypour	- Cabinet Member for Health and Social Care (job-share)
Dr Dianne Aitken	- GP and Assistant Chair NHS SEL CCG, clinical lead for Lambeth Neighbourhood & Wellbeing Delivery Alliance
Sarah Austin	- Director Integrated Care, GSTT
Tom Barrett	- Strategy Manager
Jane Bowie	- Director of Integrated Commissioning (Adults), Lambeth CCG and Lambeth Council
Liz Clegg	- Associate Director – Integrated Commissioning, Adults
	- London Borough of Lambeth & NHS South East London Clinical Commissioning Group
Fiona Connolly	- Executive Director of Adult Social Care
Natalie Creary	- Programme Delivery Director, Black Thrive
Councillor Edward Davie	- Cabinet Member for Children and Young People
Councillor Jim Dickson	- Cabinet Member for Health and Social Care (job-share)
Bayo Dosunmu	- Strategic Director, Resident Services
Sabera Ebrahim	- Head of Finance and Business, SEL CCG
Andrew Eyres	- Strategic Director, Integrated Health & Care
Therese Fletcher	- Managing Director, GP Federations
Sue Gallagher	- Lay Member

Graham Gardiner	- CEO Age UK
Heather Gilmour	- Deputy Director of Strategy
Peter Hesketh	- Assistant Director of Finance, ACS
Ruth Hutt	- Director of Public Health
Penelope Jarrett	- GP & Chair, Lambeth LMC
Sandra Jones	- Lambeth Patient Participation Group Network
Merlin Joseph	- Strategic Director of Children's Services
Sadru Kheraj	- GP & Primary Care Network Clinical Director
Adrian MacLachlan	- GP and Governing Body Member NHS SEL CCG, clinical lead for Lambeth Living Well Network Alliance
Raj Mitra	- GP and Lambeth Together Strategic Board Member, clinical lead for Lambeth Children and Young People Alliance
Abi Onaboye	- Director of Children's Commissioning and Community Safety, Lambeth CCG and Lambeth Council
Andrew Parker	- Director of Primary Care & Transformation, NHS SE London CCG (Lambeth)
Catherine Pearson	- Healthwatch Lambeth Chief Executive
Neil Robertson	- Alliance Director, Lambeth Living Well Network Alliance
Jane Stopher	- Neighbourhood and Wellbeing Programme Director.

FURTHER INFORMATION

This meeting will be held in accordance with Section 78 of the Coronavirus Act 2020 and the related Regulations which details that members of the public and press be provided access to the meeting through remote means, such as video conferencing and live streaming.

If you require any further information or have any queries please contact: Cheryl Smith, lamccg.lbsat@nhs.net

Attachments

**Guideline
timings**

00 Agenda

01 Lambeth BBB TOR Final

02 Covid Response Highlight Report

03 Lambeth Together High Level Summary Report

04 Lambeth Together Primary Care Programme Arrangements

05 Lambeth Hospital Report and Recommendations

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Wednesday, 17 June 2020, 13:00 – 15:30
Microsoft Teams meeting - Details to follow

AGENDA

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Draft Lambeth Together Strategic Board

Terms of Reference

Part A

Purpose/role

11. The overall purpose of the Board is:

- To provide overall leadership, guidance and control to the Lambeth Together Transformation Programme ensuring agreed outcomes are delivered.
- To be accountable for the delivery of the strategic outcomes:
 - Better population outcomes
 - Better experience of care
 - Better experience of providing care
 - Delivered at best value
- To allocate resources in line with national planning guidance and agreed SEL allocation agreements
- To set policies and structures (e.g. new delivery alliances, procurement routes)
- To steer strategic direction
- To be responsible for the direction, approval and decision-making of the Lambeth Together Transformation Programme rather than day-to-day management.
- To agree the purpose, objectives and scope of all work to be undertaken
- To decide whether suggestions for potential initiatives across the programme merit adding to the identified areas of improvement/transformation
- To own the prioritisation of work within the programme and reprioritise where appropriate
- To maintain oversight of resourcing and roles

Authority/Delegation/Decisions

1. In relation to Part A matters each member of the Board will bring with them the authority to speak and make decisions on behalf of their organisations. It is the expectation that the Board will provide strategic direction for the programme with the execution of that strategic direction delegated to the Executive Leadership Board.

Membership and attendance

2. The Board shall consist of agreed representatives from:

Part A
Part B members [see here] plus:
Community representative/s, including Black Thrive
Guys and St Thomas' NHS Foundation Trust
Kings College Hospital NHS Foundation Trust
South London and the Maudsley NHS Foundation Trust
Primary care - GP Federation/Primary Care Network leads
Local Medical Committee
Third sector representative/s

- The Board will be chaired by the Strategic Director Integrated Health and Care
- The Board will wish to consider attendance by other colleagues internal or external to CCG or council as appropriate.

Decision making

- In relation to Part A matters, it is expected that those present will be authorized to make decisions on behalf of their own organisations including in relation to decisions with financial implications up to their legal delegation limits.

Voting

- The aim of the committee will be to achieve consensus decision-making wherever possible. In the event that a vote is required, each member of the committee shall have one vote. Only Part B members of the Board may vote on Part B matters. All members may vote on Part A matters. The committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary.

Part B

Purpose/role

- To ensure Lambeth Council and SEL/Lambeth NHS strategies and commissioning intentions are implemented
- To undertake the responsibilities of an NHS SEL Borough Based Board as per the attached terms of reference (Appendix 1), including community services and client group commissioning e.g. Children and Young People.
- To improve outcomes for older adults and adults with mental illness in Lambeth and their carers, as per the existing Committees in Common
- To optimise the use of resources for these care groups across the commissioning responsibilities of the council and CCG.

- To agree commissioning strategy and policy for commissioning of services for older adults and adults with mental illness.
- To govern use and manage of the pooled budgets for the Better care Fund and Integrated Personal Support Alliance.
- To prioritise and guide the work of the Integrated Commissioning team.
- To own and assist in the resolution of risks and issues.
- To advise the Cabinet and CCG Governing Body

Authority/Delegation/Decisions

7. Matters relating to the allocation of pooled budgets for the Better Care Fund, the Living Well Network Alliance pooled budget and accountability for the use of delegated funds are referred to as 'Part B' matters.
8. In relation to Part B matters decisions will be made by the voting members of the Board [meeting as committees in common] against the respective schemes of delegations for the council and CCG. For the council, delegation is to lead members, Cabinet or officers. For the CCG, delegation is to the integrated commissioning team members with the Strategic Director Integrated Health and Care accountable as Senior Responsible Officer.
9. For this Board, the CCG members meeting together have delegated authority to make decisions under the CCG scheme of delegation.
10. For the council, lead cabinet members will make decisions in accordance with the council's existing scheme of delegation. This will be supported by discussions at the Board but the decisions cannot formally be made at the meeting.
11. For Part B matters the Board will be accountable to London Borough of Lambeth Cabinet for the council, and/or the appropriate SEL CCG committee or the SEL CCG Governing Body.

Membership and attendance

12. The Board shall consist of two committees, meeting in common:
 - (i) A Prime Committee of NHS SEL CCG acting under the TOR attached (appendix 1) chaired by a GP lead
 - (ii) A council principal consultative and partnership body comprising of Members and Executive representatives, acting within their delegation limits and chaired by the Committee in Common chair.

Part B
Members with voting rights
CCG Committee
<ul style="list-style-type: none"> • Strategic Director, Integrated Health Care (SEL CCG Member) • (Chair) Lambeth GP Lead (SEL CCG Member) • Lambeth GP Lead (SEL CCG Member) (vice chair) • Lay Member
Council Committee Representative
<ul style="list-style-type: none"> • Cabinet Member and Chair of Health and Wellbeing Board (Chair, Committee in Common) • Portfolio political leads x2 • Strategic Director, Integrated Health and Care • Statutory Director Adult Social Services (DASS) • Statutory Director Children's Services (DCS)

13. All voting members may agree a deputy; however, this must be a named individual and agreed with the Board Chair, who can vote on their behalf.

Part B
In attendance
Local Medical Committee
Director, Public Health
Healthwatch
Lambeth Clinical Lead

14. The Board will wish to consider attendance by other colleagues internal or external to CCG or council as appropriate.

Voting and Quoracy

15. The aim of the committees will be to achieve consensus decision-making wherever possible. In the event that a vote is required, each member of the relevant committees shall vote in accordance with their own terms of reference/delegations. Quoracy will also operate as per the relevant terms of reference/delegation. Only Part B members of the Board may vote on Part B matters.

Reporting

16. Any Part B recommendations, decision or items to note will be reported through the council's decision-making process and the CCG governing body meeting.



Lambeth together

Parts A and B Conflicts of interest

17. Where a conflict of interest is identified, the conflict and the action will be recorded in the minutes of the meeting and the register of interests updated accordingly

Frequency and notice of meetings

18. The Board will meet monthly as Part B (1.5 hrs) and bi-monthly as a joint meeting of both Parts A and B (3hrs). Prior to the bi-monthly joint meetings a one-hour public forum will be held.

Meeting arrangements and secretariat

19. The Board will meet in public from April 2020 with the incorporation of Borough Based Board responsibilities. Key decisions for the council will be on the Council's forward plan and minutes of the meeting will form part of CCG Governing Body public papers.
20. The Council's Democratic Services and the CCG's administrative support will provide support to these meetings.
21. Meetings will be held in suitable Council or local VCS meeting rooms.
22. Deadline for reports will be 8 clear days before the meeting. Council reports will follow the "Single Report Template".
23. Democratic Services will despatch the agenda 5 clear days in advance of the meeting. Agendas will be despatched electronically, via the Council's modern.gov system and via email and will be placed on Diligent.

Reporting

24. The minutes of the Board will be formally recorded and published 10 clear days after the meeting once they have been cleared by the Chair.
25. The Board will report at least six-monthly to the Health and Wellbeing Board, as well as to the CCG Governing Body and council Cabinet.

Review of arrangements

26. These terms of reference will be reviewed periodically.

Appendix 1

Lambeth Borough Based Board: The Lambeth Together Strategic Board (Part B) Terms of Reference

Approved:

Constitution

The Governing Body of NHS South East London Clinical Commissioning Group has resolved to establish a prime committee of the governing body to be known as the Lambeth Borough Based Board ("the committee") (for the avoidance of doubt these will be in place in each of the six south east London boroughs). The committee's executive powers are those delegated to it by the CCG governing body (please see below in terms of collaborative working) and which are included in these terms of reference. These terms of reference can only be amended by the governing body.

The Borough Based Board is a commissioner only committee and has been established to ensure that decisions are taken at the right scale, for delegated services, with local government involvement wherever possible.

In the interest of collaborative working, it can therefore operate collaboratively with the Local Authority either:

- (a) With Local Authority non-voting attendance or
- (b) as a 'committee in common' (CIC) with representatives from the local authority.

From the outset, it is expected that the Borough Based Board will have a relationship with the Board of the Local Care Partnership.

The accountability and decision making related to CCG decisions will remain with the CCG representatives when it meets with others in common. The committee will continue to report to the CCG Governing Body, and regular reports from the committee will be reported to the CCG Governing Body.

Purpose

The CCG Chair, Accountable Officer and Chief Finance Officer remain accountable for the whole CCG and ensuring that the CCG discharges its statutory duties. The main function of the CCG Governing Body is to ensure that the CCG has made appropriate arrangements for ensuring that it complies with its obligations to act with effectiveness, efficiency and economy, and such generally accepted principles of good governance as are relevant to it. All members of the CCG governing body and members of prime committees which support it, have a responsibility to discharge this function.



The committee is formally constituted by the Governing Body to make decisions and to make recommendations in relation to place based commissioning to the Governing Body or other relevant committees, which secure services, improve health and wellbeing and reduce inequality that are safe, timely, personalised, recovery focused and sustainable and which meet the needs of the local population within the available resources.

The committee, through its chair will escalate any issues of concern to the Governing Body and will ensure the committee is run in accordance with CCG governance. The chair will take account of Conflicts of Interest in any local decision making.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee.

This committee will have delegated responsibility for the commissioning of local services, as part of the overall commissioning plans of the merged CCG including:

- Primary care commissioning (and make recommendations to the CCG's primary care commissioning committee as required)
- Community services commissioning (in the context of the SEL CCG wide Commissioning Intentions and minimum common service offer)
- Client group commissioning
- Medicines Optimisation related to community based care
- Continuing Healthcare

The Lambeth Borough Based Board will be the prime committee for discussion and agreement for its agreed specific local delegated funding and functions and will work as part of South East London CCG.

The committee will produce an annual delivery plan for the areas of delegated responsibility and funding and will agree this with the South East London CCG Governing Body.

The Committee has a responsibility to manage the delivery of the annual delivery plan, the associated budget and performance for the areas in scope, ensuring that best value and optimal outcomes are delivered in these areas.

The Borough Based Director will have responsibility for the management of delegated local budgets and will be held accountable for ensuring budgets inclusive of QIPP savings are delivered on plan and that local QIPP schemes are delivered.

The committee has a responsibility to ensure effective oversight of its delivery plan, associated budget and performance and for escalating to the SEL GB if material risks to the delivery of plans are identified.

The Committee will manage the funds appropriately for the local population taking into account any conflicts of interest.



A purpose of the committee is to provide assurance to the governing body on the areas of scope and duties set out below.

Duties

Members of the committee will be held to account by the Governing Body for undertaking the following duties for agreed areas of delegated responsibility:

- Produce and implement an annual delivery plan for the areas above, aligned to the south east London Long Term Plan response, the CCG's commissioning strategy plan and the annual operating plan
- Monitoring and managing the delivery of this plan, in line with agreed outcomes and indicators of delivery
- Agree, monitor and manage service contracts with providers where agreed responsibility for contract management sits at borough level
- To provide overall leadership, guidance and control to the local transformation programme ensuring agreed outcomes are delivered
- To ensure local arrangements and therefore assurance are in place on statutory functions , including, but not limited to, SEND, safeguarding, CHC and quality and contribute effectively to central oversight of these areas.
- Oversee the delivery of agreed local efficiencies/QIPP and service redesign plans
- Ensure delegated budgets including running costs are deployed effectively and within the agreed envelope
- Establish appropriate partnership arrangements with local authorities to ensure appropriate integrated working, including the use, monitoring and management of agreed pooled funds
- Establish effective local governance arrangements to effectively discharge the committee's responsibilities in line with CCG governance arrangements, policies and procedures, which must be complied with at all times
- Ensure the delivery of statutory responsibilities including those relating to the Improvement & Assessment Framework and finance
- Identify all local risks and communicate these promptly such that they can be included/ adapted in the SEL CCG's risk register and identify and report on appropriate mitigations
- Engaging with and responding to local population, clinicians and staff to use their insights to shape local services, taking advice from the local Patient Engagement Forum, and providing assurance of local public engagement involvement and engagement activities to the relevant SEL committee.
- Consider local primary care commissioning and recommendations to the CCG's primary care commissioning committee as required
- Secure a coordinated borough contribution and response to the CCG's commissioning work, including to the development of annual commissioning intentions and delivery plans across the totality of CCG commissioned services.



- Produce regular reports to the Governing Body on areas of delegated responsibility

Authority/Delegation

The committee is authorised by the governing body to investigate any activity within its terms of reference and in line with the committee's prime purpose of appropriately managing delegated areas which meet the needs for and on behalf of the local population within the available delegated resources.

Membership and attendance

CCG Members (Voting)	Local Authority Members (non-voting attendance)	Other non-voting members in attendance
Borough Based Director	Director of Public Health	Local LMC representative
Borough CCG GP lead (chair)		Local Healthwatch representative
Borough CCG GP lead (vice chair)		Lambeth Borough clinical lead
Borough lay member		

The borough's embedded administration team is responsible for ensuring that the meeting will be quorate before the specified date. In the event that it will not be, the chair has the authority to co-opt another suitable person for the meeting.

The committee should agree and work to an annual programme to inform the drafting of committee agenda.

The accountable officer, chief financial officer and other South East London CCG executive directors may attend.

Other members of the CCG or partner organisations may also be invited to attend on a non-voting basis.

Chair of meeting

At any meeting of the committee, the chair if present shall preside. If the chair is absent, the vice chair shall preside. If the chair is temporarily absent on the grounds of conflict of interest, the vice chair shall preside. If both the chair and vice chair are absent on the grounds of conflict of interest, the borough lay member shall preside.

Quorum & Conflicts of Interest

The quorum required for any business to be transacted at a meeting is at least 75% of the voting members of the committee, rounded up to the next whole number, to be present at the meeting. For specific decisions related to primary care, within the borough's delegated authority, where conflicts exists and which is not a recommendation to the Primary Care Commissioning Committee, the quoracy will be



reduced to 100% of the non- conflicted voting members (i.e. the place based board director and lay member of the borough based board).

The committee chair is responsible for managing conflicts of interest that arise in a meeting.

Where members are required to withdraw from a meeting due to a conflict of interest or for any other reason that does not affect the meeting quoracy, then a decision or vote can proceed as normal.

Where quoracy cannot be met or voting members are required to withdraw from a meeting or part of it, leaving it inquorate, the chair should refer the matter to a meeting of the CCG's Governing Body.

Where a conflict is identified, the conflict and the action will be recorded in the minutes of the meeting and, where appropriate, the register of interests updated accordingly.

Decision Making

Where a vote is required to decide a matter, each member may cast a single vote. In the event of a tie the chair of the meeting may cast a second vote. A decision will be made on a simple majority.

It may on occasion be necessary for the committee members to make decisions outside of formal meetings. The committee chair will decide whether this procedure should be used.

Procedure of decisions made outside of formal meetings

The committee chair will arrange for the notice of the business to be determined and any supporting paper to be sent to members by email. The email will ask for a response to be sent to the committee chair by a stated date. A decision made in this way will only be valid if the same minimum quorum described in the above paragraph, expressed by email or signed written communication, by the stated date for response, states that they are in favour.

The committee chair, or other individual, as appropriate will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting. A clear summary of the issue and decision agreed will then be recorded in the minutes of this meeting.

Frequency

Meetings will be held monthly and bi-monthly in public.

All persons other than those that are members (as specified in the constitution or relevant terms of reference) will be excluded from any meeting or part of a meeting where it is deemed that it is not in the public interest. Such circumstances will be limited to discussions relating to a matter of a confidential nature regarding an individual, or small group of individuals, where their identity could be revealed or to a matter which may be commercially sensitive. In such circumstances the governing



body will resolve that 'representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.

Reporting

The Borough Based Director is responsible for preparing a report on the proceedings of each meeting of the committee to be reported to the next meeting of the governing body. The chair shall draw to the attention of the governing body any issues that require disclosure or require escalation to the Governing Body.

The minutes of the committee should be formally recorded by the embedded admin team and also included in Governing Body papers.

The committee shall be supported administratively by the embedded governance & admin team, whose duties in this respect will include:

- Compilation of the annual work plan
- Agreement of agenda with the chair and borough based director
- Collation of papers
- Taking the minutes and keeping a record of matters arising and issues to be carried forward
- Taking steps to ensure quoracy
- Sending minutes and reports for the Governing Body

Review of Arrangements

The committee shall undertake a self-assessment of its effectiveness on at least an annual basis which will be shared with the Governing Body.

In addition, the borough based director will submit an annual report to the governing body to describe how the committee has fulfilled its terms of reference.

These terms of reference shall be reviewed periodically by the Governing Body..

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Report to: Lambeth Together Strategic Board

17 June 2020

Report Title	Lambeth Covid-19 routine summary highlight report
Author	Brian Reynolds - Associate Director Health and Care Planning and Intelligence
Summary	<p>This Lambeth Integrated Health and Care Lambeth COVID-19 Borough Response Group report provides a regular summary highlight update of the governance arrangements, data and programmes to the Lambeth Covid Borough Response Group.</p> <p>This summary highlight report is included here as Annex A to illustrate the scope and nature of conversations that have happened and are continuing to take place. The report is produced twice a week and shared with partners through the regular Covid Borough Response Group that meets every Tuesday and a further Extended Daily Covid meeting on Thursdays.</p> <p>System leaders are requested to note that the information contained is designed to provide a rolling summary narrative update to partners on key issues and responses to health and care matters within Lambeth. It does this by illustrating progress updates and areas of upcoming focus, including key decisions made by the group. It also sets out the rhythm of the main Covid meetings and the leads and contact details for specific programme areas. It uses a range of source materials from south east London CCG, Public Health England, ADASS, partners and programme leads, and elsewhere as appropriate.</p> <p>The report was initially modelled on the south east London Covid briefing, and adapted for local use. The report continues to be reviewed regularly to ensure it is informative and of use and as such has evolved since its first issue was produced on 25 March 2020. The example enclosed is Issue 23 of the twice weekly report from 03 June 2020.</p> <p>Also included, in Annex B, is a report covering the hubs. This has been a particular development in</p>



	response to Covid-19, and the slides are presented here for information, with more of an update being provided at the meeting.
Recommendation(s)	<p>The Interim Strategic Board team is asked to:</p> <ol style="list-style-type: none">1. Note the summary in Annex A providing illustration of the routine Lambeth health and care Covid highlight report.2. Note the report in Annex B on the Food and Voluntary and Community Sector: Next Steps to a Place-based Model.



Annex A

Lambeth Integrated Health and Care

Lambeth COVID-19 Borough Response Group

Twice-Weekly Briefing Issue 23: 03 June 2020





Contents

1. Lambeth Covid Leadership and Support
2. Coordination arrangements and weekly rhythm
3. Latest data
4. ADASS market intelligence report headlines
5. Lead area updates
 - Community Services
 - Acute Care
 - Primary Care
 - Mental Health
 - Children and Young People
 - Enabler and support groups
6. Register of key and urgent decisions



1. Response Team



Tier 1. Leads and overall support

Lambeth

Gold - Andrew Eyres
 Covid-19 lead - Liz Clegg
 Clinical lead - Adrian McLachlan
 BECC – Borough Emergency Contact Centre

Community Services

Social care

Gold - Fiona Connolly
 Silver - Richard Outram
 Bronze - Richard Sparkes, David Bello

Community Services

Gold - Jane Bowie
 Silver – Jade Holvey, Laval Lebon
 Bronze - David Worrall, Richard Croydon (CCG facing)
 Medicines Vanessa Burgess

Care Homes

Gold – Liz Clegg
 Silver – Laval Lebon

Primary care

Gold - Andrew Parker
 Silver - Garry Money
 Bronze - Mahroof Kazi and Antoinette Scott
 Clinical lead - Dr Adrian McLachlan

Mental Health

Gold – Jane Bowie
 Silver – David Orekoye

Children and Young People

Gold – Abi Onaboye
 Silver - Dan Stoten
 Bronze – Roneeta Campbell-Butler

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Tier 2. Enablers and specific programmes of work

Staff testing

Non-NHS staff, directly employed and commissioned – Maria Burton
 NHS staff Primary care – Garry Money

Financial support & continuity

Gold Council - Pete Hesketh
 Silver Council – Tom Dennerly
 Gold CCG – Sabera Ebrahim

Public Health and infection control

Gold - Ruth Hutt
 Silver - Marie Vieu
 Bronze - Ese Iyasere

Demand and capacity

Jane Bowie
 Richard Outram

PPE

Gold - Ruth Hutt
 Silver – Jade Holvey

Shielded Patient Lists

Ruth Hutt
 Garry Money

Community support

Gold – Paul Bates
 Silver – Fiona Connolly
 Bronze – Tom Barrett

Programme Support

Brian Reynolds, Emma Smith and Maria Burton
 Admin support - Sam Curtis



2. Coordination arrangements and weekly rhythm

COVID-19: Coordination arrangements Weekly rhythm



Title	Recurrence	Time	Andrew Eyres	Fiona Connolly	Ruth Hutt	Richard Outram	Jane Bowie	Liz Clegg	Laval Lebon	Maria Burton	PH team	Andrew Parker	Garry Money	Jade Holvey	Abi Onaboye	Dan Stoten	Andrew Travers
Lambeth C19 borough response group LBSAT	weekly after joint management	2.00 - 3.30	Yes	Yes	Yes	Yes	Yes	Yes				Yes		Yes		Yes	
Lambeth C19 daily telecom LBSAT	Monday and Friday	8.45 - 9.30	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	
SEL MD's	Mon, Wed, Fri	10.30 - 11.00	Yes														
SEL Primary Care CCG/Clinical Leads Call	Wednesday	5pm	Yes									Yes	Yes				
SEL + LA's	Wednesday	1:00-2:00	Yes	Yes	Yes												
Lambeth Primary Care Covid-19 Leadership	Mon, Wed, Fri	2.30-3.30										Yes	Yes				
SEL Primary Care Incident Response Call	Mon, Wed, Fri	4.00-4.30											Yes				
Public Health catch up		9.30 - 10.30			Yes						Yes						
Teleconference hub support for vulnerable people		12.15 - 1.00			Yes												
Childrens Services C19	Daily	12.30 - 1.15													Yes	Yes	
C19 Response group	Mon, Wed, Fri	1.00 - 2.00		Yes	Yes	Yes		Yes								Yes	
C19 Strategic Group	Mon, Wed, Fri	4 - 5 pm	Yes	Yes													Yes
Skype call for DsPH/PHE re C19	Weekly Friday	1 - 2 pm			Yes												
SEL CCG call	Wednesday													Yes			
SEL LA PPE call	Wednesday													Yes			

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Public Health
CE meeting
External meeting
Lbsat



3. Latest data

COVID-19: latest status – COVID-19 Cases SEL UTLAs

Source: South East London COVID-19 Daily Summary Report, SEL CCG, 02/06/2020



South East London
Clinical Commissioning Group

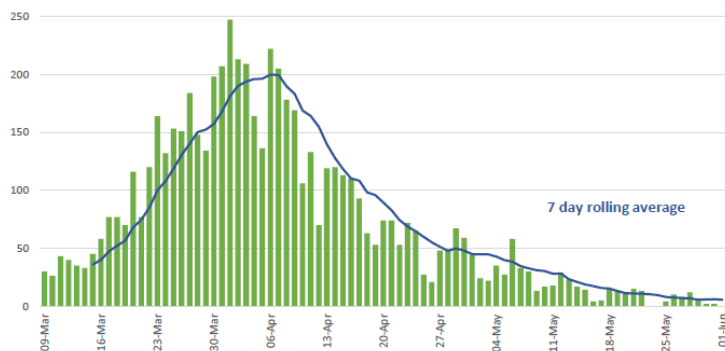
Overview - SEL Residents



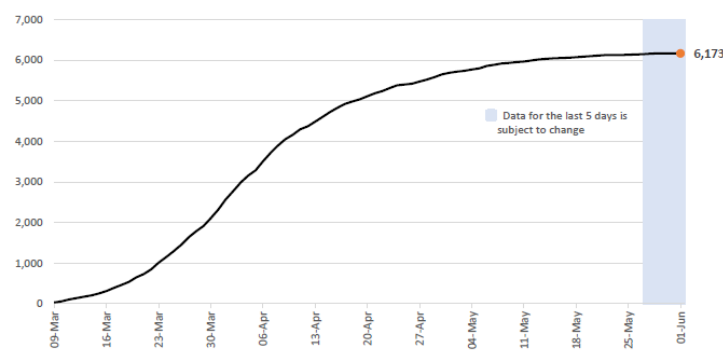
Confirmed Cases

Only includes Lab-confirmed positive cases.

0 daily cases confirmed on 01 June 2020.



6,173 total cases confirmed to 01 June 2020.



Source: <https://coronavirus.data.gov.uk/>

Number of cases reported by specimen date. Data from around five days ago can be considered complete.



COVID-19 Deaths

Based on any mention of COVID-19 on the death certificate.

1,510 deaths that occurred up to 22nd May but were registered up to 30th May.

Upper Tier LA	Place of Death						Total
	Care home	Elsewhere	Home	Hospice	Hospital	Other communal establishment	
Bexley	25	2	11	6	159	0	203
Bromley	69	1	14	7	227	0	318
Greenwich	20	1	8	3	179	1	212
Lambeth	24	0	18	5	217	1	265
Lewisham	22	1	20	2	231	0	276
Southwark	56	1	17	2	160	0	236
SEL Total	216	6	88	25	1,173	2	1,510
	14.3%	0.4%	5.8%	1.7%	77.7%	0.1%	

Source: Office for National Statistics licensed under the Open Government Licence.

Data is published weekly. These figures do not include those records where the place of residence is either missing or not yet fully coded. Will include deaths in non SEL hospitals.



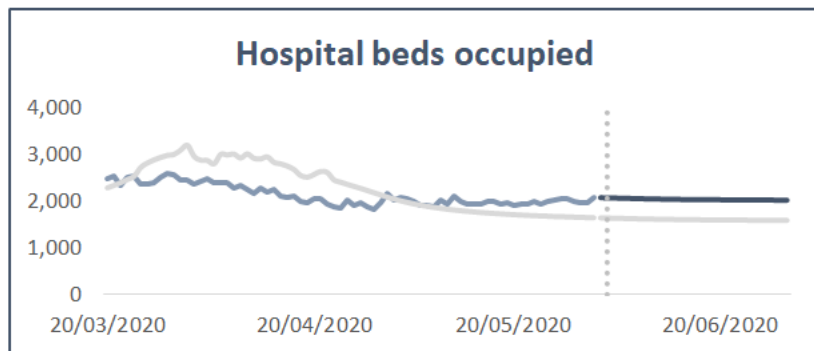
Overview - SEL Acute Trust totals

Monday 01 June 2020

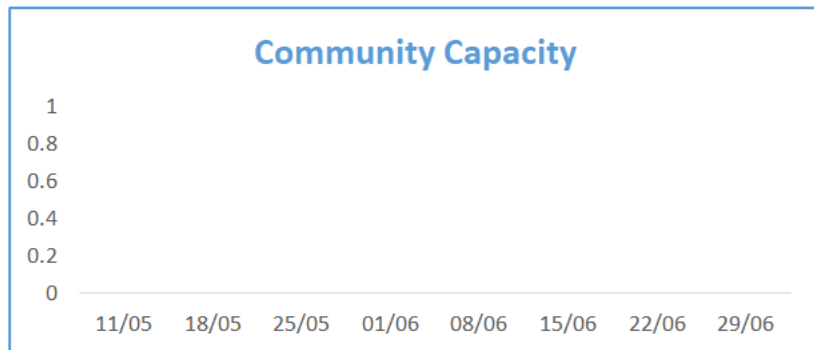
Ambulance			Accident & Emergency			Hospital		
Ambulance Arrivals			Type 1 Attendances		Type 1 Performance	All Emergency Admissions		Discharges
377			1,036		91.1%	325		223
▲ 17	vs previous day		▲ 260	vs previous day		▲ 92	vs previous day	
▲ 41	vs 6 week average		▲ 245	vs 6 week average		▲ 37	vs 6 week average	
▼ 82	vs June 2019		▼ 427	vs June 2019		▼ 179	vs June 2019	
Handover Delays			All Types Attendances		All Types Performance	Bed Occupancy		G&A Beds Occupied
20			1,623		93.7%	79.5%		2,083
▲ 5	vs previous day		▲ 312	vs previous day		▲ 4.5%	vs previous day	
▲ 5	vs 6 week average		▲ 388	vs 6 week average		▲ 6.5%	vs 6 week average	
▼ 4	vs June 2019		▼ 678	vs June 2019		▼ 15.4%	vs June 2019	
								Beds with COVID-19 patients
								217
								▲ 5 vs previous day
								▼ 238 vs 6 week average



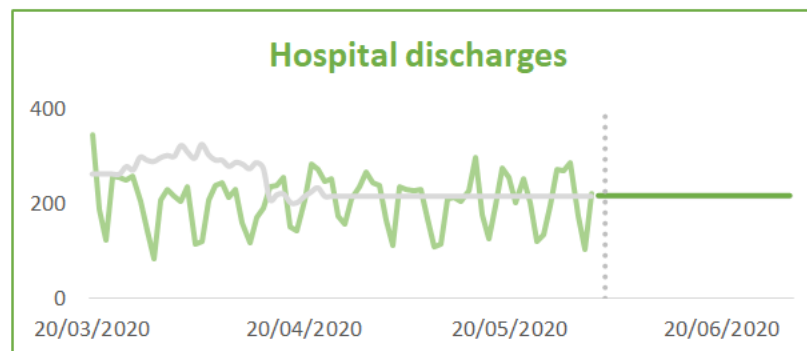
SEL COVID-19 Hospital Discharge Dashboard



Jump to Activity



Jump to Capacity



Jump to Demand



Jump to Performance

- Further aggregate data by provider is available in the SEL CCG hospital discharge dashboard from which the above summary is copied from.

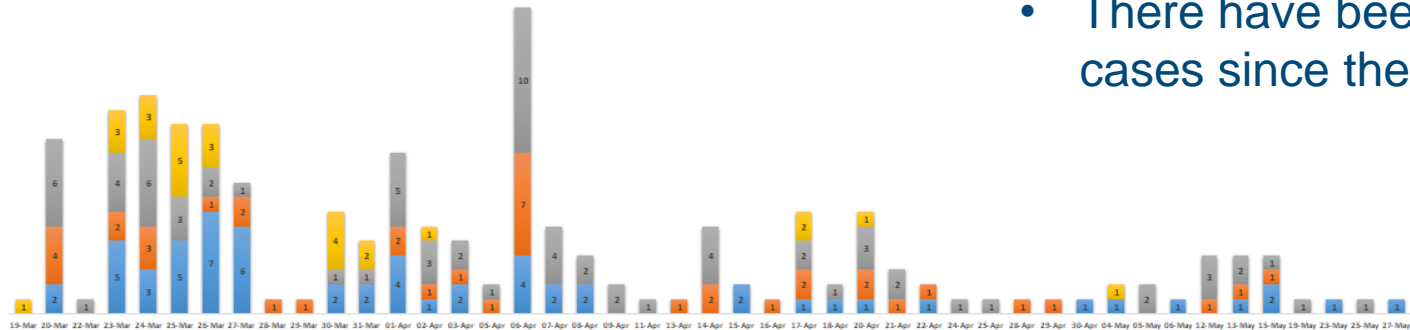
COVID-19: suspected/confirmed status – incidence known to adult social care

Source: Lambeth Adult Social Care Mosaic system, 29/05/2020

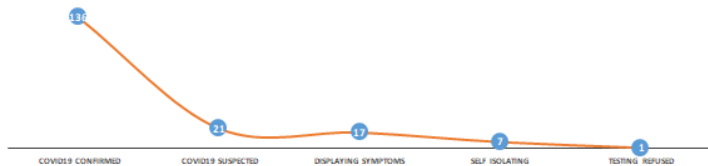


Activity by day - Age Band (19 March - Current)

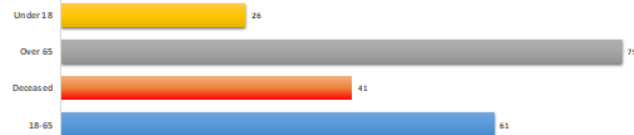
■ 18-65 ■ Deceased ■ Over 65 ■ Under 18



- There have been no new reported cases since the last report.

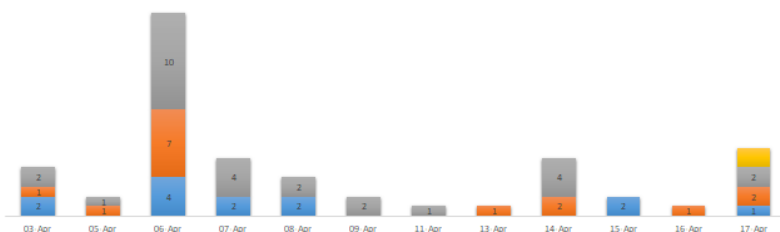


Client age bands - (including deceased)



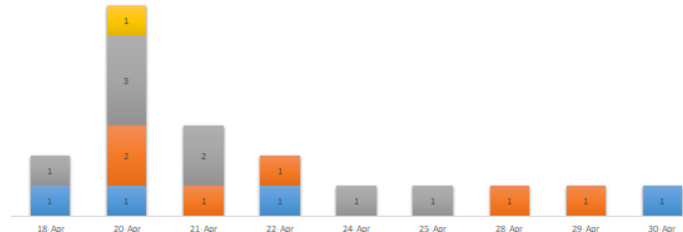
Activity by day - Age Band (3 April - 17 April)

■ 18-65 ■ Deceased ■ Over 65 ■ Under 18



Activity by day - Age Band (18 April - 30 April)

■ 18-65 ■ Deceased ■ Over 65 ■ Under 18



- Lambeth Social care suspected/confirmed cases: 207 (176 adults, 31 young people).
- There have been 41 deceased clients known to social care services.



Status	03/06/2020
Working from home	181
SI & Working from home	59
SI & unable to work	2
Off Sick	8
Annual Leave	10
Non Working Day	14
Covid Diagnosis	0
Staff in office	42
Staffing Capacity	60-80%

COVID-19: latest status – council ratings for key services (1-4) and staffing %

Source: Maria Burton / Anne-Marie Jones



Ref no	Area	Score as at 03/06/2020
1	Safeguarding	2
2	Emergency Duty Team	2
3	Emergency Homecare Response	2
4	Placements and discharges from hospitals	2
5	Care home placements	2
6	Overall resilience of adults services	2
7	Staffing capacity– less than 20%, 20-40%, 40-60%, 60-80%, more than 80% (provide % rather than rating of 1-4)	60-80%
+	Public Health	2

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Key to 'Score':

1. Service performing as normal
2. Reduced service
3. Covering only urgent responses
4. Unable to undertake urgent/essential responses (requiring mutual support)



4. ADASS market intelligence report headlines



Source: ADASS Market Intelligence Report

- Acute picture Summary
 - DTOC numbers continue to remain low at 25
 - Hospital occupancy has increased since yesterday and is now 78%.
 - Hospital beds have increased by 73 since yesterday
 - We are in the last stages of finalising the second iteration of the demand and capacity modelling tool
 - COVID-19 related deaths in hospitals continue to grow and now stand at 5,969.
- Bed based care summary
 - The number of residents with COVID-19 symptoms have decreased by 26 since yesterday. COVID-19 related deaths of care residents in the care homes have increased by 16.
 - PPE availability in care homes have been relatively stable over the past few days. Including goggles, 50% of providers have less than 5 days stock of other PPE equipment.
 - The number of staff unable to work has decreased significantly over the last few weeks. This number is now below 2,400 staff.
- Home care Summary
 - 3.4% of home care service users are reported to show COVID-19 symptoms. Enfield, Havering and Redbridge show higher infection rates.
 - Rates of infection have decreased slightly over the last few days. These are higher in North East and North Central than in other STPs.
 - 74% of providers have fewer than 5 days of PPE stock if all items are taken into account. This figure falls to 42% if goggles are excluded from the analysis.
 - The ratio of care staff unable to work to staff available is 0.14. It suggests there is one care worker missing for approximately every 7 workers available. This figure is slightly lower than for care homes (0.15).
 - Excluding goggles, the North West appears to have a lower percentage of providers with <5 days of some PPE stock.
- Bed based for people with learning disabilities and/or mental health problems
 - The number of deaths has remained stable within the last days.
 - The number and proportion of residents with COVID-19 symptoms has been decreasing in the last month, and it remains much lower than for older people.
 - There is variability in the prevalence of COVID-19 symptoms across STPs, but the spikes in the data suggest that we need to interpret these with caution until a longer time series is available
 - Occupancy rates for the LD and MH group is higher than for OP bed base sector. It seems to remain stable through time.
 - Staff availability seems to be less of a problem in the LD and MH sector than in the OP sector, and the ratio of unavailable staff to current staff has been decreasing over time (although slowly).
- Testing for social care staff is still a significant issue - we are seeking consistent & co-ordinated access arrangements to testing across social care in London with a streamlined route to achieve this.

STP	Borough	Number of residents with COVID-19 symptoms	Proportion of residents affected	COVID-19 deaths in care homes	Number of staff unable to work	Ratio: Number of staff unable to work to current staff	Ratio of staff unable to work to residents	Proportion with less than 5 days of stock (any)
South East London	Bexley	3	0.3%	36	78	0.10	0.09	39%
	Bromley	47	4.5%	97	105	0.15	0.10	47%
	Greenwich	4	0.8%	41	86	0.29	0.16	27%
	Lambeth	6	1.0%	34	45	0.12	0.08	50%
	Lewisham	14	2.8%	21	49	0.14	0.10	44%
	Southwark	2	0.6%	59	55	0.16	0.15	50%
	Total	76	2.0%	288	418	0.15	0.11	44%



5. Lead area updates



This narrative section follows the following format:

- Community Based services
 - Social Care
 - Community services
 - Care Homes
- Primary Care
- Mental Health
- Children and Young People
- Acute Care
- Enabler and support groups
 - Testing
 - PPE
 - Public Health and Infection control
 - Shielded Patient List
 - Demand and Capacity
 - Financial support & continuity



SME Team	Actions taken and decisions made in the last 24 hours	Issues / activities currently being worked on by the team
Social Care Lead: Richard Outram Sign-off: Fiona Connolly	<ul style="list-style-type: none"> There are 2 extra social workers in hospital, and that they are looking to increase this number with the different cohorts. Link up with brokerage Extra support for community response 3 SW and oncall senior manager in place for weekends All ASC clients have been contacted Draft rota for management cover produced to move to 5day in 7 working Draft staff capacity and team allocation completed, to align staff to support the discharge Note transfer of Careline service to Southwark as a new arrangement, the last Lambeth-office based shift finishes this morning. 	<ul style="list-style-type: none"> Adult social care: union and HR engagement. Maria is leading. Looking at proposal for remuneration for staff. Also about 30 volunteers. This is progressing to these staff working a 5 day in 7 pattern ASC are contacting the VI and HI list of people to check on them. Working with AgeUK and GSTT to look at volunteers supporting discharge Social care providers: looking at areas to best add value. Looking at volunteers, supplementing and adding further resilience to the brokerage team. Also a conversation with CCG staff. Message for providers is that expecting 7 day service and responses. Will be looking at funding associated with this. staff testing and care homes processes in place
Community Services Lead: Laval Lebon, Jade Holvey Sign-off: Jane Bowie	<ul style="list-style-type: none"> FAQ being revised again for ASC and CHC providers on key areas e.g. use of PPE, and recently released DoLs guidance. Most discharges returned back to nursing homes supported by health partners Capacity being agreed and signed off through joint process with finance Briefing on new discharge process and support for care homes prepared for members. 	<ul style="list-style-type: none"> Assisting care providers to access testing at O2 and trialling home testing kits Ensuring continuing safe, supported discharges to care homes Reviewing mortality numbers in care homes to understand impact Continuing to work to align tracking capacity to seek to address duplication of reporting by providers Working jointly to establish oversight of community provision with partners Building and reserving additional capacity with providers – additional home care providers being reviewed and care home vacancies retained Discharge numbers being reviewed to build oversight and predictive table.



SME Team	Actions taken and decisions made in the last 24 hours	Issues / activities currently being worked on by the team
Care Homes Lead: Laval Lebon Sign-off: Liz Clegg	<ul style="list-style-type: none"> Published covering letter and template to describe our support to care homes Offered IPC training to all care homes providers with high take up Using SEL resource (King's College Hospital Virology Laboratory), 9 homes tested via the SEL route. 	<ul style="list-style-type: none"> Further roll out of IPC training Support remaining care homes to access testing. 22 testing kits for delivery w/b 1 June and 6 testing kits for delivery w/b 7 June Guidance on anti body testing Joint work with Healthwatch to carry out a survey of people's experience of care during pandemic Coordination of baseline assessment of residential homes regarding availability of medicines support and advice.



SME Team	Actions taken and decisions made in the last 24 hours	Issues / activities currently being worked on by the team
Primary Care Lead: Garry Money Sign-off: Andrew Parker	<p>In addition to all ongoing workstreams, specific focus has been given in the last few days to:</p> <ul style="list-style-type: none"> Increasing discussions about “recovery”, and how to mobilise primary care response to that as part of SEL and Lambeth Together plans Mobilising antibody testing for primary care staff Mobilising phlebotomy services for housebound patients Progressing clinical discussions with primary and community care leaders around enhancing support to care homes Engaging with Practices to ensure all claims are made against the £269k Covid Operational Fund initially paid out in April 2020. 	<ul style="list-style-type: none"> A Covid Recovery Unit (CRU) meeting takes place with Primary Care leaders every other day 2 Covid-19 Hubs ('hot hubs') are live at Akerman Health Centre, & The Hurley Clinic. A SitRep/Activity Report is available on request. 2 clinics are running at Akerman, and 1 at Hurley, with capacity ramped up and down depending on need Work is also ongoing on a number of other workstreams: <ul style="list-style-type: none"> PPE Pulse Oximeters Collation and distribution of twice weekly bulletins Ongoing population of the SEL CCG Covid-19 website of resources for Practices Care Homes Management of Shielded/Vulnerable patients Interface with NHS 111 Staff testing Continuing rollout of remote working hardware/software.



SME Team	Actions taken and decisions made in the last 24 hours	Issues / activities currently being worked on by the team
Mental Health Lead: David Orekoye Sign-off: Jane Bowie	<ul style="list-style-type: none"> Initial outline Living Well Network Alliance reshape and recovery plan to be developed by w/e 26 June LWNA to take forward concept testing of proposed Staying Healthy Service with GP and voluntary sector leads Review of mental health promotion and suicide prevention action plans agreed in response to Covid-19. 	<ul style="list-style-type: none"> Review of learning from LWNA Covid-19 response underway to inform Alliance recovery planning Options appraisal regarding operational model for Single Point of Access being undertaken to ensure resilience to manage demand Development of initial consultation plan for developing culturally appropriate peer support in tandem with Black Thrive Implementation plans currently being developed by Alliance partners with respect to government and NHSE/I guidance re risk assessing staff and work environment SLaM working on clinical protocols to enable cohorting to enable management of Covid-19 patients within inpatient provision SEL CCG test of digital mental health promotion offer targeting young people and BAME communities underway across 6 boroughs including Lambeth. Results to inform potential coordinated digital MH promotion offer MH commissioning team revising milestones and timelines for re-commissioning of supported accommodation and vocational support.



SME Team	Actions taken and decisions made in the last 24 hours	Issues / activities currently being worked on by the team
<p>Children</p> <p>Lead: Dan Stoten</p> <p>Sign-off: Abi Onaboye</p>	<ul style="list-style-type: none"> • Young People's Covid website live – regularly updated • Fostering Fortnight Campaign live • Presentation at Informal Cabinet; slides circulated • Online question and answer session with partners from across health, public health, social care and education undertaken • Significant contribution to the New Horizons sprint programme 	<ul style="list-style-type: none"> • Increased provision (including additional workers being brought in) and communications around VAWG services; monitoring activity: monitoring of activity is showing an increase in referrals • Summer Programme of youth activities is being planned now – focusing on a number of scenarios (i.e. need for virtual and non-virtual support). This is in tandem with YOS and Community Safety colleagues. • Considerable work ongoing around schools supporting them to reopen – including risk assessments • Increased planning around a return to “BAU” – summer youth programme commissioning, short breaks etc. • Significant amount of ongoing case management of transforming care caseload • Children's Centre staff continue to offer services virtually



SME Team	Actions taken and decisions made in the last 24 hours	Issues / activities currently being worked on by the team
Acute Care	<ul style="list-style-type: none"> Latest update provided as part of Covid Borough Reponse Group workshop scheduled for 09 June 2020. 	<ul style="list-style-type: none"> Latest update provided as part of Covid Borough Reponse Group workshop scheduled for 09 June 2020.



SME Team	Actions taken and decisions made in the last 24 hours	Issues / activities currently being worked on by the team
Testing Lead: Maria Burton, Garry Money	<ul style="list-style-type: none"> Processes being put in place to start offering antibody testing to health and social care key workers from Tuesday 2 June. Up to 80 tests every weekday will be available. GP practices can also take bloods for their staff within their practice and submit for testing if they wish to. 	Care home testing <ul style="list-style-type: none"> Care home testing: The government's testing portal is available only to care homes with older people (65+) and dementia. 3 care homes with older people (65+) and dementia (Joybrook, Aashna and Drewstead) have been referred for testing via this route. Testing for the rest of Lambeth care homes with older people (65+) is being delivered via the SEL enhanced route. This is open to all staff and residents (symptomatic and asymptomatic). Arrangements are in place with the Health Education England London workforce hub to upskill and deploy a pool of dentists to support care homes with swabbing. Work is underway to establish testing mechanism for care homes with mental health and learning disability residents and Extra Care and Supported living premises.
PPE Lead: Jade Holvey Sign-off: Ruth Hutt	<ul style="list-style-type: none"> South East London CCG supply route for PPE emergency supply has now stopped, with all emergency PPE now being provided via London Resilience Forum. From an operational perspective this has not had an impact on GPs as LBL are continuing to distribute (difference is that supply comes from LRF rather than SEL CCG) Community pharmacies can obtain emergency PPE through LRF, with guidance sent out to advise of this All LBL PPE procurement now via Pan London procurement arrangements. First six week order placed and received, with next six week order to be reviewed week of 1 June Emergency PPE packs sent to schools to support re-opening LBL continue to supply emergency PPE to adult and health providers, including CHC Good level of PPE supplies in LBL at present. 	<ul style="list-style-type: none"> We understand that from this week GPs and small care homes can register on the PPE Portal. This is the new online portal developed in collaboration with eBay to help primary and social care providers to order critical PPE. We understand that registration information will be sent directly to providers from NHS England to ask them to join. The PPE Portal has been tested with the sector and is now being scaled up nationally over the coming weeks. During this phase of the roll-out, GPs and small residential and domiciliary social care services will be invited to register on the portal. Until we are confident that this portal is embedded we will continue to maintain support for emergency PPE supplies via current routes. Longer term plan for PPE to be managed as part of BAU to be presented to Gold.



SME Team	Actions taken and decisions made in the last 24 hours	Issues / activities currently being worked on by the team
<p>Public Health and Infection Control</p> <p>Leads: Marie Vieu, Ese Iyasere</p> <p>Sign-off: Ruth Hutt</p>	<ul style="list-style-type: none"> • Stood up contact tracing arrangements to include environmental health officer and consultant in public health • Link with ADPH London around consensus on schools measures required to enable safe opening • London PPE guidance to be amended following latest changes • Risk assessment tool developed by PH team being shared with HR for incorporating into wider risk assessment for equipment etc • Link with Health Education England London workforce hub to support swabbing in care homes • Antibody testing for staff is up and running at the Town Hall this week • Link with ADPH London around audit framework for the pandemic to identify lessons learnt • Environmental health officers engaging with market traders around social distancing and risk assessments in prep for resumption of trading following lockdown relaxation. 	<ul style="list-style-type: none"> • Blanket C19 testing for all care homes (including those with MH/LD residencies) is ongoing • Work underway to develop and circulate a case/outbreak management SOP with care homes • Design of Council-led outbreak management plan in progress.
<p>Community Support</p> <p>Lead: Tom Barrett</p> <p>Sign-off: Fiona Connolly</p>	<ul style="list-style-type: none"> • A helpline and webform are available for people in Lambeth who are, or have become, vulnerable due to coronavirus • Food distribution is being undertaken from two sites (Brixton Rec and Black Prince Trust) working with Lambeth Food Partnership • All those registered as 'shield' and requiring support receive food packages within 48 hours of the LA receiving the data • Food bank vouchers being issued through council helpline • Shopping service trials in 6 wards completed. 	<ul style="list-style-type: none"> • Transition Plan under development to simultaneously scale down the council's direct food provision and scale up and/or capacity-build the food VCS to meet demand • Shielded group, hostels/supported accommodation, homeless likely to require ongoing direct support in medium-long term • Decision being sought on roll-out of borough-wide shopping service to support reducing demand and utilise volunteer base • Going live this week with volunteer food-package delivery from spokes • Developing and supporting the non-food VCS offer.



SME Team	Actions taken and decisions made in the last 24 hours	Issues / activities currently being worked on by the team
Demand and capacity Leads: Jane Bowie, Richard Outram	<ul style="list-style-type: none"> Part of ongoing work to maintain oversight of demand and capacity across Lambeth/Southwark Making sure ongoing availability of support within social care market Continued review of Delayed Transfers of Care and Length of Stay. 	<ul style="list-style-type: none"> Ensure focus on prevention work to enable people to be best supported to avoid admissions to hospital Review balance of community capacity in the ongoing progression of Covid.
Financial support and continuity Leads and Sign-off: Sabera Ebrahim & Pete Hesketh	<ul style="list-style-type: none"> Arrangements in place to pay trusts based on month 09 extensions. Exploring approaches to paying of non-trusts Discussions with NHSE Council spreadsheet to capture additional spend related to Covid-19 response Social Care dealing with provider queries about how payments work. Communicating assurances to providers. All home care providers moved to payments in advance. Payment based on planned care plus a buffer Providers being paid extra 2% for a period of three months. 	<ul style="list-style-type: none"> The SBS team in India is on lockdown so will put pressure on other sites. Social care – 2% temporary fee increase being processed. Process being developed requests above the 2%.



6. Register of key and urgent decisions

COVID-19: Register of key and urgent decisions



Decision date	Summary
15/03/2020 and immediate weeks afterwards	<p>Adult Social Care. Staff workforce analysis began to look at which staff may have the virus/showing symptoms/ shield workers and people they live with and need to self-isolation and those who are available to work including those who are anxious about working. All information is captured on a spreadsheet, which helps plan where staff need to stay or be deployed to.</p> <p>Staff began the process of making arrangements to work from home, and on 17 March a staff briefing was sent to all staff, with guidance on working from home, update on what the council is doing, and what to do if you were unwell.</p> <p>By 23 March ½ of ASC staff are working from home, while a skeleton staff (social distancing) are working in the office, with appropriate management cover.</p> <p>Performance and business improvement request the council starts to complete a daily reporting spreadsheet, which is required by London/local resilience forum.</p> <p>All case conferences and meetings were moved to being held through the MS Teams application.</p>
March – April	All Adult Social Care Service areas reviewed and adapted as necessary. These include Emergency Duty Team, Safeguarding, DoLS, Brokerage, Community Teams, Hospital Teams Reablement Team Admissions Avoidance Team, Intermediate Bed-Based Service, Neuro Pathway, OT Services, Day Centres, Mental Health Social Work teams, Substance Misuse Team, Careline, Financial Assessments, Every Pound Counts, Placement Support Team
06/04/2020	Adult Social Care workforce communications increased from monthly to weekly, including weekly webinars from 15 April.
15/03/2020 and weeks afterwards	<p>Adult Social Care partnership working: While very few services have stopped, there have been several partnerships that have developed to meet the possible needs of COVID-19 clients. Building on our work done through Lambeth Together and our established relationships with partners which has enabled us to develop new approaches and transform service delivery quickly to meet the changing needs of the community.</p> <p>Integrated Internal Flow Hub's (IFH's) were set up to act as a single point to flow discharge work out of hospital for all referrals. KCH went live on 6 April and GSTT on 22 April 2020.</p> <p>"Home First" was set up and is based at the Whittington Centre. Reablement Team and Admission Avoidance Team merged with two GSTT teams (Rapid Response and Supported Discharge Team) to form "Home First". "Home First" takes referrals from hospitals and will respond within 2 hours. Staff undertake home visits. PPE plus training is provided for all staff.</p> <p>Working closely with our partners to provide and mobilise the pool of volunteers so that they are easily accessible. The outcome has been a structured wide range of support available in Lambeth for residents and families to access. Types of support available:</p> <ol style="list-style-type: none"> 1. Borough based support (e.g. food and essential items) led by council. 2. NHS Volunteer Responders to request support (and types of volunteers) 3. VCS support (including commissioned discharge services) 4. Independent mutual aid support accessed through self referrals for help/support
28/04/2020	Previously running 3 primary care hubs, made a decision towards end of the week around discussions on sustainability, and formed view that could start the week at 1 hot hub at Akerman. Agreed at the daily primary care meeting. Reviewed activity and have decided to set up a second hub today, at Akerman also. Continue to review on a day-to-day basis and be agile as needed. They have stepped down the home visiting service.
05/05/2020	Reported that a satellite testing site at Brixton for 2 days this week.
20/05/2020	Phlebotomy report noted and discussions are ongoing, with agreement that further updates re to come back to the wider CBRG group meetings.
28/05/2020	Agreed submission of Care Homes Response letter for 29 May 2020.



Annex B



Food and Voluntary and Community Sector: Next Steps to a Place-based Model

Aims over next 18 months

Commission a sustainable food offer in the form of Food Hubs to replace the current emergency Council food offer

Support communities to manage and improve their health and wellbeing through the development of Health and Wellbeing Hubs, to address the impact of Covid-19 and underlying social determinants and inequalities of health

Deliver a fresh approach to working with the VCS, including commissioning infrastructure support, which ensures a stronger and more sustainable sector in Lambeth, in line with the fundamentals of the VCS Strategy



Food Insecurity and Poverty in Lambeth: Report 2020

Key issues

- Better diet key to delivering on Lambeth priorities (eg Childhood obesity)
- 36% Lambeth children in food poverty
- Covid-19 – food poverty quadrupled in Lambeth and unequal impact (eg BAME pops.)

Solutions

- Food distribution delivered in wider strategic framework
- Criteria - so response reflects need and address inequalities
- Holistic approach – wrap around services
- VCS provision integrated into 'Place'



Model for Food and Health and Wellbeing Hubs

Commissioned food hubs to be developed into health and wellbeing hubs with ‘wrapped around’ services – respond to impact of Covid-19

Place-based approach and provision – based on mapping

Partnership of Lambeth Together and the VCS

Empowering VCS and communities to develop own responses

Evidence-based and outcomes-focused

Flexible to accommodate emergent Covid-19 needs – especially populations most impacted

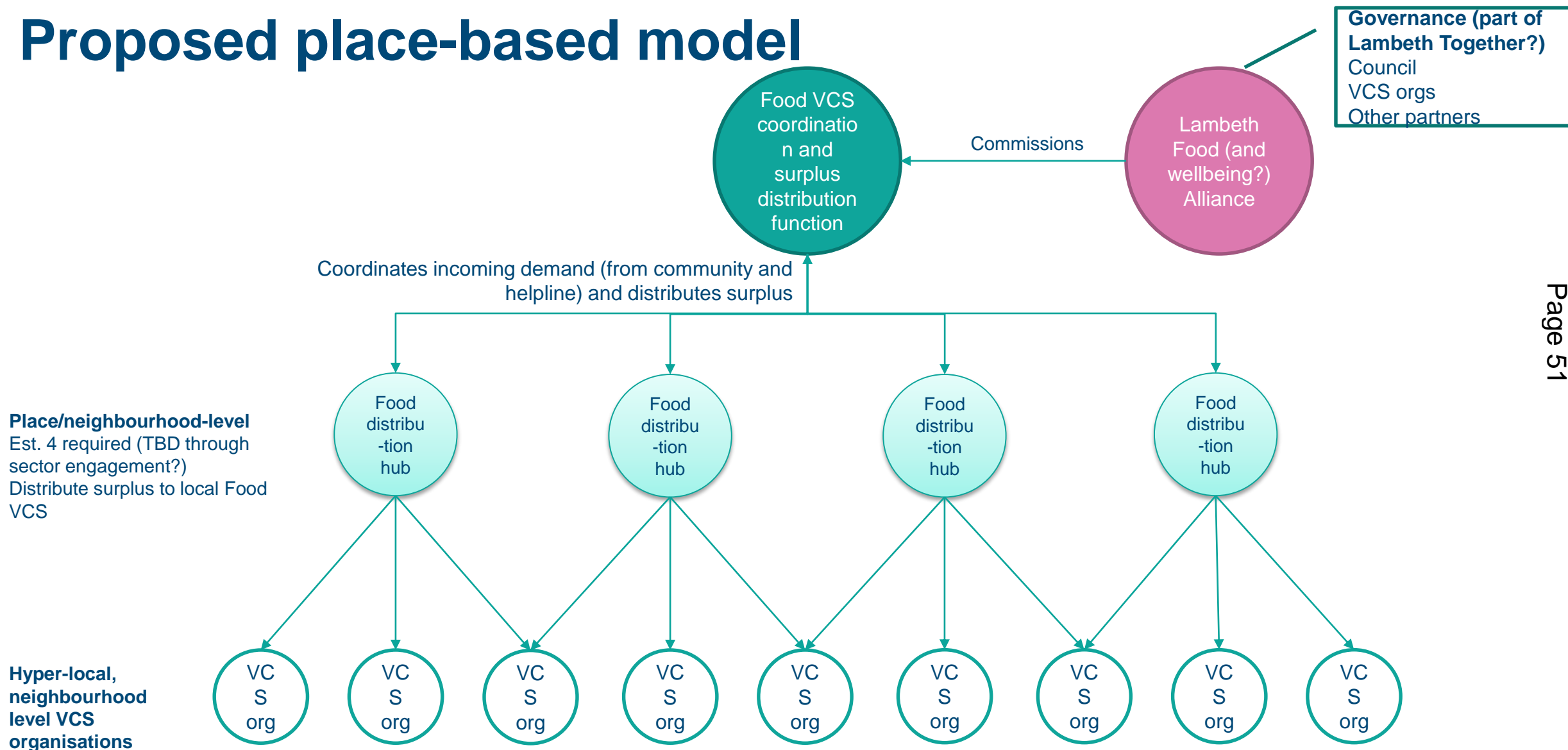


Delivery

Phase 1	Commissioning place-based Food Hubs from VCS, include triage and co-ordination of food distribution and healthy food support (2 months for Council to withdraw from food provision)
Phase 2	Development of Health and Wellbeing Hubs with 'wrap around' services: health, welfare, adult learning, training and employment advice and support, in line with Council strategy
Phase 3	The commissioning of a stronger VCS infrastructure to strengthen the Hubs; provide opportunity for new and re-invigorated borough-wide partnerships and networks; and support the VCS to bring more funding into the borough



Proposed place-based model



Key outcomes Hubs 1

Contributing to Borough Plan Pillar: Resilient communities: Communities that are thriving, connected and resilient

- Improved social prescribing –signposting and services provided by VCS
- Improved early identification & intervention services focused on identifying people slipping into debt or living in poverty
- Improved early identification & intervention services focused on identifying people struggling with addiction or mental health problems, or social isolation, including those impacted as a result of Covid-19
- Improved access to support services that engage people to adopt and maintain healthier behaviours such as encouraging people to exercise regularly, social activities for people to meet.
- Improved support for people's physical and mental wellbeing to prevent illness and better manage escalation of need.
- Better shared understanding between Council and VCS of health inequalities including additional implications as a result of Covid-19 and better targeting of support at those most in need
- Improved reach of, and access to, support for key groups including those from BAME communities, people with disabilities and those with LTC's
- Improved shared leadership and coordination between VCS and council to support communities particularly those at increased risk to further develop their health skills, knowledge, confidence and build resilience.
- Children and young people and their families report that they have real choices and greater control over their lives and feel fully included in their communities.
- Supporting inclusive and sustainable growth by providing opportunities for learning and development including pathways to volunteering, vocational and paid work for vulnerable CYP and vulnerable adults

Key outcomes Hubs 2

Contributing to Borough Plan Pillar: Independence: services are improved, and people have support to live as well and independently as they can.

- Improved access to/provision of community-based approaches/services to reduce social isolation, loneliness and anxiety
- Improved community support for people with long term conditions and other issues such as dementia; and support or befriending for frail elderly with complex needs and those most vulnerable,
- Improved support for carers services, including specialist advice, information, support networks, promotion of the physical and mental health of carers, and respite care networks



Health and Wellbeing Hubs

Physical space (cf Digital poverty)

Capacity for online delivery

Integrated with primary care and community services

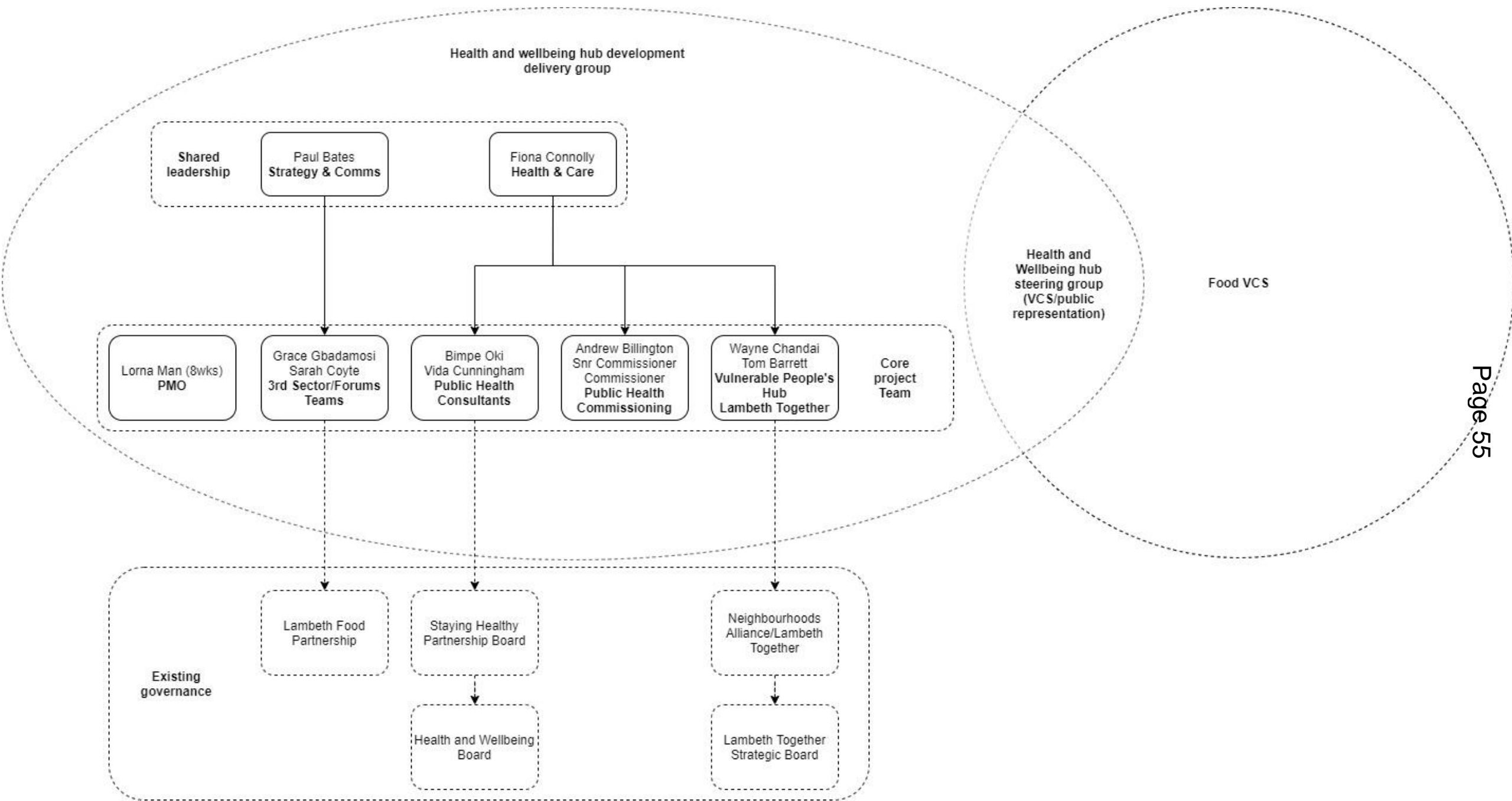
Universal services – signposting, information, opportunities to connect

Targeted evidence-based health and wellbeing provision, including: benefits/welfare, employment; adult learning services; stop smoking; Health checks; social prescribing;

Building on current assets, what is already there and on current learning (eg PCN work)

Creates social interaction, fosters good social relationships and discourages crime





Recommended next steps

Next governance steps for Council decision-making

Agree and appoint project resources, project group and board

Commission food offer and end Council food provision – finalise review of current food provision, specify needs, procure and mobilise co-ordination functions from VCS on place-based approach

Review over-arching and food/VCS governance and ensure best fit

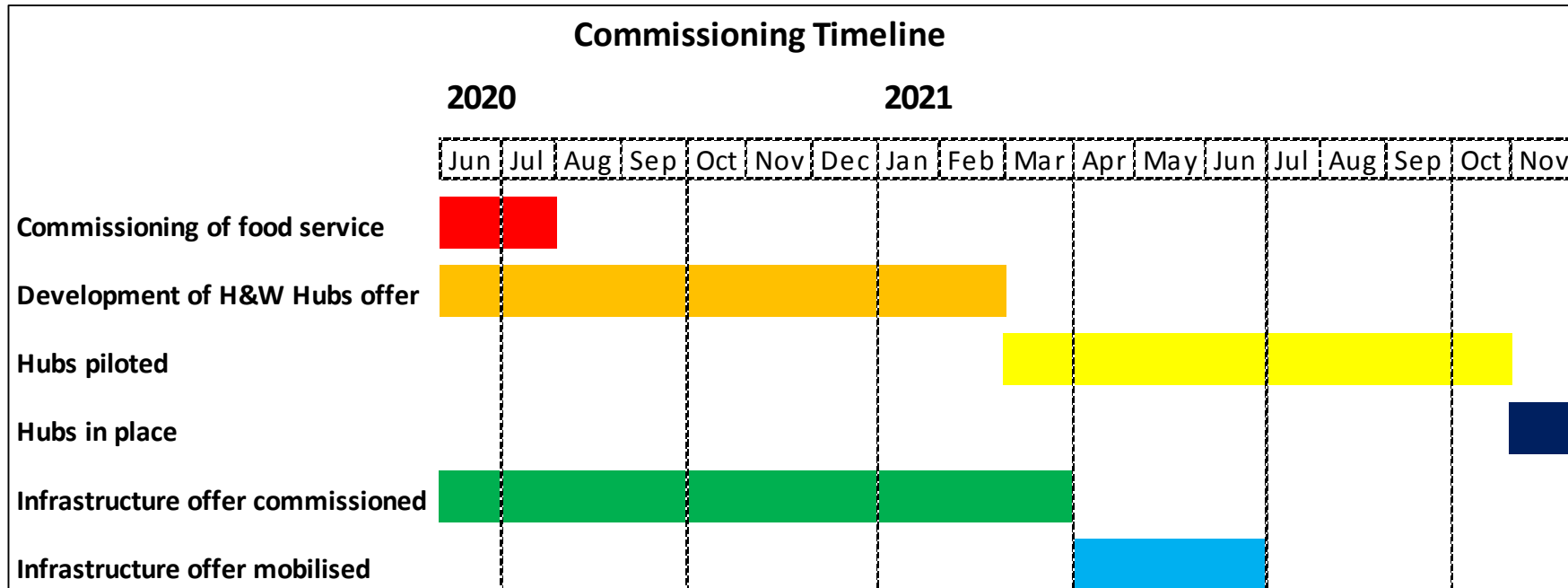
Engagement with VCS, review food and H & W pathways,

Detail/ and plan delivery of wrap around place-based H & W Hubs pilot

Develop framework for financial modelling of the benefits for delivering on Hub outcomes

Review VCS infrastructure and write commissioning plans (infrastructure and H & W)

Timescale



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Report to: Lambeth Together Strategic Board

17 June 2020

Report Title	Lambeth Together Update Report
Author	Andrew Parker - Director of Primary Care and Transformation
Summary	The purpose of this paper is to update the Strategic Board on progress with Lambeth Together since March, during the response to Covid- 9 and in planning for recovery.
Recommendation(s)	<p>The Strategic Board team is asked to:</p> <ul style="list-style-type: none"> • Note the status of the Lambeth Together programme during the response to Covid – 19 • Note the steps being taken to enter in a recovery phase across Lambeth and the SEL ICS more broadly and the role of Lambeth Together in those next steps

Lambeth Together – Integrating Health and Care in Lambeth

1. Introduction

The purpose of this paper is to update the Lambeth Together Strategic Board on progress with Lambeth Together since March, during the response to Covid- 9 and in planning for recovery.

2. Context

It is intended that Lambeth Together will be our fully integrated health and care system, bringing together the great things we are already doing and planning even more in support of our collective vision to improve health and wellbeing and reduce inequalities. Lambeth Together is:

- A way of working, a culture that unites us all
- The way we organise services around people and places
- How we work together as a whole system

Lambeth Together is based on alliance principles, underpinning how we work together. Those principles which are:

- To assume collective responsibility for all of the risks involved in providing services under this Agreement
- To make decisions on a 'Best for Lambeth people' basis
- To commit to unanimous, principle and value based-decision making on all key issues
- To adopt a culture of 'no fault, no blame' between Alliance Participants and seek to avoid all disputes and litigation (except in very limited cases of wilful default)
- To adopt open book accounting and transparency in all matters
- To appoint and select key roles on a best person basis
- To act in accordance with the Alliance Values and Behaviours at all times

Within the overall whole system there are 'packages of work' or 'delivery alliances' for specific populations and people. The proposed delivery alliances will be made up of partner members who are best able to deliver the work. Over time, each delivery alliance will have a set resource envelope and an empowered leadership team who will lead and govern delivery and be held accountable for delivery and achievement of the outcomes.

The Delivery Alliances that we are working towards are:

Neighbourhood based care and wellbeing Alliance - set out an ambition for the next 7-10 years, to move to a more holistic, preventative and social approach in supporting people with all aspects of their health and wellbeing and tackling health inequalities. During 2020, the Alliance aims to bring together services, activities and community assets by local area or 'neighbourhood', with each neighbourhood working towards improving the health and wellbeing of its local people.

Living Well Network Alliance – formalising the Living Well Network into an alliance contract which went live in July 2018, the Living Well Network Alliance has a range of functions to support those who are experiencing mental distress or at risk of experiencing mental illness and distress.

Children and Young People – building on the excellent partnership working already in place, over time, an alliance with its own dedicated funding and leadership team for children and young people to further enable implementation and sustainability, to build on the Children and Young People's Plan and 'Lambeth Made'.

Personalised support – for people who require personalised care including those with learning or physical disabilities, those with specific conditions or who are at the end of their life. A network of support will enable the person to live their life to the full.

Moving to a whole system together requires many changes which are 'backstage'. It is the technical aspects of governance, finance and contracts. In the future, these will be integrated in the form of the Lambeth Together Strategic Alliance.

3. Covid-19 and 'recovery'

Planning and managing through Covid-19 has meant a pause to the delivery of many elements of the Lambeth Together programme as scheduled. We are now in the process of reviewing and planning to restart the key elements of the programme, ensuring that we bring into those reviews our experience over the last 3 months.

During this period though, partners have continued to engage proactively and effectively through various fora, including through the twice weekly Lambeth Covid-19 Borough Response Group (CBRG). All well as ensuring key elements of responding to the pandemic have been managed, as referenced elsewhere on this agenda, that group met through an extended forum on 9th June to consider key partnership priorities where we will need to work effectively together in terms of our recovery planning through the remainder of 2020/21. That discussion acknowledges that system partners have necessarily developed and are implementing their own organisation specific recovery plans, but that there are some things that can only be done together.

All partners have felt that the relationships that had been built up through the development of Lambeth Together have been invaluable through the period of the COVID -19 crisis and in turn will be invaluable in ensuring we are able to plan for our Borough recovery and next steps.

A proposal to develop Borough Based recovery plans, as a part of an overall SEL ICS recovery plan, is in the process of being finalised and will form the basis of much of our partnership work over the next period. An update will be provided verbally at the meeting.

In the meantime the outputs of the session of 9th June are attached as appendix 1 to this document for information.

4. Neighbourhood Care and Wellbeing Delivery Alliance

4.1 Neighbourhood based care and wellbeing

Prior to Covid-19 lockdown, the Neighbourhood and Wellbeing Delivery Alliance in its first phase has been focused on people who are frail, those in their last years of life and those with multiple long-term conditions. Plans for 20/21 (subject to capacity) were agreed in March 2020 along with an initial version of the high level outcomes. Much of the Alliance led work, including governance meetings, was paused as partners responded to phase one of the pandemic. This has also been the case for some of the partner led service developments which deliver elements of the Alliance delivery model. However, there have been elements of the Neighbourhood model which have accelerated during the first phase of Covid-19, notably the integration of Intermediate Care Lambeth, connections with the voluntary community sector and proactive support to people with vulnerabilities.

Covid-19 has reinforced the value of neighbourhood working and that the Alliance should be a lead partnership on the next phases of the response. Steps have been taken to restart Alliance led activities, focusing on reflection and understanding how plans and focus will need to adapt in light of Covid-19. The Leadership Group will be reconvening in June to begin to plan next steps together. The discussion at this meeting will include establishing programme leadership and resourcing to enable Alliance progress, reviewing pre-covid-19 plans in the current context and establishing Alliance key objectives going forward.

In the meantime, by way of an example of ongoing work through neighbourhoods, attached for information (appendix 2) is a newsletter produced by the Lambeth Portuguese Wellbeing Partnership. The newsletter aims to highlight some of the activities that have been helping the Portuguese speaking community in Lambeth during Covid- 19.

Developing Primary Care Networks (PCNs)

The NHS Long Term Plan, and the new Five Year GP Contract Framework (“Investment and Evolution: A Five-Year Framework for GP Contract Reform”), set out a vision for integrated out-of-hospital care for patients, to be achieved by putting in place new capability and capacity in primary care through a combination of increased funding, and the development of new “Primary Care Networks” (PCNs) serving populations of 30-50,000 based on neighbouring local Practices and community teams.

To support these developments a new GP Network Contract Direct Enhanced Service (DES) went live on 1 July 2019, with nine PCNs successfully forming in Lambeth. As a DES, it is an extension of the core GP contract, and together with the funding and requirements contained within it, there are also additional funding streams intended to support the development of these PCNs.

Prior to the current Coronavirus pandemic, Lambeth’s PCNs worked with the local GP Federation to set out an ambitious development agenda in the form of PCN Development Plans, focussing upon the first tranche of this funding. These plans covered a wide range of topics, from expanding social prescribing, to deepening links between Practices, to increasing the use of technology. One of the key aims was to prepare PCNs to deliver a set of new nationally specified services from 1st April 2020, covering:

- Structured Medications Review and Optimisation (2020/21);
- Enhanced Health in Care Homes, to implement the vanguard model (2020/21);
- Anticipatory Care requirements for high need patients typically experiencing several long term conditions, joint with community services (2020/21);
- Personalised Care, to implement the NHS Comprehensive Model (2020/21);
- Supporting Early Cancer Diagnosis (2020/21);

NHS England has recognised the effect that Covid-19 is having on practices and acknowledged that the pandemic will have to take priority for the next six months at least, and that primary care networks (PCNs) can suspend or postpone their activities, where necessary, in order to free up capacity to deal with the coronavirus pandemic. While all of Lambeth’s 9 PCNs have reconfirmed their commitment to delivering the DES for 2020/21, the requirements have been further changed in recent weeks following national negotiations – specifically delaying the introduction of some specifications, and bringing forward some aspects of others like care home support. Work will continue with local PCN lead GPs to ensure development work resumes when possible, including learning from the current experience of managing Covid-19 to inform the emerging local recovery programme.

4.2 Lambeth Living Well Network Alliance (LWNA)

Over the past 2 months the focus of the Living Well Network Alliance has been to assure continued access to mental health provision particularly for those in priority need, whilst maintaining the safety of service users, carers and staff. Accordingly Alliance partners reconfigured service operations to enable this including:

- Prioritising crisis and urgent referrals to the Single Point of Access, whilst monitoring and signposting less urgent referrals to alternative telephone and digital resources such as IAPT. Additional capacity was also mobilised to reduce the backlog in referrals which has now been eliminated
- Temporary reorganisation of Living Well Centres from three sites to two to maintain key functions including urgent assessment, necessary home visits and medication management.
- Maintaining regular contact with most services users to check well-being by telephone and video calling, whilst still undertaking face to face and home visits where necessary and clinically appropriate
- Working with SLaM to ensure sufficient capacity and implement clinical protocols across the inpatient estate to respond to need whilst adhering to guidance regarding cohorting of patients confirmed as Covid symptomatic.

As we move beyond the initial acute phase Alliance partners are currently developing our recovery plan which aims to build on learning from the initial adjustments that have been made to inform how we maximise our operational capacity to support community resilience and the needs of service users, carers and our wider system partners. That includes reflecting on what has worked well since March and what things may need to change. Principle actions encompass:

- Review of how we measure the impact of the Alliance taking into account the current circumstances with respect to Covid-19
- Taking forward key service developments including securing the Single Point of Access on a sustainable footing and working with General Practice and Primary Care Networks to co-produce a primary care/neighbourhood mental health support offer
- Alongside Black Thrive co-designing a culturally appropriate model of mental health peers support in partnership with Lambeth's BAME communities with specific emphasis on Lambeth's African and Caribbean communities in line with the commitment to address the wider factors contributing to poor mental health outcomes for these communities.
- Continuing the review and reshape of community supported living and vocational support to increase service options and choice and contribute to sustainability of provision.

4.3 Children and Young People

Prior to Covid-19, our Integrated Commissioning and Delivery Alliance Board had met twice, and was due to meet again in March to update on agreed priorities and workplans. These had included a focus on early years, emotional health and wellbeing, and building an outcomes framework. The March meeting was postponed due to Covid-19, and since then we have had significant change in senior leadership roles across the CYP landscape. We have a new Strategic Director, Director of Commissioning and Community Safety, Lead Cabinet Member, and GP Lead, all of whom are critical and central to the future success of the Alliance and of the Board. We are going through a process of reviewing existing governance arrangements and meetings to ensure the ideal structures and meetings are in place in order to drive this work forward – this work is ongoing and will look to conclude over

the next 2 months. We have a particular interest in the areas of SEND, mental health and children looked after.

Despite this, the Covid-19 period has seen some exceptional collaborative and joint working across the entirety of the children and young people's system, so relationships are further being built and prior silo's being knocked through as we ensure services continue to reach those CYP who need them the most.

4.4 Complex Personalised Support

An initial workshop was held on the 19th November to develop the scope of the personalised care and support work stream (now complex personalised support). At that workshop, attended by a range of parties and stakeholders, it was agreed that the focus should be targeted to people with a defined level of complexity rather than a specific group or 'cohort'. A second workshop took place on 20th January, to which attendees brought case studies of 'complex' service users to help define the levels of complexity and create a defined work stream focus. We now need to reconvene to review the outputs of those session and restart the discussions.

5. Culture and Ways of Working

The work stream is a key enabler in progressing Lambeth Together and its ambitions to integrate services across the system with the person in the centre. There are three main areas of work; communications, people development and engagement.

5.1 Lambeth Together Communication Network

The refreshed [Lambeth Together website](#) was launched in July 2019 alongside the visual branding. Web champions were trained across a number of organisations.

The content of the [Living Well Network Alliance](#) (LWNA) area of the [Lambeth Together website](#) was developed first, with a 'closed area' for staff from the LWNA.

Recently the site has been used to host the [Lambeth Hospital consultation](#) and information about [Covid-19](#).

Lambeth Together can be contacted via email at hello@lambethtogether.net (available on the website).

Three Lambeth Together newsletters have been issued since 1 November 2019 with content from partners including the CCG, Black Thrive, LWNA, Lambeth Council, Healthwatch, Age UK, PPGs, GP Federation, Lambeth Food Co-op, KCH, SLAM and GSTT. It is distributed widely across the borough by partners. Subscription functionality is available on the Lambeth Together website. News items are available via the newsletter and also on the news section of the Lambeth Together website.

The [Lambeth Together Twitter channel](#) is active with partners are asked to use the @LambethTogether Twitter handle and #LambethTogether and #LambethLivingWell (for the LWNA).

The Lambeth Together communication group is moving to be a communications and engagement group going forward to support the maintenance and development of our communication and engagement channels and stakeholder relationships across the borough.

5.2 Engagement

Following a well-attended workshop held in the Town Hall in February, a small task and finish group comprised of representatives from Healthwatch, Black Thrive, Lambeth Council and SEL CCG met at the end of May to consider the next steps in developing a framework for engagement across the Lambeth Together partnership.

The group noted the importance of partnership engagement activity looking and linking to

multiple levels of the Partnership's work: linking clearly to Lambeth Together strategic priorities and to the work of the delivery alliances, but also to the wider SEL integrated care system development, as well as creating opportunities for having 'ears to the ground' so that new insights can emerge that might also influence directions.

A successful approach to engagement for Lambeth Together would need itself to have (fore)sight of and engage with the priorities and planned areas of focus (and timescales) of

- the Borough Based Board,
- each workstream of Lambeth Together and
- the SEL ICS

Having this in mind could support the development of a way of working across organisations to ensure that engagement happens at the right level and in three dimensions eg;

- highly targeted engagement involving people with 'lived experience' through delivery alliances
- wider engagement, involving the public, to influence priorities of the partnership as a whole through the Borough Based Board; and
- engagement in governance, involving nominated community voice representatives in our board arrangements

Healthwatch Lambeth's *Position on participation (Jan 2020)* touches upon core principles that should underpin an approach to engagement in Lambeth Together. Partners agreed that in addition to a clear purpose – *the what* - engagement activity needs to explicitly address the question of *who* so that it can be appropriately targeted and have equality and diversity at its heart

The group will be meeting again later in June, and plans to produce a clear one-page outline of an approach to engagement that can be adopted across all Lambeth Together work.

5.3 Lambeth Together OD Network

The Lambeth Together OD network had an initial focus on supporting the development of the Lambeth Children's Integrated Commissioning and Delivery Alliance Board. That group will now need to reconvene to consider its work programme moving forwards.

6. Financial Framework/Information

At the time of writing, Month 2 Financial information was in the process of being finalised. A verbal update will be provided at the meeting

7. Our Strategic Alliance Leadership Arrangements

The last meeting of the Lambeth Together interim Strategic board took place on 29 January, the final scheduled interim board being stood down in March due to Covid -19 pressures. Since then, partners/stakeholders have met informally twice – on 22 April and again on 20 May. The first of those meetings served as an opportunity for partners to share their experiences during the peak pressures surrounding Covid-19. The 2nd of those sessions focussed on identifying common themes around future working arrangements, built from our experiences to that point. Those themes are summarised in appendix 3.

As we now start to stand up the Lambeth Together programme overall, we will be rebooting various elements of the programme and testing new ways of communication and engaging in our governance. It is expected that full meetings in public across each of the 6 boroughs will commence in September. In the meantime, we will be developing the agenda setting and engagement processes to ensure better links between partners to the ICS as well as with local people and stakeholders.

By way of information, during the last period there have also been changes to the direct support arrangements for Lambeth Together. In particular, Tom Barratt as Programme Lead has been redeployed into leading the Lambeth Vulnerable Persons Hub service and Jane Stopher has left her role as Neighbourhood Alliance director for a role at NHSE. We have however appointed Niymeti Ramadan into the LT project support role commencing from 4 August. We are looking to recruit into vacated roles in the short term.

As a reminder, Part B of the Lambeth Together strategic Board serves both as a Borough Based Board for SEL CCG (a Prime Committee of the CCG) but also as a Committees in Common (CiC) arrangement between SEL CCG and the LBL. One of the duties of that CiC arrangements is to oversee the operation of the Better Care Fund (BCF) and the s75 agreement. Reporting on BCF targets has been suspended for the period of the COVID-19 pandemic and until July at a minimum with no date yet to be agreed regarding when reporting will be resumed. Work is underway to review existing Section 75 agreement to reflect the new joint management arrangements and the appointment of the joint Strategic Director and the establishment of the new South East London CCG and we expect to bring the amended agreement back to the Part B, Committee in Common in September for approval. Meanwhile temporary amendments are being made to the current agreement to reflect the new arrangements that have been put in place for the NHS funded Hospital Discharge Covid-19 Care Costs which is being administered via the existing pooled fund arrangements.

8. Summary of Next Steps

In summary, much of the programme work of the Lambeth Together was paused during the immediate response phase to Covid- 9. We are now starting to re-boot the different elements of the programme ensuring that we do so with the benefit of our experiences of the last 3 months. The recovery planning that partners and the SEL ICS overall both collectively and at Lambeth level are engaged in will form a part of that reboot ,in particular where effective ways forward can only be achieved by working together and with local people and stakeholders.

9. Recommendation

The Lambeth Together Strategic board is asked to:

- Note the status of the Lambeth Together programme during the response to Covid – 19.
- Note the steps being taken to enter in a recovery phase across Lambeth and the SEL ICS more broadly and the role of Lambeth Together in those next steps.

Appendix 1.



Lambeth Integrated Health and Care

**Lambeth COVID-19 Borough Response Group
Workshop Outputs**

1



Contents

1. Summary
2. Workshop A: Step up services in a different way, including prevention approach, workforce
3. Workshop B: How would we respond to a second wave of Covid
4. Workshop C: Tackling inequalities
5. Workshop D: Reassertion of neighbourhoods – balance between borough based and south east London

2



1. Summary

- The regular Lambeth Covid Borough Response held an extended workshop session with partners on 09 June 2020, using MS Teams to have a virtual discussion and breakout working groups.
- The purpose was to discuss and agree next steps around the most important areas to collaborate.
- The workshop focused on 4 main areas
 - Restarting services and importance of prevention
 - How we would respond to a second wave Covid-19
 - Tackling inequalities
 - Reassertion of neighbourhoods, and the balance between borough based and south east London
- Engagement and the discussions were very informative and positive. Key headlines from the session is presented on the following pages for each of the four collaboration themes discussed.
- Next steps will include linking this work with the other associated work and steer from system leaders with regards to planning approach.
- Use this thinking, and continue to work with partners, to inform the rapid development of a borough based plan over the coming weeks, which will not only serve as a local borough plan, but will also inform the south east London ICS plan.

3



2. Workshop A: Step up services in a different way, including prevention approach, workforce

Agreed two things to take forward at pace

- Unified list based on primary care. Proactive case finding, multi disciplinary team and neighbourhood teams. Would like to drive this through daily. Will write a clear statement of purpose in the next week. A directory of service linked to care systems as a fundamental enabler.
- Manage processes to a live on the day way. Emergency Department, Beds and primacy importance of length of stay. Build upon existing workflows that work and that people use. Pick this up with providers.

4



3. Workshop B: How would we respond to a second wave of Covid

Each organization logging the learning for example:

- PPE, stress management, politics!
- new relationships – commissioners collab with providers
- Working rapidly to new guidance
- Great willingness of staff to try new things, redeployment
- Workforce has also sustained a psychological blow
- Working with new data sources
- Working with new tech & remote working in primary

For next time, we need:

- Better databases, minimum datasets.
- Bed capacity if 2nd wave is in the winter, will need to optimize acute hospital flow
- Continue wellbeing measures, look out for PTSD in staff
- Clarity on training progression for clinicians
- Modelling if less redeployment for 2nd wave
- Learning from local & international research
- BAME data in all organisations – how will Discovery help us?

5



What should we do now?

- Ensure staff take their leave
- Start communicating with staff on what is expected
- Need smaller preparation teams

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4. Workshop C: Tackling inequalities

- Different experience in different parts of the system – what and whose experience are we talking about
- Data real time – SEL data service – use this to answer questions and measure impact of any interventions – but also who is affected by any second wave
- Risk of emphasis on risks people can't control rather than those they can
- Experience can reduce their risk to some degree – proportional universalism – how do we give people the right information to take control of the risks they can control
- Use data to inform communications and engagement and loop feed back – we know lots that we don't share effectively with those who could
- C-19 Trojan horse – address the underlying risk factors we want to address
- What's required for specific groups – Learning Disability, disability, older people etc – who has the relationships – faith groups, services – other ways of engaging
- Supporting people to practically implement measures to reduce their own person risk or anxiety – impact of control measures – not always advantageous at individual level

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5. Workshop D: Reassertion of neighbourhoods – balance between borough based and south east London

- Whether discussion on "reassertion" is about organisation and governance – or whether we can focus on principles and aims – also understand local differences e.g. between Southwark and Lambeth
- What do we mean by neighbourhoods – what are they, are they the same as primary care structures – have to be able to explain to acute colleagues – and surely equality means ensuring everyone gets the same offer
- Long Term Plan has subsidiarity built in that we can relate to – should remember learning from previous experiences such as SLIC, the positive aspects but to stop going round the same loop
- Should recognise practicalities – delivery will be through (NHS) provider arm so do need to connect separate recovery plans – how will we do this and align with SEL
- And national directives – NHSE twice-weekly letters can be highly disruptive, could a strong Borough partner body be able to translate and make sense of those directions?
- Not to assume we've got everything right, in BAU or during COVID operation (not meeting performance targets for discharge times for example) – what we wouldn't want to do with a Borough-based focus is to allow lowest-common denominator of operation
- Went back to definition of neighbourhoods – we're a very small group and there's the important community of individuals to involve – should we as professionals be defining or the individuals who make them up? How do we do that?
- And, while plans are drafted and iterated over larger regional footprints (SE London, London, England etc.) that we can still decide now areas we want to prioritise locally (Lambeth, or Lambeth & Southwark) – e.g. pilots and projects to fact-find or test concepts - while plans are important, they take time and that doesn't mean we don't do anything while those come together at SE London or London level

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Appendix 2.

LAMBETH
PORTUGUESE
WELLBEING
PARTNERSHIP



LAMBETH PORTUGUESE WELLBEING PARTNERSHIP NEWSLETTER

FIGHTING AGAINST COVID-19

The Covid-19 Grupo Lusófono de Entreaajuda de Lambeth is supporting residents in very practical ways during the coronavirus breakout. However, many Portuguese speakers are not accessing the support needed due to the language barrier and lack of knowledge of local support and services.

Community leaders, who report being overwhelmed with requests for help, such as food delivery and financial advice, are concerned that people are running out of money due to the rapid growth in unemployment caused by the coronavirus pandemic.

With the aim of fighting the impact of Covid-19 on people's health, wellbeing and finances, the LPWP has been working closely with the Portuguese community and local services. This Covid-19 Response newsletter highlights some of our activities that have been helping the Portuguese speaking community in Lambeth.



IN THIS ISSUE

WHAT WE HAVE BEEN DOING

SUPPORTING THE COMMUNITY

GIVING THE FLOOR TO OUR
VOLUNTEERS

ACKNOWLEDGEMENTS

LAMBETH PORTUGUESE WELLBEING PARTNERSHIP

WHAT WE HAVE BEEN DOING...

Our goal is to support Portuguese speakers in Lambeth by connecting people to services through our partners and volunteers. We do this through a range of activities focused on those who are self-isolating, or most vulnerable, particularly during the lockdown.



Palop UK in action!

...AND HOW

- Recruiting and training 16 Portuguese-speaking volunteers.
- Setting up a Helpline free of charge, seven days a week from 10am to 4pm. Volunteers provide information, signpost people to relevant services, make calls to services, ensuring people's needs are met.
- Creating a Lusophone Covid-19 Mutual Aid group using national Mutual Aid group guidelines, with a Facebook page (198 members) and WhatsApp group (50 participants) through which key information is shared, and support is requested and followed up.
- Mapping services in Lambeth and local boroughs by creating a directory of voluntary and community services, regularly updated by our volunteers.
- Translating key health and government information, producing a series of videos in Portuguese about Covid-19, raising parents' awareness of the importance of keeping up to date with vaccination for their children, and ensuring people know how to access a GP during lockdown.

LAMBETH PORTUGUESE WELLBEING PARTNERSHIP



HELPLINE

Our Helpline has taken calls from Portuguese communities across London, providing assistance to those in need such as food and medicine delivery arrangements, and translation and mediation support where language is a barrier.

A "BE FRIENDLY" ATTITUDE

G.B. called our helpline requesting lemon and ginger to make tea for her sore throat. The request was followed up by our volunteer, who also found out 'by accident' that it was G.B.'s birthday. The volunteer 'curiously' asked what meal G.B. would like for her birthday if she could have it. And, through an incredible effort by our volunteer, so it was done! G.B. received a basket delivered to her door with a special treat, along with a birthday card honouring her special day. Later in the afternoon, G.B was surprised once again by a 'happy birthday' call from the volunteer.

"It was good to feel that I wasn't alone, that I mattered to someone. I felt so happy." (G.B.)



HEALTH INFORMATION VIDEOS

Medical advice videos were recorded and disseminated on social media by LPWP partners, providing information about Covid-19 for Portuguese speaking communities.

LAMBETH PORTUGUESE WELLBEING PARTNERSHIP

COME TOGETHER WHICHEVER WAY

Facebook and Zoom have been a powerful resource to keep the LPWP connected with the Portuguese speaking community during lockdown. Here are examples of the amazing meetings, trainings with volunteers, and other online interactions we have been developing in the past months.



COMING UP!

LPWP Covid19 Response zoom forum

Join us on Zoom the Thursday, 25th Jun at 2pm, to share best practice, successes and challenges and how together we might overcome them.

LAMBETH PORTUGUESE WELLBEING PARTNERSHIP

GIVING THE FLOOR TO OUR VOLUNTEERS!

ANABELA SEMEDO

Covid-19 Grupo Lusófono de
Entreajuda de Lambeth
Volunteer



“

I joined the group as a volunteer to supporting the Portuguese speaking communities reaching essentials during this pandemic. It is in my nature to help others and since a young age, I used to support the church with community works, helping the elderly and families in a disadvantaged position. I have grown in this way and it is an amazing feeling to be part of this group and be useful to those in need during these exceptional times. I have volunteered with other organisations and have my own community group, where we run projects to fundraise for those most in need here in the UK or abroad. But being there for those in a vulnerable position or those that only need to hear a friendly voice during this confinement period, has been an emotional learning. And nothin better than the smile at the other end of the phone after each contact with our service users.

”

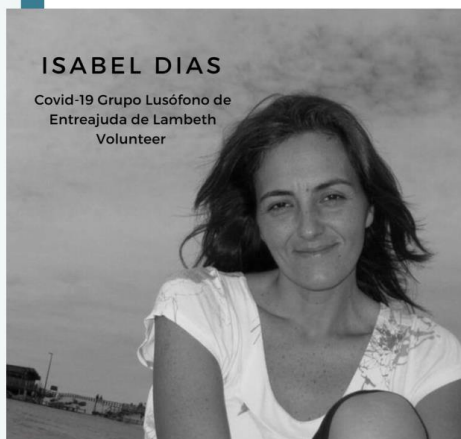
“

I am a volunteer for the Covid-19 Grupo Lusófono de Entreajuda de Lambeth and feel privileged to be working to help people in need. As a group, we work very well, and we have an excellent team spirit, being complementary to each other. My duties are to answer calls from the Portuguese-speaking community, requesting food, medicine, and also helping homeless people in need of accommodation. We have been able to support those in need providing them with medicines and food, jointly with other Covid-19 supporting groups. With regard to homeless people, the main difficulty is getting free accommodation. Sometimes, I feel frustrated that I don't have immediate answers. But the experience of being a volunteer, makes me grow every day and I am extremely proud to helping others.

”

ISABEL DIAS

Covid-19 Grupo Lusófono de
Entreajuda de Lambeth
Volunteer



LAMBETH PORTUGUESE WELLBEING PARTNERSHIP

ACKNOWLEDGEMENTS

We thank our partners, collaborators and volunteers for their support and service to the community. We want to thank specifically:

- **Age UK** for providing the platform for our Helpline, and for advice and training with Helpline and Friendship calls;
- We are very grateful for **PALOP UK Covid-19 Group** partnership for the provision and delivery of food and other essentials for the past three months;
- **GPs** and a nurse for the translation of health information and the production of videos to make key health messages accessible to the Portuguese speaking community;
- **Lambeth Council** for the provision of volunteers and for enabling our volunteers to sign up for free Safeguarding training;
- **Lambeth Life Magazine** for translating Lambeth Council's key messages into Portuguese and for having it delivered to parts of the borough where large numbers of Portuguese speakers live;
- **Brixton Soup Kitchen** for the provision and delivery of food;
- **Brixton People's Kitchen** for the provision and delivery of food.

And finally, we want to pay a special tribute to the LPWP Heroes, the volunteers, who are superb individuals, putting so much time, creativity, love and compassion into making the lives of those who seek our help just a little better.

When people come together for the common good, magic happens!

AND A SPECIAL THANK YOU FOR
BATTERSEA POWER STATION FOUNDATION
& **GUY'S AND ST THOMAS' CHARITY**
FOR FUNDING AND SUPPORTING OUR WORK



Appendix 3.

Key Themes

1. Virtual Working

Need to consider impact from the perspective both of employees/ service providers and of people's experiences as users/ patients. Much of this way of working is here to stay, but requires good digital literacy and ongoing joint work to realise benefits and mitigate risks.

2. Workforce/ role of partners as employers

Important role of 'anchor institutions' – supporting local people into sustainable local workforce and serving our residents with the benefits of good quality employment. Looking after our workforce in their new ways of working.

3. Engagement

Need to undertake a (fairly rapid) programme of engagement to understand people's experiences of covid-19 within their own context and to utilise this to understand and build next steps – particularly important that this be done for those who are at the high end of the slope index/suffer the greatest inequalities and in ways that ensure communities voices are heard

4. Inequalities

Must ensure BAME visibility, support to BAME led organisations to ensure most vulnerable people, with poorest experiences are empowered to be more resilient.

Need to create and better use data to inform priorities and measure impact of interventions.

Focus on social determinants.

Focussing attention in proportion to what inequalities data is telling us.

5. Methods of interacting with communities/ local people – in their neighbourhoods

With less physical contact, will need to create ways to talk to people. Build around neighbourhoods/ PCN's. Build on use of volunteers, 3rd sector. Healthwatch can play an important role.

Improving understanding of local assets and VCS, undertaking dialogue at a neighbourhood level. (link to 3)

6. Continue to progress service delivery integration at pace

Particularly across primary, community and social care - including new relationship with local people. All build on enabling better access/ removing some of the boundaries.

Consider emergency care pathways - can't go back to A&E / Admission dependency – requires engaging with and new relationship with local people. More 'step up' over 'step down'.

Support to care homes.

7. Welfare and development of children

Must look out for the needs of those most vulnerable children – particularly those who fall out

of sight with Virtual working. Needs to support those who have fallen behind to mitigate loss of life chances.

8. Trauma

Ensure we are looking out for and investing into support to those suffering grief and trauma during and post covid-19.

9. Risk Appetite

Striking the right balance between the pace of change and ensuring meaningful engagement with local people and stakeholders. Consider a common approach to Risk appetite.

10. Mental Health/ Lambeth Living well

Review impact of lockdown to peoples MH overall and to , more specifically, the nature of the LL Well Network Alliance. Particular need to emphasise people as assets / community engagement and the need to be proactive in making service availability known to people.

11. VCS

Build on the relationships forged through COVID response for at risk/shielded people and the impact of hub arrangements.

Understanding the increase in demand for VCS services and how to support and sustain it – particularly with a neighbourhood focus.

Report to: Lambeth Together Strategic Board

17 June 2020

Report Title	Lambeth Together Primary Care Programme Governance arrangements for 2020/21
Author	Andrew Parker – Director of Primary Care and Transformation
Summary	The purpose of this paper is to update the Strategic Board on Primary Care Programme arrangements for 2020/21.
Recommendation(s)	<p>The Strategic Board team is asked to:</p> <ul style="list-style-type: none"> • note its role in the new SEL CCG, in respect of matters delegated to NHS SEL CCG and operated at borough level • consider and endorse the approach to managing and overseeing the Primary Care programme for 2020/ 21

Primary Care Programme arrangements for 2020/21

Prior to 31 March, NHS Lambeth CCG developed and delivered its core functions through a series of programmes, overseen through representative programme boards. As now local teams of NHS SEL CCG, most of those programme responsibilities are being absorbed into the alliance arrangement for Lambeth Together. In the case of Primary Care, there are functions and responsibilities delegated by NHSE to SEL CCG that must be operated through the single pan SEL Primary Care Commissioning Committee, which in turn meets in public – at present monthly. Delegated decisions will either be within the powers of officers and hence will be reported to that committee, or may require the agreement of the committee following a recommendation from a local borough. Those recommendations would be required to come from the Borough Based Boards – in our case Part B of this Lambeth Together Strategic Board.

In Addition Primary care – as well as being an active partner to the Lambeth Together Strategic Board and Delivery Alliances, requires local design, planning, oversight, contract and budgetary management. By way of further context, attached for information is a slide pack being finalised across SEL, summarising the common approach to and themes for Primary Care ‘recovery’. This pack and its associated work strands, alongside local priorities, will form the basis of the overall programme of work for primary care commissioning for the remainder of 2020/21.

In considering both the mechanism to support delegated Primary care commissioning and in order to lead and manage, in partnership, the primary care programme of recovery and development for Lambeth for 2020/ 21, we have designed a governance mechanism as attached.

Principally, the proposal is that this takes the form of weekly meetings of a Primary Care Partnership Forum and a Primary Care Operational Group.

During the period of COVID 19 management, Primary Care leaders have worked in an agile and effective way to respond to the needs of the developing virus. The CCG Primary care Lead GP, Chair of the federation and MD, Chair of the LMC, and CCG Director and AD have met – initially daily and more recently three times weekly to oversee our arrangements. That has proven to be effective and valued and there is a wish to maintain that agile way of working. Previously, Lambeth CCG ran a monthly Primary care Working Group and a series of functional and transactional meeting arrangements with partners which was at time, overly burdensome and unproductive. Greater frequency, will enable those to be folded into these arrangements. We wish to build on those experience, positive and less positive, and so have discussed with key partners and are now proposing the arrangements as per the attached appendix

Essentially the Primary Care Oversight Group (PCOG) will meet for 1 hour weekly, including the Director and Assistant Director, Primary Care lead GP, head of Primary Care Commissioning for SEL CCG and others as appropriate.

In addition and also weekly, will be a meeting of the PC Partnership Forum (PCPF) – core members being those listed above who have been meeting regularly during the Covid crisis. It is intended that the Forum will have a rolling 4 weekly cycle of content, such that additional

partners can be invited to contribute as appropriate. There will be a close link to Lambeth Together Delivery Alliances as appropriate.

Key recommendations and decisions will be recorded alongside an appropriate action log.

Recommendation

- That the Strategic board note its role in the new SEL CCG, in respect of matters delegated to NHS SEL CCG and operated at borough level
- That the Board consider and endorse the approach to managing and overseeing the Primary Care programme for 2020/ 21

Appendix 1.

SEL Primary Care Recovery Planning

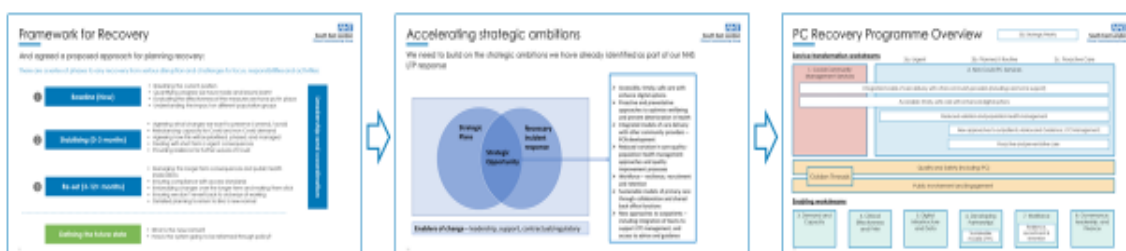
Recovery Programme Next Steps

3rd June 2020

Sam Hepplewhite / Dr Liz Henderson

Recovery Plan Framework

The framework provides a consistent basis for Boroughs to develop their own plans – building on the health needs of local populations; enabling information, evidence, and intelligence to be shared across SEL; making the best use of scale where it adds value; and allowing local plans to be brought together at a system level.



A phased approach to recovery planning over the coming 12 months that builds on the positive transformation delivered during our response.

Ensuring that recovery accelerates the realisation of our strategic ambitions, and optimises the conditions for change by putting the right enablers in place.

Providing a consistent basis for local planning; supporting information, evidence, and intelligence to be shared; and local plans to be brought together.



Levels of Recovery Planning

Recovery plans will be developed and owned by local stakeholders, feeding into Borough Based Boards to ensure alignment with wider community plans. SEL can provide a facilitation and coordination role – developing consistent principles and sharing evidence, learning, and best practice where this should be done once.



3

The 'Ask' from Boroughs

In order for Boroughs to own the development of local recovery plans it is proposed that they:

- Establish local 'Recovery Cells'
- Engage PCN / GP Federation clinical leadership and local LMCs in the process
- Facilitate the involvement of other local partners – including community providers, mental health, social care, and local CVS organisations
- Consider and plan how to best involve and engage local residents in the process
- Develop local plans which are broadly aligned to the proposed SEL framework and timescales (in the spirit of the 'what' rather than the 'how'); so they are based on consistent themes and can be brought together into a single plan
- Highlight areas where a consistent SEL wide approach or understanding of priorities would be beneficial
- Use Borough Based Boards and local partnership forums as a local oversight mechanism and to ensure alignment with wider community recovery plans
- Nominate subject matter experts who can contribute to SEL wide task and finish groups (as per the identified workstreams) to share information, evidence, and intelligence that will support the development of local plans; and leverage the benefits of scale where beneficial
- Consider and identify areas where it may be beneficial to collaborate with other boroughs

4

Appendix 2.



Lambeth Borough Primary Care Programme



Discussion Document
29 May 2020

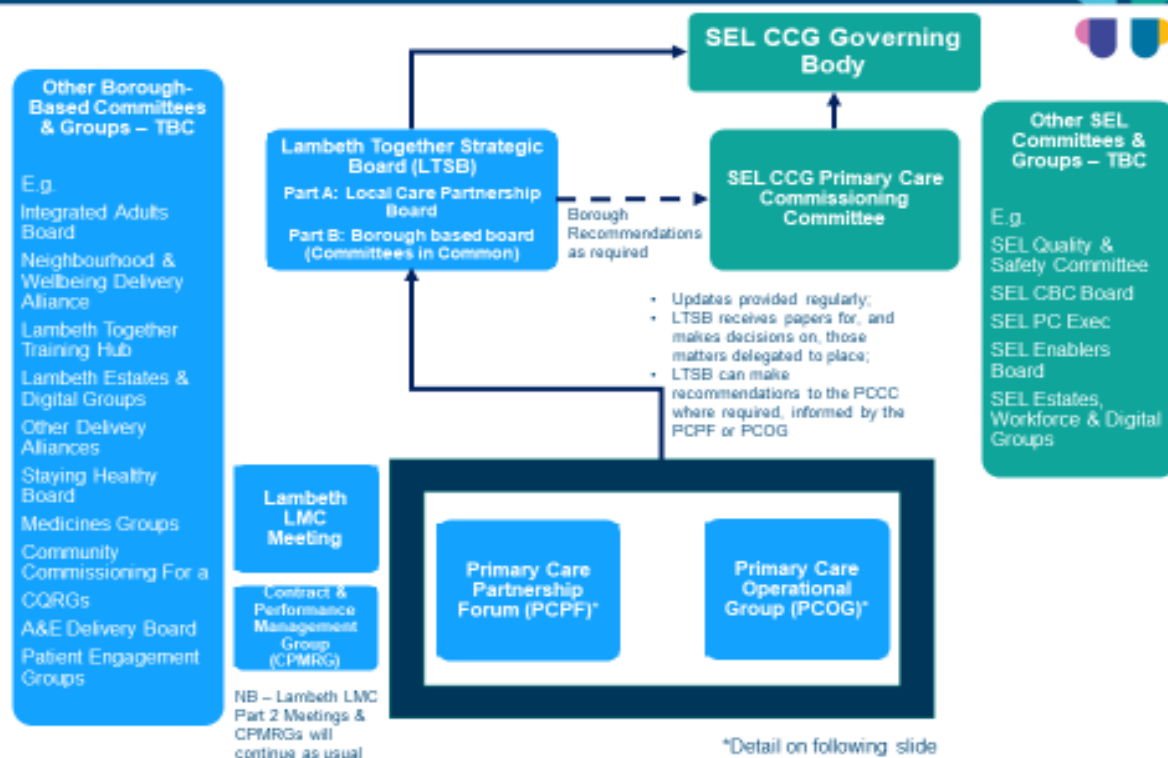
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1. Lambeth Primary Care Governance & Structure
2. The PCOG and PCPF – Overview
3. The PCOG and PCPF – Membership
4. Questions



Lambeth Primary Care Governance & Structure



The PCOG and PCPF - Overview

As part of the new place-based arrangements, the Primary Care programme will be restructured around two new weekly meetings – the Primary Care Partnership Forum (PCPF) and the Primary Care Operational Group (PCOG).

These will be the main fora for managing primary care commissioning and development work in the Lambeth borough system, working within a wider Lambeth and SE London system as described on the previous slide.

The below summarises the headline responsibilities of the PCPF and PCOG

	Primary Care Partnership Forum (PCPF)	Primary Care Operational Group (PCOG)
Membership	<ul style="list-style-type: none"> CCG Commissioners & Clinical Leads; Representatives of The Lambeth Clinical Cabinet (PCN Clinical Directors, Lambeth LMC, and GP Federation Board); Practice Managers & Nurses 	<ul style="list-style-type: none"> CCG Commissioners & Clinical Leads SEL PC Team
Summary	<ul style="list-style-type: none"> Forum to co-produce the majority of primary care-related work in Lambeth between commissioners and providers 	<ul style="list-style-type: none"> Commissioner-only discussions
Initial Overview of Key Areas	<ul style="list-style-type: none"> Topical items Primary Care Covid Recovery & Stabilisation PCN Development GP Forward View Enablers – Workforce, Digital IT & Estates Population Health & Clinical Effectiveness Oversight of local contracts – e.g. Quality & Performance of Premium Specification (non-QPMRG), GP Access Hubs, Lambeth PC Incentive Scheme Overview of other key data – e.g. Practice Information Pack content Planning of local activities – e.g. PLTs, Locality Meetings, Practice events etc. 	<ul style="list-style-type: none"> Confidential pieces of work; CCG-only business Operational and strategic planning: e.g. budget & finance management, SEL and NHSE assurance returns, audits Contractual management of individual GP Practices
General Pattern of Work	<ul style="list-style-type: none"> Rotating areas of Focus – likely four themed groupings of work, so each would be considered once a month – possibly around Contracting & Commissioning, PCN & GPFV Development etc. But can still discuss whatever is topical Will be kept semi-formal to avoid becoming unmanageable as a weekly meeting – e.g. there will be a flexible agenda, planned around topics as above, accompanied by an action log. Notes will only be taken if agreeing a recommendation to the LTSSB. 	<ul style="list-style-type: none"> Largely topical items, with some regularity built in for budget/finance review Will be kept semi-formal to avoid becoming unmanageable as a weekly meeting – e.g. there will be a flexible agenda, accompanied by an action log. Notes will only be taken if agreeing a recommendation to the LTSSB.



Primary Care Partnership Forum – Provisional Topic Rotation

Week 1	Week 2	Week 3	Week 4
Hot Topics	Hot Topics	Hot Topics	Hot Topics
Covid Management Covid Services & Pathways Covid Testing & Logistics	Covid Management Covid Services & Pathways Covid Testing & Logistics	Covid Management Covid Services & Pathways Covid Testing & Logistics	Covid Management Covid Services & Pathways Covid Testing & Logistics
Access	Population Health, Clinical Effectiveness & Quality Improvement	PCN & Neighbourhood Working	Prevention & Proactive Care
Extended access hubs, non extended hours & Practice Waiting Times	Monitoring and oversight of Lambeth Primary Care Incentive Scheme & Premium Specification KPIs and any borough-wide action plans - e.g. on 30m physical health checks or referral peer review	Care Home Support - LGS and PCN DCS	Cancer Screening & PCN Early Cancer Diagnosis
Digital Access - Online Consultations, E-hubs, Patient Online Services (e.g. NHS App, EPS, Bookings and Records, Medical/PCN Webchat)	Population Health Data & Analytics	Social Prescribing	Immunisations - Flu, Childhood Imms
Urgent care - A&E/UTC, 111/UC & out of hours	Reducing inequalities	System engagement - Council, VCs, Trusts, Alliances, Pharmacy	Learning disability health checks
Digital, IT & Data Infrastructure	LTC Management	Workforce Development & Training Hub	Public Health Improvement Services (PHIS) & Sexual Health
GP IT - Hardware, Connectivity and GP IT Futures (DMS, Doorman Pro)	Quality improvement projects	Recruitment and new roles	Patient Engagement, Communications & Experience
Local Care Records and PCN Data sharing	Reducing unwanted variation in outcomes	Staff development, retention & support	
Remote Working & Digital Healthcare delivery (e.g. remote monitoring, online tools to support clinical decision making)	QIP	Workload management & so high impact changes	
Digital Projects - e.g. Digitisation of Medical Records	Quality - safeguarding, incidents, infection prevention & control, complaints & quality alerts		
	PCN Data Monitoring - e.g. Structured Med Reviews, IP		
Strategic Estate Planning - e.g. PCNs, Service Co-location, Improving Utilization and use of Technology		Practice Engagement & Support	
		Practice Resilience Fund	
		Locality Meetings & Practice Visits	
		Protected Learning Time	
		PCN & Federation Development	
		Leadership & Organisational development and sustainability	

Primary Care Operational Group, CPMRG & LMC Meetings

Weekly

CCG Borough Operational Management
GP Contract Monitoring & Assurance
GP Contract Changes - Procurements, Mergers, Dispersals, Variations to Partnerships, Boundaries, Lists Etc.
SEL PC Team Interface - Enhanced Services, Special Allocation Scheme, E-Dec,
Borough Team Management
Borough Budget & QIPP Management
Auditors
Performers List & NHSE&I Medical Directorate Liaison
Counter-Fraud

Monthly

LMC Part 2 Meetings

Agenda based on LMC and Practice topical or strategic issues

Quarterly

Contract Performance & Management Review Group (CPMRG)

Premium Specification - i.e. Ensuring scheme working as intended with LMC

Potential PMS Review



Report to: Lambeth Together Strategic Board

17 June 2020

Report Title	Lambeth Hospital Reconfiguration Public Consultation Feedback and Recommendations			
Author	Jane Bowie - Director of Integrated Commissioning (Adults)			
Summary	<p>This paper is intended to provide a brief overview of the public consultation into the proposed reconfiguration of mental health services in Lambeth (specifically inpatient services) and offer an initial view of the feedback and responses that were obtained.</p> <p>The primary focus is to outline the key areas of feedback that will be analysed within the Decision Making Business Case (DMBC) and the draft recommendations that will follow through to the decision making process which will be undertaken by South East London CCG (SEL CCG).</p> <p>Within the report context and background is provided around the public consultation into the reconfiguration of Lambeth Hospital with a preferred option to move the acute inpatient beds to a new fit for purpose building on the Maudsley Hospital site.</p> <p>The public consultation included two key questions within the questionnaire which gauged the level of feeling around the case for change and the suitability of a move to the Maudsley. The questions and the responses were:</p>			
	Survey Question	Question	Positive response	Negative response
	1	How much do you agree or disagree that we need to make changes to the inpatient wards at Lambeth Hospital?	87%	13%
	3	How much do you agree or disagree with the move of adult inpatient	64%	36%



	beds from the Lambeth Hospital site to the Maudsley Hospital site?		
	<p>Based on these responses it is reasonable to infer that the preferred option is supported by the majority of those who engaged with the consultation process. Further details in terms of the breakdown of these responses by a range of demography will be included in the Decision Making Business Case.</p> <p>7 groups of common feedback themes were identified which are as follows:</p> <ol style="list-style-type: none">1) Alternative options for the site2) Travel and access to the Maudsley Hospital3) The reputation of the Maudsley Hospital and familiarity with the site4) The Maudsley hospital estate5) The development of clinical pathways6) Clinical and non-clinical support services7) The future of the Lambeth Hospital site <p>All of these thematic groups are described in terms of the context with which they were raised, an appraisal of the current position and recommendations where appropriate.</p> <p>The proposed recommendations are:</p> <p>7 key recommendations have been identified cover:</p> <ul style="list-style-type: none">- Validation of the impact of access to areas in the south of the Borough- Development of a welcome pack for new service users requiring inpatient stays- A familiarisation process for current service users prior to the move to the new accommodation- Engagement of the black community in the development of clinical models through Black Thrive- Identification of the location for all clinical and non-clinical support services in the Full Business Case- Active engagement with the local authority in the planning consultation process for the future of the Lambeth site		

	<ul style="list-style-type: none"> - Development of a robust communications plan for the remainder of the programme of change
Recommendation(s)	<p>The Lambeth Together Strategic Board is asked to reflect on the feedback and appraisals provided throughout this document and to support the proposed recommendations to be included in the Decision Making Business Case presented to South East London CCG.</p> <p>The Board is also asked to specifically provide their support to an overarching recommendation that South East London CCG approve the preferred option as described in the pre-consultation business case (to move the inpatient services to the Maudsley Hospital) in line with the overwhelming support displayed by those respondents to their consultation.</p>

Improving Mental Health Services in Lambeth Public Consultation – Interim Feedback and Recommendations to South East London Clinical Commissioning Group

1. Purpose

This paper is intended to provide a brief overview of the public consultation into the proposed reconfiguration of mental health services in Lambeth (specifically inpatient services) and offer an initial view of the feedback and responses that were obtained. The primary focus is to outline the key areas of feedback that will be analysed within the Decision Making Business Case (DMBC) and the draft recommendations that will follow through to the decision making process which will be undertaken by South East London CCG (SEL CCG).

2. Context

Following a broad pre-consultation engagement process spanning from May 2019 through to March 2020, a public consultation focussing on improving inpatient mental health services at Lambeth Hospital was launched on March 4th 2020 and ran for 12 weeks through to the end of May 2020. The consultation included two options, with the preferred option being the relocation of adult acute inpatient services from Lambeth Hospital to new high-quality facilities on the Maudsley Hospital site in Denmark Hill.

The consultation has been led by NHS South East London CCG (formerly NHS Lambeth Clinical Commissioning Group) working together with South London and Maudsley NHS Foundation Trust (SLaM). NHS South East London CCG is part of the Lambeth Living Well Network Alliance (LWNA) which supports people in Lambeth who are experiencing mental illness or distress. Partners include South London and Maudsley NHS Foundation Trust (the provider of the adult acute inpatient services), Lambeth Council, Certitude and Thames Reach.

The consultation has enabled commissioners to assess whether the proposals are in the best interests of service users and the public. The process has captured over 230 contributions including feedback from service users, carers, staff, the public, and voluntary and statutory organisations.

The next stage of the process is to develop a DMBC that will support SEL CCG in making their decision about whether to proceed with the preferred option. Part of this document includes local recommendations such that the views of the Borough based care leadership, through Lambeth Together, are central to that decision.

3. Background to the consultation

3.1 Context to the consultation

Together the CCG and SLaM believes that people in Lambeth who are experiencing mental illness or distress should receive the support they need to lead full, healthy, and independent lives within their communities, with care as close to home as possible. It is recognised, however, that there will always be a need and a place for a much more intensive support provided in an inpatient setting.

At the heart of the proposal for improving mental health services was the desire to significantly improve quality of care for the people who use our inpatient wards, through ensuring they have access to modern, therapeutic wards that aid recovery and support their return to their lives as quickly as possible.

The need for change is urgent. Currently the wards at Lambeth Hospital no longer meet acknowledged modern standards and are not fit for purpose. The way in which some wards are arranged does not support the privacy, dignity and safety that our service users should expect. In turn this impacts on people's recovery and the experience of the care they receive and impacts on team morale, staff recruitment and retention. This has been raised as an issue by service users, families and organisations, such as the Care Quality Commission, which monitors the quality of our services.

The current structural design of the buildings mean that they are not as safe as they should be for treating people with a mental illness and who may be at risk of harming themselves.

Structural issues include:

- Most bedrooms do not have their own ensuite bathrooms and there are not enough bathroom facilities available.
- Toilets and showers often become blocked due to structural problems with the drainage system.
- The lines of sight for staff looking after service users are poor – this is particularly important to keep service users safe.
- There are no purpose-designed facilities for therapeutic activities.
- A poor-quality working environment for our staff.
- Only one ward has unsupervised access to an outdoor area and fresh air.
- The environment is very cramped for service users and staff.

The consultation proposed a preferred option that would see the adult inpatient acute accommodation and the Psychiatric Intensive Care Unit (PICU) re-provided on the Maudsley Hospital site in a brand new, purpose built facility which would provide the following benefits:

- Individual, ensuite bathrooms for all bedrooms.
- Adaptable wards to provide single-sex accommodation.
- Wards designed around a triangular shaped lightwell so that internal corridors and central areas will get natural daylight.
- Direct views across the wards for staff.
- A more therapeutic environment with access to therapy and treatment rooms.
- Quiet rooms, family rooms and a multi-faith space.
- Direct, unsupervised access from every ward to large, outdoor balconies with trees, planting and fresh air.
- Private office space for staff.
- Buildings which are energy efficient, sustainable and need less maintenance.

3.2 Pre consultation engagement and scrutiny process

Pre-consultation engagement on the case for change, options being considered, and potential implementation plans started in May 2019 and continued until the start of the public consultation in March 2020. The feedback gained helped shape the preferred option, and the approach to consultation.

This pre-consultation engagement included work with a number of key stakeholder groups including service users and carers, staff, local GPs, Joint Lambeth and Southwark Health Oversight and Scrutiny Committee, Healthwatch Lambeth, Local MPs and Cabinet Members. In addition, Healthwatch Lambeth undertook pre consultation engagement with service users and carers to identify key benefits and issues, and produced a detailed report, which informed the public consultation.

The CCG and SLAM have worked closely with the Lambeth and Southwark Joint Overview and Scrutiny Committee (JHOSC) to develop a robust scrutiny process. Two formal meetings have been completed as well as an informal briefing session with the JHOSC. This has included a formal meeting held before the start of consultation to review the proposed consultation process; a virtual briefing session which replaced the planned site tour due to the impact of the pandemic and also covered the adaptations in the approach to consultation required due to the national lockdown ; and a second formal meeting prior to the close of consultation, focussed on the content of the proposal and feedback to date from the consultation.

A third and final formal JHOSC meeting will take place on June 30th to review the outcome of the consultation and the draft recommendations.

4. The public consultation

The public consultation itself was designed to fulfil the following objectives:

- Understand whether people agree with the proposed move of inpatient wards from Lambeth Hospital to the Maudsley Hospital site.
- Document what people believe to be the benefits of this proposal.
- Capture any concerns.
- Capture other solutions or alternative options suggested for consideration.

The consultation was launched on March 4th 2020. A number of tools and methods were used to undertake the public consultation and throughout the process the approach was adapted to reflect, and respond too, the needs of those interested in engaging with the process as the emerging pandemic matured.

The key mechanisms used to engage the public spanned a range of digital and more traditional forms including:

- Print and Electronic documentation (Consultation documents, summary documents, easy read versions, translated versions, flyers and posters)
- A leaflet was distributed to around 5,870 homes around Lambeth and Maudsley Hospitals
- Posters provided to 66 pharmacies to promote the consultation
- Freephone, freepost, email and online survey routes were created to allow feedback for those with and without internet access
- Press releases were issued and an advertorial and adverts were published in the South London Press
- 90 local stakeholder groups were proactively contacted to ask them to reach out to their memberships
- Targeted Facebook adverts to Lambeth and Southward residents were viewed 151,439 times with around 2,000 people linking through to the consultation information
- The CCG, SLAM and Lambeth Together used their social media channels to promote the consultation
- An open public event was held via Zoom for individuals who wanted more detail and to ask questions in person
- Five small focus groups were undertaken some specifically looking to focus on hard to reach groups, staff or service users and carers

In all, over 230 responses to the consultation were received and early analysis of the breakdown of that feedback is that those providing the feedback are representative of Lambeth as a borough.

5. Key themes arising from consultation

All feedback to the consultation has been independently captured and analysed, and a full report is currently being drafted, which will be available at the end of June. This report will provide detailed analysis of the feedback broken down demographically and by group and will inform the DMBC.

However interim feedback has enabled the identification of an overview of key themes which are outlined below.

5.1 Feedback on the key consultation questions

The public consultation included two key questions within the questionnaire which gauged the level of feeling around the case for change and the suitability of a move to the Maudsley. The questions and the responses were:

Survey Question	Question	Positive response	Negative response
1	How much do you agree or disagree that we need to make changes to the inpatient wards at Lambeth Hospital?	87%	13%
3	How much do you agree or disagree with the move of adult inpatient beds from the Lambeth Hospital site to the Maudsley Hospital site?	64%	36%

Based on these responses it is reasonable to infer that the preferred option is supported by the majority of those who engaged with the consultation process. Further details in terms of the breakdown of these responses by a range of demography will be included in the Decision Making Business Case.

5.2 Assessment of the key themes

As outlined above, all the feedback received through the various meetings, discussions and more formal routes of response to the consultation, such as the questionnaire, have been independently collected and analysed. To support effective analysis and response, the feedback has been brought together into common themes and headings.

Group	Themes	Frequently raised
1. Alternative options	Theme 1: Feasibility of a reconfiguration in Lambeth	Y
2. Travel and access to the Maudsley	Theme 2: Travel from South Lambeth	Y
	Theme 3: Parking at the Maudsley Hospital	N
3. Reputation and familiarity	Theme 4: Reputation of (or stigma associated with) the Maudsley Hospital	Y
	Theme 5: Unfamiliarity of the Maudsley Hospital site	Y
4. The Maudsley Hospital site	Theme 6: Density of the Maudsley Hospital site	Y
	Theme 7: Access to green space at the Maudsley Hospital site	Y

Group	Themes	Frequently raised
5. Clinical pathways	Theme 8: Ensuring the clinical model is appropriate for service user needs	Y
	Theme 9: Relationship of inpatient setting at Maudsley to community settings in Lambeth	N
	Theme 10: Relationship of inpatient settings at Maudsley to Third Sector bodies in Lambeth	N
	Theme 11: Ensuring the clinical pathway is seamless	N
	Theme 12: No increase in the number of beds	N
6. Clinical and non-clinical support services	Theme 13: Clinical support services (e.g. Home Treatment and Pharmacy) future location and access	Y
	Theme 14: Non clinical support services (e.g. Reay House Library and training suite) future location and access	N
7. The future of the Lambeth Hospital site	Theme 15: concerns over the future use of the Lambeth site (accommodation and the lose off NHS estates)	Y

Alongside the responses that reflect directly on the service change relating to Lambeth Hospital inpatient accommodation were a number of references from the Joint Oversight and Scrutiny Committee and other such stakeholders to the future of services provided within Southwark.

Whilst this is something that needs to be considered when the decision is being deliberated by South East London CCG it is not an appropriate matter for the Lambeth Together Board to discuss or make reference too. As such these items of feedback have been excluded from this paper.

6. Response to themes and proposed recommendations

For each of the groups highlighted in the previous section we have set out below the context of the issues raised, a narrative about the measures in place, and a proposed recommendation where appropriate.

These recommendations will form a key part of the Decision Making Business Case and form a key element of the guidance Lambeth Together provide to South East London CCG when they are forming their decision.

6.1 Group 1: Alternative Options

Context

Responses relating to this group of themes related to a sense that the feasibility studies undertaken to discount either a new build or refurbishment on the Lambeth Hospital site were either inaccurate, missed alternative options or discounted a refurbishment out of hand.

Appraisal

The feasibility studies looked at options for redevelopment of the site. This analysis identified that redevelopment would require a large section of the site to be vacated either to refurbish or demolish and rebuild which was not feasible due to the availability of space for decant and

the complexities required to deliver what would be a large construction scheme on such a small active site. Furthermore, refurbishment of the existing estate would not be able to deliver the key investment objectives in terms of space, dignity and safety associated with the scheme as there is insufficient space in the existing structures to provide adequate clinical space, recreational space and to adapt bedrooms to be ensuite.

When reviewing the specific detail of feedback provided through the consultation, the only suggestion raised was to make more use of Bridge House for decant which, by itself, would not create a viable solution to deliver the scope or investment objectives required given the issues raised above.

Along with the issues related to identifying decant space, it was identified that the loss of disposal income made any significant redevelopment scheme significantly more expensive (c£30m greater net cost). It was deemed that this additional net cost for the same scope would be unrealistic in the current economic climate and unsustainable in terms of the additional revenue cost pressures associated with the cost of capital.

Healthwatch Lambeth also undertook a pre-consultation review with service users and staff which itself showed support for the decision to proceed with the preferred option to move the services to the Maudsley Hospital site once the key issues with redevelopment of the site were understood.

Recommendation

There is no specific recommendation relating to this thematic group, however, it is suggested that the general recommendation noted later in the paper relating to a robust communications plan, looks to allay some of these concerns.

6.2 Group 2: Travel and Access to the Maudsley

Context

The predominant feedback in this thematic group related to travel from a minority of postcodes in the South of the Borough (areas near Streatham and Norwood) who are concerned that they may be adversely affected by the proposed move to the Maudsley. Less frequently raised was a perceived issue with parking on the Maudsley Hospital site and whether this may be exacerbated.

Appraisal

Following the feedback received a further review was undertaken to assess the impact to these areas of the borough in terms of accessibility by public transport. Currently Streatham is not accessible to either site by public transport within 30 minutes and the surrounds of West Norwood are marginally better served with access to the Maudsley Hospital within 30 minutes (figure 1).

Expansion of the journey time to 45 minutes by public transport does highlight a greater reach to the south of the Borough from the Maudsley Hospital, with that reach extending to South Norwood and including the Streatham area. With a 45 minute radius of the Lambeth Hospital Streatham has better coverage but areas around South Norwood are less well served (figure 2).

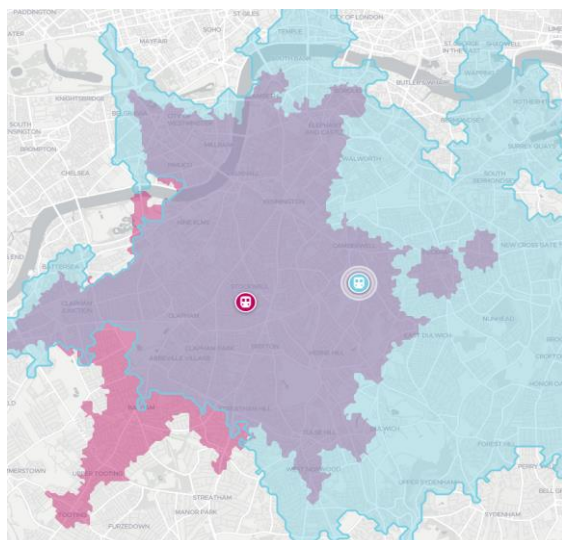


Figure 1 – 30 minute public transport radius

Note – blue marker and blue shading highlights radius for Maudsley Hospital; red relates to Lambeth Hospital

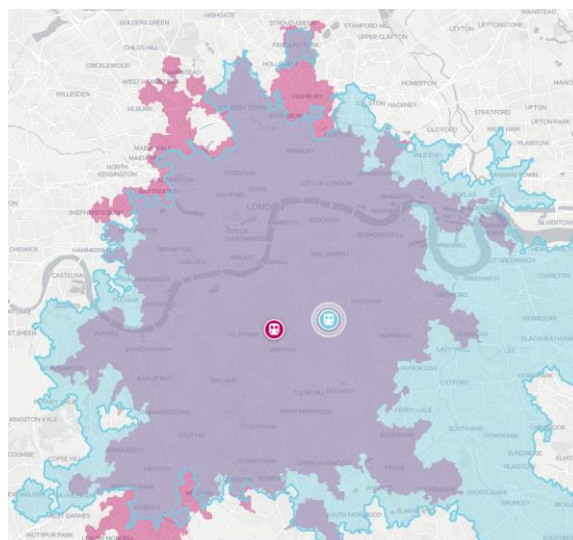


Figure 2 – 45 minute public transport radius

With respect to parking on the Maudsley Hospital site a separate piece of work is reviewing the policy for parking and is being undertaken alongside the development of a green travel plan including the expansion of facilities for cyclists. The public transport offering at the Maudsley Site is greater than that serving Landor Road especially for staff who do not necessarily live within the Borough of Lambeth which will see further access improvements with planned works to the Denmark Hill station to improve flow in and out of the station. It is further anticipated that there will be a reduction in the need for staff to be on the main hospital sites as a result of remote working options, the adoption of which has been accelerated in response to the COVID pandemic.

Recommendation

R1 – It is recommended that whilst this impact to access is noted especially in the south of the Borough which would require only a limited amount of additional travel time, there may be complexities relating to additional interchanges. As such further analysis should be undertaken as to the historic and projected demand relating to access to inpatient services to test the likely frequency of impact in advance of looking at remedial measures. Where the issue is deemed to be significant then further actions should be taken to look at potential changes to the current transport options with providers.

6.3 Group 3: Reputation and Familiarity

Context

Within the consultation responses concern was raised as to the reputation of the Maudsley Hospital and unfamiliarity with the local area deterring those service users and carers from accessing services.

The reputation stems from the site having an institutional look and concerns about stigma due to accessing a hospital for people with mental ill health issues.

The perception was also raised that service users may be hesitant to go out when they do not know the local area and as such those who are not familiar with the Camberwell area may not benefit from the opportunities that are local to the site.

Appraisal

It is worthy of note that there has been a Lambeth ward on the Maudsley Hospital site for some time and it is not something that has arisen with any level of frequency over the years. It is also noteworthy that when a particular site is feeling capacity pressures service users may be required to access inpatient care at other sites and this is quite a common occurrence.

However, simply due to the fact it is a situation that occurs currently, it is not sufficient that the Trust has limited support or practical guidance for service users to support them throughout their stay.

Recommendation

R2 – It is recommended that the Trust develop a welcome pack for all of the wards offering simple induction materials such as how to find and access the on-site facilities and also, where the care plan allows, how to access those services more broadly such as local shops, community groups, third sector support organisations and spaces such as Ruskin Park.

R3 – It is recommended that as part of the transitional process from Lambeth inpatient wards to those at the Maudsley that current service users are allowed a period of familiarisation in the new environment and introduction to the local area before they move to the new accommodation.

6.4 Group 4: The Maudsley Hospital Site

Context

Within this thematic group the predominance of feedback was based on the perceptions that the Maudsley Hospital site is too dense for the development of another ward block to be reasonable. Further to this there was a feeling that there was insufficient green space available on the site relative to that at the Lambeth Hospital site.

Appraisal

In terms of the density of the site this can be viewed in two ways, firstly with respect to the content of the hospital site itself, or with respect to the particular area by Denmark Hill with the Maudsley Hospital, Kings College Hospital, Kings College London university which drive their own potential issues relating to noise and a busy feel.

This is somewhat a consequence of providing high quality mental health services at sufficient volume whilst creating the key clinical and research links to physical health and academia within an urban setting.

In terms of the content of the site the new facility is proposed to be developed on the site of an existing building and as such will add little in terms of additional use of the footprint of the site. In consideration of the planning application for the building, and in review of the broader masterplan, the Southwark planning department have required a number of works to be undertaken which will support flow through the site including a 'green corridor' of open space which will significantly alter the feel of the site for the better.

Building materials are also considered in terms of ensuring that the inpatient wards are appropriately disconnected from the noise outside of the building such as road noise and ambulances on Denmark Hill.

Recommendation

It is not felt that a specific recommendation is required and compliance with building regulations and planning consent will ensure the scheme will be delivered as described through the consultation process.

6.5 Group 5: Clinical Pathways

Context

The predominance of responses relating the clinical models and pathways focussed on ensuring that the service model provided on the wards is refreshed to be appropriate for the case mix and demographic mix of service users frequenting the services.

Other more infrequently raised feedback touched on areas such as how the relationship between the key areas of early intervention, community services access, the inpatient spell and summary discharge support can be maintained both for the alliance services but also those of other third sector support organisations.

Reference was also made to the potential to increase the number of beds whilst making this change given there is perceived to be a large unmet demand in Lambeth.

Appraisal

We recognise the importance of maintaining the relationships built up between service users and those that have supported them in the community settings prior to their admission. To ensure the right care from their community service, the interface between inpatient and community service will be integral. As such, part of our ongoing strengthening of community services, the liaison and in reach into inpatient service will include the use of technology, community ward visits and ensuring that we embed systems that ensure adherence to these standards.

Likewise, we are committed to ensuring seamless care as people use different parts of the system. A considerable amount of focus has been given to ensuring people leave hospital in a timely and effective manner, with good results so far. We are now focusing on how we strengthen community services to provide alternative to admission, and where an admission is required, this will be for the shortest period. This can be achieved by people getting help in the community as soon as possible.

We are currently piloting at Lambeth Hospital a voluntary community service in reach offer to people receiving inpatient care. Mosaic and Thames Reach are providing regular inreach to the wards, which includes meaningful activity in the care setting, supporting people with leave from the ward and connecting people with local community offers. The pilot has also extended to support people with their next steps following discharge from hospital. It is our aspiration to embed the learning from this pilot into the Douglas Bennet House development. Whilst developing the future models of care and care pathways we are alert to the high level of representation of the black community within the ward setting at Lambeth and want to ensure that is meaningfully and appropriately reflected in the packages of care offered. We always engage with service users and carers, amongst other key stakeholder groups, when designing pathways, but need to ensure that these forums are representative of those accessing the services.

With respect to the number of beds there are a range of concurrent pieces of work which are being undertaken that will support the balance of capacity and demand without additional inpatient beds.

Firstly, early intervention will have the benefit of identifying individuals in need of support much earlier and therefore help avoid those individuals getting to a position where an inpatient spell is required thereby reducing demand on inpatient services.

Improvements to the physical ward environment are also anticipated to create a space that is more conducive to faster recovery which, coupled with an improved community discharge support service will significantly improve the length of stay and therefore free up existing capacity.

Recommendation

R4 – It is recommended that the black community are engaged directly in the development of the new clinical models and protocols as these are developed over the coming months. Further it is recommended that engagement with this group is coordinated through Black Thrive.

6.6 Group 6: Clinical and Non-clinical Support Services

Context

Feedback in this area focussed on a number of key clinical and non-clinical support services and concerns over where their future locations may be should the Lambeth Hospital site be closed.

Specific services that were mentioned included:

- Home Treatment Team
- Pharmacy
- Community Services / Outpatients
- Library
- Training Suite

Appraisal

A full analysis has been undertaken of all clinical and non-clinical support services that reside on the Lambeth Hospital site and would be required to relocate should the site be put to alternative uses.

Community services and outpatient services will remain based in the Borough where they will be integrated into three new Living Well Centres that are part of the Alliance work to improve the community offering for the Borough. This would include the Home Treatment Team.

Aligned to this there is an emerging discussion of the necessity for staff to have to travel to hospital or community based sites when, during the period of the COVID pandemic, it has been seen that remote working from home is a real viable option for many. This has the impact of both reducing the demand for space in clinical facilities but also providing the opportunity for a much-improved work life balance for staff.

Pharmacy services will be integrated into the pharmacy at the Maudsley Hospital with plans being developed for works to facilitate the additional capacity required including expanded dispensary and storage space.

Non-clinical support services will follow the transfer of the activities they support, for instance functions such as health and safety and facilities management will be integrated into their respective teams at the Maudsley Hospital.

The Library and Training suite will also be transferred to the Maudsley Hospital with a view, at present, for this to be housed in reconfigured space on the first floor of the Maudsley Outpatients building.

Recommendation

R5 – It is recommended that the Full Business Case ensures that a plan for all of the clinical and non-clinical support services is included as supporting information to the main investment objectives so there is clarity as to the future position of these services.

6.7 Group 7: The future of the Lambeth Hospital Site**Context**

Feedback relating to the future of the Lambeth Hospital site focusses on concerns around the loss of its use for NHS services and apprehension of what the site may be used for in the future. Concerns were also raised over the possibility that property developers would make money out of the site as it was developed and sold on.

Appraisal

The local health economy is investing in alternative locations to provide the services in the borough such as the Living Well Centres which will provide access to a broader range of services more accessibly throughout the borough. Likewise the proposed investment in inpatient accommodation at the Maudsley site means that there is the ability to reflect as to whether maintaining the Lambeth Hospital site as a clinical facility is the most appropriate opportunity given a number of other local needs such as key worker and affordable housing and other local amenities.

Having considered the options available for the Lambeth Hospital site and the funding requirements needed to deliver the inpatient ward improvements through the pre-consultation business case it is clear that value needs to be released from the land.

A scheme for the Trust and partners to develop approximately 450 homes, of which 50% would be classed as affordable, will have a significant benefit to the public and also importantly to key workers within SLaM and other organisations who have a real issue with recruitment and retention given the high cost of living in the area.

It is the intention that SLaM will hold a detailed and robust planning consultation on the future of the site with a range of stakeholders covering local residents, the local authority, Lambeth Together and other representative groups in order to ensure that a broad range of views are taken into account about what the local area would benefit from when looking at the future development of the site.

With respect to property developers making money from the site as a result of its redevelopment there is a balance to be reached between the risks involved in property development and the capabilities and capacity of the NHS to act as a developer itself.

To ensure that there is an effective mix of risk and reward a number of options are being evaluated as to how the commercial model, the relationship between any developer and the NHS, is formed whether this is that the site is simply sold for a fixed fee or whether elements of the site are retained from which the NHS can continue to benefit from future income from the site. These are complex decisions and, should the scheme move forwards, a separate business case will evaluate the most effective route to take.

Recommendation

R6 – It is recommended that the Trust actively engages with the local authority and community in the planning consultation processes to support the development of the scheme to be presented for planning permission.

6.8 General Recommendations

In addition to the specific recommendations provided through the body of the paper we recognise that there is a need for a robust communications plan moving forwards given the breadth, complexity, and duration of the programme of change proposed.

R7 – It is recommended that SLaM develop and maintain a robust communications plan to ensure that all key stakeholders are adequately communicated with at key points throughout the delivery of the scheme if approved.

7. Request of the Lambeth Together Board

The Board is asked to reflect on the feedback and appraisals provided throughout this document and to support the proposed recommendations to be included in the Decision Making Business Case presented to South East London CCG.

The Board is also asked to specifically provide their support to an overarching recommendation that South East London CCG approve the preferred option as described in the pre-consultation business case (to move the inpatient services to the Maudsley Hospital) in line with the overwhelming support displayed by those respondents to their consultation.

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