



LAMBETH TOGETHER STRATEGIC BOARD

Date and Time: **Wednesday 18 November 2020 1.00 pm**

Venue: **Teams meeting - Hosted by South East London CCG - please copy and paste the following link into your browser <https://bit.ly/3kiZfp6>**

OPERATION BOARD MEMBERS:

| | |
|-----------------------------|--|
| Councillor Danial 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 | - Lambeth Together Programme Lead |
| 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, Adults and Health |
| 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) |
| Andrew Eyres | - Strategic Director of Integrated Health and Adults Care |
| Therese Fletcher | - Managing Director, GP Federations |
| Sue Gallagher | - Lay Member |
| Graham Gardiner | - Age UK Lambeth |

| | |
|-------------------|--|
| Heather Gilmour | - Deputy Director of Strategy King's College Hospital NHS Foundation Trust |
| 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 |
| Edward Odoi | - SEL CCG |
| Abi Onaboye | - Director: Children's Commissioning & Community Safety |
| Andrew Parker | - Director of Primary Care & Transformation, NHS SE London CCG (Lambeth) |
| Catherine Pearson | - Healthwatch Lambeth Chief Executive |
| Neil Robertson | - Chief Operating Officer - Interim South London and Maudsley NHS Foundation Trust |
| Guy Swindle | - Lambeth Living Well Network Alliance |

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.

[Click here to join the meeting](#)

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

Attachments

Agenda

4. LTSG 230920 - draft minutes

7a_Lambeth Together High Level Summary Report

7b__LT Programme highlight report

9. Developing our Integrated Assurance Reporting

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Lambeth Together Strategic Board

Wednesday, 18 November 2020, 13:00 – 16.00

Microsoft Teams meeting

[Click here to join the meeting](#)

AGENDA

| Agenda Item No. and Time | Agenda Item Reference and Title | Attachment / Supporting Information | Agenda Item Lead |
|--|--|-------------------------------------|---|
| 13:00 1. | <u>Public Forum</u> Questions from the public | | Cllr Jim Dickson |
| 14.00 2. 3. 4. | <u>Meeting in Public</u> <u>Introductions</u> Welcome, Introductory comments and apologies <u>Declarations of Interest</u> Members are asked to declare any interests on items included in this agenda <u>Minutes of the Meetings 23 September 2020</u> | Enc 1 | Andrew Eyres |
| 14.20 5. | <u>System Stories</u> Adult Safeguarding Advanced Care Planning Consortium | Video Presentation | Richard Outram |
| 14:40 | <u>Part A</u> | | Andrew Eyres |
| 6. | <u>Covid-19 Wave 2</u> <ul style="list-style-type: none"> Public Health Update 2nd National lockdown – key issues Supporting ‘Clinically Extremely Vulnerable’ and others Provider Partner issues/ risks | verbal | Ruth Hutt Fiona Connolly/ Adrian McLachlan All |

| Agenda Item No. and Time | Agenda Item Reference and Title | Attachment / Supporting Information | Agenda Item Lead |
|--------------------------|--|-------------------------------------|---|
| 7. | <u>Lambeth Together</u> Lambeth Together Programme Status Report, including delivering our Recovery Plan: <ul style="list-style-type: none"> • Delivery Alliances • Addressing Inequalities • Communications and engagement | Enc.2 | Tom Barratt Leads Dr Di Aitken Catherine Flynn/ Paul Bates |
| 8. | <u>SEL Integrated Care System (ICS)</u> Update | | Andrew Eyres |
| Agenda Item No. and Time | Agenda Item Reference and Title | Attachment / Supporting Information | Agenda Item Lead |
| 15:25 | <u>Part B</u> | | Dr Adrian McLachlan |
| 9. | Integrated Assurance Reporting Lambeth Together performance and assurance arrangements, including key and current performance reporting for integrated health and care. <ul style="list-style-type: none"> • Finance Updates | Enc.3 | Brian Reynolds Edward Odoi/ Pete Hesketh |
| 15.55 | | | |
| 10. | Any other Business | | |
| 16.00 | Date of next meeting in public | | |
| 11. | <ul style="list-style-type: none"> • 20 January 2020 1pm Close | | |

Lambeth Together Strategic Board

Wednesday 23 September 2020 1.00– 4.30

Microsoft Teams Meeting

| | |
|----------------------------|---|
| 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 |
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| Jane Bowie | - Director of Integrated Commissioning (Adults), NHS SE London CCG (Lambeth) and Lambeth Council |
| Liz Clegg | - Associate Director – Integrated Commissioning, Adults NHS SE London CCG (Lambeth) and Lambeth Council |
| 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 |
| Andrew Eyres | - Strategic Director, Integrated Health & Care NHS SE London CCG (Lambeth) and Lambeth Council |
| Therese Fletcher | - Managing Director, GP Federations |
| Graham Gardiner | - Age UK Lambeth |
| 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 |
| Adrian McLachlan | - GP and Governing Body Member NHS SEL CCG, clinical lead for Lambeth Living Well Network Alliance |
| Edward Odoi | - Associate director. Finance NHS SE London CCG (Lambeth) |
| Abi Onaboye | - Director of Children's Commissioning and Community Safety, NHS SE |

Andrew Parker

Catherine Pearson
Neil Robertson

Sabrina Phillips
Sarah Corlett
Yasmin Kamara
Dr Vikesh Sharma

David Orekoya

Juliet Amoa

- London CCG (Lambeth) and Lambeth Council
- Director of Primary Care & Transformation, NHS SE London CCG (Lambeth)
- Healthwatch Lambeth Chief Executive
- Alliance Director, Lambeth Living Well Network Alliance
- Lambeth Living Well Network Alliance
- Healthwatch
- Neighbourhood Nursing
- GP at the Gratham Practice and Clinical Director for Stockwell PPN
- Associate Director, Integrated Commissioning, NHS SE London CCG (Lambeth) Lambeth Council
- Associate Director Community Health and Engagement

1. Welcome, introductions and apologies

Andrew Eyres, Strategic Director, Integrated Health & Care, Lambeth Council and NHS South East London CCG (Lambeth), welcomed attendees to meeting.

Apologies were received from Councillor Jim Dickson and Merlin Joseph

2. Declarations of Interest

There were none.

3. Minutes of previous meetings

Minutes of the Meetings 17 June 2020

The minutes of the meeting of 17 June were agreed as an accurate record.

Minutes of Extraordinary Part B Meeting 1 July 2020

The minutes of the meeting of 1 July were agreed as an accurate record.

4. Terms of Reference

Andrew Parker, Director of Primary Care & Transformation, presented the latest draft of the Terms of Reference for the Lambeth Together Strategic Board. Previous

versions had been shared at earlier meetings of the Board and comments had been reflected in the document. The Board were asked for their agreement.

RESOLVED

The Terms of Reference for the Lambeth Together Strategic Board were agreed.:

5. Lambeth Together Recovery Plan

Dr Di Aitken presented the Recovery Plan and sought agreement for this document. She noted:

- A listening event had been held at the beginning of September and the highlights of the plan, relating to: staying healthy, weight management and stop smoking plans had been discussed.
- The lessons from Covid were being used to improve the sexual health programme with Southwark and Lewisham.
- The Digital Community for Children and Young People was being expanded and work was being done to prepare for the increase in safeguarding referrals.
- Work with the BAME community was continuing to develop effective and culturally appropriate services.

Domestic abuse was referenced in the report but had not been highlighted. Dr Aitken provided details of the MARAC project, which aimed to increase early identification and prevention of primary care and general practice. Prevalence of Domestic abuse in Lambeth was the second highest in London and the perpetrators of this abuse use primary care. Lambeth had no specialist resource for GPs around high risk domestic abuse cases. Collaborations had taken place with Guys and St Thomas's NHS Trust and a pilot MARAC panel had been established. The MARAC had started just before the pandemic had hit. Dr Aitken said that she was happy to bring back the activity data if this was needed.

The Recovery plan was a live document and was designed to address the challenges caused by Covid. There was an 18 month plan for Lambeth Together.

The Board was asked to provide sign off to the plan noting that it was a live document and there would be ongoing change.

Thanks were given to all those that had contributed to the report.

RESOLVED

The Board agreed the Recovery Plan and the recommendations to support this plan

6. Covid-19 status update

Ruth Hutt, Director of Public Health, provided a status update on Covid 19. She noted:

- There was a public facing dashboard available based on the nationally available data and people were encouraged to use that.
- There had been problems in testing seen across London and the Lambeth seven day testing rate had fallen. Data suggested that this was improving but the fall had deflated the overall instant rate.
- The positivity rate had remained consistent between 2%-3.5% but there had been an increase seen in the number of people calling 101.
- There had been no outbreaks in schools or care homes, although there had been some isolated cases. A keen eye was kept on such cases when they occurred.
- The number of people who had tested positive and engaged with the NHS test and trace programme in Lambeth was 85%, which was higher than the national position. When cases were escalated (e.g. schools, care homes) this figure rose to 99%.
- The testing positivity rate that had been declining was expected to increase.
- Cases in Lambeth were widespread across the borough.
- New control measures included: Rule of 6, 10pm closing, work from home, self-isolation and test if symptomatic, support for those who were self-isolating, the test and trace app.

In response to the Board's questions it was noted that:

- The aim was to keep services operating as much as possible through the second wave. Improvements had been put in place since the first wave and it was hoped that this could allow this to happen. If however the second wave produced very high numbers of hospitalisations this may not be possible. Constant adjustment and judgement would be required.
- Planning for a second wave was in place in the Outbreak Control Plan.
- There was increased awareness in those that were in a high risk group in how to self-protect.
- Staff continued to be engaged and different ways of communicating had been found. People were tired. SLaM had been robust in ensuring people take their leave. Sickness rates had returned to pre covid times.
- Social care staff were emotionally worried as covid hung around their personal and professional life, but the dedication they had shown had been impressive. Emotional and practical support was being given to staff teams. A presentation had been put together on this and this would be shared.
- Sessions to pick up what had been learned from Covid were taking place within GP practices.
- NHS and social care staff were being towards the top of the priority list for testing. Test results should be sent to GPs – although there may still be a delay in this taking place.

- There had been lots of networks and sessions for BAME staff to ensure they were supported.
- Work had been done with the Comms team to ensure those with English as a second language were contacted. This involved getting information in the correct language into the places that were used by the community.
- Staff welfare was being taken very seriously within GSTT and a suite of support ideas for staff was being developed and would be rolled out.
- Black Thrive was working with SLaM to test emotional emancipation circles with black staff.

RESOLVED

The update was noted.

7. Lambeth Together

Andrew Parker provided an update report on the status of Lambeth Together. Reporting would be aligned with the structure of the Recovery Plan and the oversight and leadership arrangements

Jane Bowie, Director of Integrated Commissioning, provided an update on the Neighbourhood Alliance. The Alliance had been paused due to the pandemic but was restarted in July. Work done ahead of the lockdown was being revisited to pick up the learning from Covid. Outcomes delivered before the pandemic had been tested and these had proved still to be relevant. The outcomes had though been streamlined into six key priorities and seven essential principles to run underneath these. One of these was Living Well with Chronic Pain and members of the Board would be contacted about this to ensure robust engagement with the design of programmes.

Appointments to the interim project manager and programme director posts had been made. An induction pack would be put in place for the Programme director.

RESOLVED

The update report was noted.

8. System Story

Abi Onaboye introduced a video showing activities put in place for Children over the summer months. Sound issues were experienced and the video was stopped

RESOLVED

The video would be shown at the next meeting of the Board.

Part B

Adrian McLaughlin, GP and Governing Body Member NHS SEL CCG, clinical lead for Lambeth Living Well Network Alliance, took over as Chair for this part of the meeting.

9. Recommendations for SEL CCG Primary Care Committee

Andrew Parker provided a report setting out Lambeth Borough recommendations to approve the full Business Case for the redevelopment of Crown Dale Medical Centre.

The current premises were not fit for purpose. In October 2019, the previous Lambeth Clinical Commissioning Group were requested by the ETTF Programme Management Office to submit an updated application for ETTF. The application for ETTF was approved by the London Estates Primary Care Capital Panel (LEPCCP) to the value of £3m subject to approval of a Full Business Case.

Over the period of the last eleven months the Project has been designed and developed to deliver:

- The modernisation and refurbishment of existing consulting / treatment
- rooms to ensure compliance with statutory guidance
- The addition of four additional consulting rooms through the extension
- of the Practice Premises

Subject to Full Business Case Approval, the Project was scheduled to commence in November 2020 year, with a Practical Completion date of September 2021.

The funding for the Project would be provided as “Funding Grant” to the Practice from NHSE and upon the basis that the Practice enter a new twenty-year Lease.

The Board commented noting that:

- The Lambeth Clinical Cabinet fully supported the recommendations.
- Further support was shown from members of the Board.

RESOLVED

The Business Case was approved.

10. Integrated Assurance Reporting

Andrew Eyres presented this report updating on the process of developing new borough based integrated health and care assurance arrangements and reporting.

This was designed to bring key standards and indicators together with the public facing indicators.

Work was starting. This work would have begun earlier but had been delayed by Covid. Reporting would become more integrated.

Further proposals would be brought back to the Board and members may be asked to help with the development.

The Board commented:

Dr Aitken said that the report met a lot of things she was looking for and was happy to work with the team to bring the quality report from all of the Alliances. She noted that a few more sections around Equality reporting would be useful.

Practice level and PCN level reporting had been suspended during the covid period but this would be picked up.

There were lessons that Black Thrive could share to provide detail of the outcomes and inform what could be done going forward. This would be embraced.

This was an opportunity to have whole system overview to see people's journey through Lambeth services.

This could be linked to the work of the Lambeth Clinical Effectiveness Group.

RESOLVED

The report was noted.

11. Finance update

Pete Hesketh, Assistant Director of Finance, ACS and Edward Odoi, Associate Director. Finance NHS SE London CCG, presented a paper updating the Strategic Board on the latest finance reports.

Pete noted:

- The council's overall performance report had been circulated. This was meaningful as the increasing funding for Covid pressures was being managed by the council themselves.
- Adults and Health were forecasting an overspend of £13.2m. £12.2m of this was Covid related.
- In terms of Covid costs this had included, food provision for the vulnerable, Covid fee increases, PPE, staffing costs and delays to savings in year.
- The council was forecasting an overspend of £42.7m and had received £23.2m in grant funding for Covid costs. This left an overspend of £19.5m outstanding.

- The Government had agreed to cover some of the income loss but this had yet to be calculated. It was expected that even after this payment the outstanding amount would be over £10m.

Edward noted:

- During month 4 the CCG continued to operate within the temporary financial arrangements put in place by NHS England in response to the pandemic.
- An arrangement had been put in place to ensure that money was not an impediment to dealing with the pandemic.
- The CCG position was an overspend £11.5m but it was expected that funding would be received to allow a break even position.
- CHC prescribing and mental health were the areas of main, non covid, pressures.

The Board commented saying that the overall position was one of uncertainty. The Recovery Plan would have to be constantly tested to ensure that it remains affordable.

This was a very difficult situation and costs would be ongoing.

RESOLVED

The reports were noted.

12. Lambeth Hospital Reconfiguration and Redevelopment Programme

Jane Bowie, provided a report giving an update on Lambeth Hospital.

This was a multiple layer development and a chronology on progress was provided. This draft timetable could be subject to change.

The proposals had been agreed at the South East London Governing Body and SLAM Foundation Trust Board.

The Planning Consultation would be submitted in October and additional comments could still potentially be incorporated in to this.

There would be another Joint Overview and Scrutiny meeting in January 2021. A single oversight group had been set up to maintain a view on progress.

RESOLVED

The Board noted the update.

The Chair thanked members of the Public and Board members. The next meeting would take place on 18 Nov.

DRAFT



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Report to: Lambeth Together Strategic Board

18 November 2020

| | |
|--------------------------|--|
| Report Title | Lambeth Together Programme Update Report |
| Author | Andrew Parker - Director of Primary Care and Transformation. SEL CCG. |
| Summary | The purpose of this paper is to update the Strategic Board on the continuing development and implementation of the Lambeth Together Programme – including implementing the Covid-19 Recovery Plan. |
| Recommendation(s) | <p>The Strategic Board is asked to:</p> <ul style="list-style-type: none"> Note the status of the Lambeth Together programme, including the implementation of the Covid-19 Recovery Plan. |

Lambeth Together – Integrating Health and Care in Lambeth

1. Introduction

The purpose of this paper is to update the Lambeth Together Strategic Board on the continuing development and implementation of the Lambeth Together programme, including the Covid -19 Recovery Plan

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 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 Wellbeing Delivery 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'.

Complex 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 the initial wave of Covid-19 meant a pause to the delivery of many elements of the Lambeth Together programme as scheduled.

During this period partners continued to engage proactively and effectively through various fora, including through the twice weekly Lambeth Covid-19 Borough Response Group (CBRG). As well as ensuring key elements of responding to the pandemic have been managed that group was also been responsible for the development of the Lambeth Covid-19 Recovery Plan. The final version of that plan was received at the last meeting of the LTSC in public on 23 September 2020 and remains available and accessible, together with a new shorter public facing summary, on the Lambeth Together website.

www.lambethtogether.net

The Recovery Plan has been developed by Lambeth Together partners to help guide our priorities and actions over the next eighteen months, while recognising that many uncertainties persist. We sought to draw on the learning and experience of professionals and our teams, of voluntary sector partners and, most importantly, of resident and community voices, of all ages. Covid-19 has thrown a spotlight on many of the existing inequalities that exist in health outcomes of Lambeth's population, in access to care and in the experience of individuals and carers.

Our Recovery Plan sets out where we want to work together in partnership across the borough to drive change and improvement, addressing the real and pressing challenges of Covid-19, but also as a further catalyst to action to address our underlying Lambeth Together mission to improve health and reduce health inequalities within the borough.

The plan sets out how we will tackle the challenge of recovery including by working through our three Lambeth Together Delivery Alliances and other partnership arrangements, as follows;

1. Our response to a potential second wave of Covid-19

Through our weekly Lambeth Executive Group Meeting, we review:

Activity data

- Surveillance data primary care
- Public Health surveillance dashboard
- South East London Covid cases and deaths
- South East London Acute Trust Totals

Lead area updates

- Borough Recovery Plan
- Outbreak Control Plan
- Care Homes Support
- Testing – Antibody and Antigen
- Shielded Patients
- Communications
- Other areas by exception

Register of key and urgent decisions

2.Our high level commitments to address health inequalities

Our key activity here is to ensure appropriate data capture and review and most recently to develop scoping options for a potential Lambeth Together Equalities Oversight Group/Process

3.Our key Priority Actions, delivered across seven programme areas:

Lambeth Staying Healthy Board - To commence from December 2020

- Staying Healthy initiatives
- Sexual Health

Our Delivery Alliances - see below

- Children and Young People Delivery Alliance
- Neighbourhood and Wellbeing Delivery Alliance
- Living Well Network Delivery Alliance

People with complex care needs - To commence from December 2020

- Learning Disabilities and Autism (LDA) and People with Continuing Complex Needs
- Homeless and rough sleepers

Associated recovery actions are set out for each of those areas. We will now incorporate reporting on the delivery against those key actions within the Lambeth Together programme reporting and will draw out particular themes in this highlight report and at future LTSCB Meetings. The reporting process and content will be incrementally developed over the coming weeks, building on the programme reporting format for the delivery alliances contained in the attachment to this report.

4. Recovery Plan actions – Our Delivery Alliances

4.1 Neighbourhood Wellbeing Delivery Alliance

The Alliance has re-focused and built on original objectives of delivery of services through neighbourhood communities to include implementation of the Borough Covid-19 recovery plan and supporting the response to COVID through winter 2020. The structure for leadership and delivery has been significantly revised in order to improve pace of delivery and breadth of

engagement with stakeholders. The streamlined decision making and leadership structure includes the senior leadership group and six workstreams that will provide the focus for delivery. These workstreams will have a broad, inclusive membership with subject level interest or expertise - there will be a responsibility for all partners in the alliance and members of the governance structures to deliver on these priorities.. Previous delivery group will be disbanded.

The six initial priority areas for workstreams for 2020-21 are:

- Meeting the needs of those most at risk
- Delivering improvements in access to outpatient services
- Prevention
- Living well with chronic pain
- Quality at the end of life
- Support to care homes

Each workstream will work to a set of building principles, and include clear outcomes related to these in each of their work plans. These building principles are:

- Focus on neighbourhoods, neighbourhood working and delivery
- Addressing inequalities
- Reducing loneliness
- Ensuring digital inclusion/ preventing exclusion
- Addressing mind and body impacts together
- Supporting carers
- Enabling and developing the workforce

4.2 Lambeth Living Well Network Alliance (LWNA)-

The alliance is in the process of agreeing its business plan until March 2022 to be signed off in December 2020. This includes the relevant parts of the recovery plan, service design and physical moves. Services remain open and contingency plans continue to be deployed in line with covid regulations. The risk share agreement will also be considered at ALT in December. The Alliance is part of a SLaM bid for mental health transformation fund, Lambeth's share is expected to be approx. £1m for 2021-22. Key challenges in the alliance relate to maintaining support through the covid-period including staff numbers, service levels and contingency plans.

4.3 Children and Young People

Focus in the last period has been on the establishment of the Children and Young People's integrated commissioning and delivery alliance board and associated workstreams. These workstreams are:

- Emotional health and wellbeing
- Early Years
- Community Health

We are in the formation stages of this work at present with establishment of the workstreams progressing in November and December.

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.

The third planned workshop was cancelled due to Covid-19 and further conversations will take place to develop next steps for the workstream in the context of the learning disabilities & autism and people with continuing complex needs priority in the Borough Recovery Plan

5. Recovery Plan priorities

5.1. Staying healthy

Our Staying Healthy commissioned services have now remobilised and include a remote/digital offer. The weight management service has been re-engaging those who had previously just started the programme and/or those who were put on the waiting list due to Covid-19. The specialist stop smoking service continued to operate throughout the pandemic and has successfully scaled impact, supporting increased numbers of clients via a remote model. Staff report they have adapted well, developing new skills to deliver services remotely and they have been offered update training which includes remote delivery skills where applicable. Most service users are feeding back that they are happy with, or prefer, the new approach and like the flexibility.

We are taking a wider population health approach to provide some support to those who may find it difficult to access the re-designed services including promoting the national Better Health campaign and local Your Health Lambeth web resource.

NHS Health Checks were paused due to first wave of Covid-19. Following national guidance we worked with the GP Federation and providers to remobilise the NHS Health Check service. Alternative methods of providing elements of the Health Check service were developed, including telephone consultations and follow up calls for those who were already undergone earlier health check tests. We also worked with the GP Federation to remobilise a service targeted at the most vulnerable, especially those most vulnerable to COVID.

Substance Misuse

Open access was maintained via phone/online during the first wave and second wave. The only changes to services are tele/key working replacing face-to face. Inpatient and community detoxes are available as normal. Alcohol numbers into treatment increased during the summer and we will review these numbers after the November lockdown to assess overall impact and to inform the further development of the Alcohol Action Plan.

Acknowledging the particular impact that COVID on vulnerable groups and poorer health outcomes, we continue to work closely with colleagues within the Council and other stakeholders to assess and develop innovative ways of engaging and retaining the most vulnerable in treatment, for example, with "in-reach" into hostels and collaborative working with services that support vulnerable groups.

5.2. Sexual health

HIV Prevention and Sexual Health Promotion outreach work to men who have sex with men paused during the initial lockdown where direct face to face or community-based work was commissioned. Alternative arrangements have been agreed and provision of online services have begun. Online targeted work and provision of condoms through home delivery is being achieved.

A sexual health promotion programme for adults launched in April 2020 and has been designed to tackle inequalities, focusing on heterosexual adults and primarily black and other BME women. In the first lockdown, the programme did initial programme shaping and engagement online, working with other community organisations to do so. Capacity building and community engagement is now underway.

HIV Pre-exposure Prophylaxis (PrEP) funding has now been allocated for Lambeth. Lambeth sexual health services are now delivering PrEP via their clinics. Patients can access the service through booking appointments via the phone or online.

In Lambeth, Southwark and Lewisham (LSL), we are undertaking an impact analysis of Covid-19 to understand the impact of the pandemic on sexual health services. The impact analysis is feeding into a Lambeth-led southeast London (SEL) Sexual Health Service Programme of Change. This is underway with meetings among SEL commissioners having taken place and work started on developing a project plan which will include looking at the impact COVID-19 has had on the most vulnerable groups, new ways of working and effective SRH and GUM services beyond 2021.

Sexual Health London (SHL), the pan-London e-service that offers testing for STIs online, now offers routine and emergency contraception online. We have commissioned this service for our residents.

People with complex care needs

5.3. Learning disabilities and autism and people with continuing complex needs

We have been taking steps to ensure key aspects of the complex care recovery plan are back on track, following the COVID pause. This has included, but is not limited to, ensuring we accelerate the pace in relation to delivery of continuing healthcare assessments, delivering against the Learning Disability and Autism Programme, and working with providers to open up access to community support provision within a COVID secure model. In light of the second wave we will work with partners to ensure that, where it is safe and appropriate to do so, services that individuals and families rely on are supported to continue to operate.

5.4. Homeless people and rough sleepers

Accommodation during the Covid crisis

- Lambeth procured a block booking of 88 hotel rooms in borough, 55 of which were specifically allocated to rough sleepers, with a further 13 rooms for rough sleepers at a hotel in Camberwell and 7 at a former hostel site awaiting conversion.
- Occupants at the hotels were supported by partners from Thames Reach, St Mungo's and SHP who were flexible about pre-existing working arrangements and food was provided through partnership with Streets Kitchen and security funded by the council.

- The hotel block bookings have now been decanted with people moving on to a variety of destinations including supported housing pathways and privately rented accommodation.

Next Steps Accommodation Programme

- In August 2020 the MHCLG announced a funding pot of £105 million to secure further accommodation options and support for rough sleepers who had been brought into emergency accommodation under the “Everyone In” call.
- The funding was open to all Local Authorities in England to be awarded via a competitive bidding process. It is revenue funding only and is required to be spent by March 31 2021
- Lambeth successfully bid for funding to provide staffing for 2 new schemes providing 30 extra beds for rough sleepers during the winter months and up to March 31st 2021.

Rough Sleeping Accommodation Programme

- This is a further package of Capital and Revenue funding extending until March 2024. The Greater London Authority (GLA) are responsible for administering an allocation specifically ring fenced for London which totals c.£67 million (£58 million capital and £9 million revenue).
- Lambeth successfully bid for funding to update and modernise two accommodation based schemes intended for long term use for rough sleepers and to commence a Housing First pilot in Lambeth for up to 10 complex needs rough sleepers who have experienced repeated homelessness

Cold Weather Fund and Protect Programme

- The MHCLG has recently announced there will be 2 further pots of funding released to assist rough sleepers (10 and 15 million respectively) but at present no details around how it will be allocated have been released

6. 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, engagement and people/organisational development.

6.1. Communications

The Lambeth Together website continues to be used to share information on the partnership’s work. Here we publish information on the Lambeth Together Strategic Board including meeting details and papers. Following approval at the September meeting, the news pages were refreshed with the final versions of the Lambeth Together Covid-19 Recovery Plan and more public-friendly Summary along with questions to support ongoing engagement.

The Lambeth Together Twitter channel has stepped up activity, doubling its number of followers since September, raising awareness of Lambeth Together partners’ Covid-19 recovery work and sharing information on partner events and activities. These have included the launch of the Lambeth Carers’ Card, South East London CCGs’ Big Health Week for people with learning disabilities, the winter Flu vaccination campaign and the Lambeth Young Black Men’s Mental Health Project with Black Thrive and SLAM. Partners are asked to use the @LambethTogether Twitter handle and #LambethTogether and #LambethLivingWell (for the LWNA). Social media activity will seek to communicate key messages from the seven

workstreams of the Lambeth Together Recovery Plan in the next period.

A review of communications priorities and requirements for the seven key areas of the Lambeth Together Covid-19 Recovery Plan for Health and Care is underway, with a focus on the next three months. The Communications and Engagement Steering Group will be used to coordinate communications, ensuring that key messages for service users, patients and carers, the wider public, staff and stakeholders are developed for sharing by all partners and that workstreams have access to expert advice and support.

6.2. Engagement

The Community Listening event on 4 September informed the priorities set in the Lambeth Together Covid-19 Recovery Plan that was approved at the September meeting of the LTSCB. Following this, the focus has shifted to the priority programmes and specific initiatives within the Recovery Plan, where more targeted engagement will be needed with people who have direct or 'lived experience' of the challenges that have been outlined. A review of the engagement priorities and requirements for the seven key areas of the Lambeth Together Covid-19 Recovery Plan for health and Care is underway, with a focus on the next three months. The Communications and Engagement Steering Group will have a role in supporting this work through expert advice, coordination and practical support.

7. Organisational and workforce development

During and as a result of the pandemic a number of new ways of working together have developed (e.g. Covid Borough Response Group) and transformational change implemented at pace across the health and social care system. Furthermore the pandemic has further exposed and amplified the range of health inequalities in the borough particularly for those communities who already suffered most. These contextual changes have taken place alongside significant change in senior partner leads at GSTT, Kings, SLaM/LWNA, the CCG and council integrated commissioning teams (adults and childrens) and in primary care leadership during the covid period.

Given this level of change, and the development of the Borough Recovery Plan, there is an emerging need for a piece of organisational development work across Lambeth Together that will take into account approaches to leadership, change, behaviour and ways of working amongst other issues. Over the coming months a draft programme of work to address these matters will be developed for consideration by a future Strategic Board.

8. Our Strategic Alliance Leadership Arrangements

Oversight

It should also be noted that as from 3 November, we have adjusted our sub board level delivery and oversight approach – bringing together our, currently, weekly Covid Borough Response Group (CBRG) with our previous Lambeth Together Leadership Group to form a new Lambeth Together Executive Group, chaired by the Strategic Director – Integrated Health and Care. In doing that we have aligned membership from across a range of statutory and non-statutory partners and stakeholders.

Lambeth Together – Informal Strategic Board Meeting 21 October

An informal meeting of LTSB Members took place on 21 October. That meeting provided an opportunity for Board members to review how they have been working over the first part of this year in terms of meeting effectiveness and some key themes emerged which are being progressed including:

- How do we make our meetings better?
- Ongoing communications and support
- Decision Making
- Governance and oversight

In addition to received briefings regarding Covid-19 in particular, there was then a session further developing our approach to Communications and Engagement

There are a number of actions being progressed following the session, in particular:

- Developing options regarding the potential scope for a Lambeth Together Equalities Oversight process/Group – Di Aitken/ Juliet Amoa/ Tom Barrett progressing
 - Develop a governance reporting / oversight process relating to key elements of Integrated health and Care delivery (Part B) – Brian Reynolds/ Tom Barrett/ Andrew Parker progressing
 - Continue to develop an effective communications and engagement approach - drawing in particular on patient/ System Stories where there has been an impact from Lambeth Together ways of working. This includes:
 - Consider how best to Involve residents in comms. and engagement / better links to comms. and engagement group
 - Co-production remains an important principle
- Paul Bates/ Catherine Flynn progressing

9. Summary of Next Steps

In summary, much of the programme work of the Lambeth Together was paused during the immediate response phase to Covid-19. We have more recently been restarting the different elements of the programme ensuring that we do so with the benefit of our experiences of the last 6 months and in the context of the Covid-19 Borough Recovery Plan. The recovery planning that partners in Lambeth , and across the wider South East London Integrated care System (ICS) level continue to progress form a part of that process ,in particular where effective ways forward can only be achieved by working together and with local people and stakeholders.

10. Recommendation

The Lambeth Together Strategic board is asked to:

- Note the status of the Lambeth Together programme, including the delivery of the Covid-19 Recovery Plan.

| | | | | | |
|------------------------------|--|------------|--------------|---------------|---------------|
| Programme Manager | Tom Barrett | SRO | Andrew Eyres | Period | November 2020 |
| Vision | To improve health and wellbeing and reduce inequality for people in Lambeth | | | | |
| Programme Description | <p>Lambeth Together is a partnership of NHS, Council and voluntary sector organisations working together with local people and stakeholders to help our residents maintain their health and wellbeing and provide more joined up local health and care.</p> <p>This is a programme for the delivery of a range of delivery alliances (Living Well Network Alliance, Neighbourhood and Wellbeing Delivery Alliance, Children and Young People, and Complex Personalised Support (TBC)) and an enabling programme consisting of a range of enabling, culture and ways of working elements.</p> | | | | |



Programme status

| | | | |
|---|---------------------------------|----------|---|
| ↑ | Better RAG than previous period | G | No deviation, plan is on track |
| → | Same RAG as previous period | A | Deviation is likely. Mitigation is being planned to remain on track |
| ↓ | Worse RAG than previous period | R | Deviation has occurred. Mitigation not planned or insufficient. |

| Programme/ Alliance | Overall RAG | | DoT ↑→↓ | Comments <i>Reasons for Amber or Red status</i> |
|------------------------------|----------------|----------------|------------|---|
| | Last Period | This Period | | |
| Programme management | N/A | A | | Programme management of the Lambeth Together has recommenced and work is underway to align the programme's work with the borough recovery plan. The Lambeth Together Executive group has recommenced combined with the Covid Borough Response Group. Focus in the next period to develop the approach to equalities, enabling factors and benefits at a programme-level. |
| Living Well Network | A | A | → | The alliance is in the process of agreeing its business plan until March 2022 to be signed off in December 2020. This includes the relevant parts of the recovery plan, service design and physical moves. Services remain open and contingency plans continue to be deployed in line with covid regulations. The risk share agreement will also be considered at ALT in December. Alliance is part of SLAM bid for mental health transformation fund, Lambeth's share is expected to be approx. £1m for '21-'22. Key challenges in the alliance relate to maintaining support through the covid-period including staff numbers, service levels and contingency plans. |
| Neighbourhood and Wellbeing | A | A | → | The Alliance has re-focused and built on original objectives of delivery of services through neighbourhood communities to include implementation of the Borough Covid-19 recovery plan and supporting the response to COVID through winter 2020. The structure for leadership and delivery has been significantly revised in order to improve pace of delivery and breadth of engagement with stakeholders. The streamlined decision making and leadership structure includes the senior leadership group and six workstreams that will provide the focus for delivery. These workstreams will have a broad, inclusive membership with subject level interest or expertise - there will be a responsibility for all partners in the alliance and members of the governance structures to deliver on these priorities.. Previous delivery group will be disbanded. |
| Children and Young People | G | G | → | Establishment of the Children and Young People's integrated commissioning and delivery alliance board and associated workstreams. We are in the formation stages of this work at present with some of the workstreams further along than others. |
| Complex Personalised Support | R | R | → | Previous activity developing the complex personalised support alliance was halted during the covid period. Further work is required to identify next steps for the alliance including alignment with the appropriate part of the Borough Recovery Plan |
| Culture and Ways of Working | A | A | → | Communications and engagement working group has reformed and is actively contributing to engagement on the Borough Recovery Plan. Organisational development programme of activity is to be developed |



Programme activity, milestones and deliverables 1/2

| Programme | Milestones and deliverables achieved this period | Milestones not completed | Milestones and deliverables for next period |
|------------------------------|--|--|---|
| Programme management | <ul style="list-style-type: none">• LT Executive (combined CBRG/Lambeth Together Executive Leadership Group) terms of reference developed and meetings commenced• LT Strategic Boards held (September and October)• Establish monthly programme lead liaison catch-ups | <ul style="list-style-type: none">• Programme alignment with Borough Recovery Plan | <ul style="list-style-type: none">• Strategic Board – 18 November; LT Executive meetings• Programme alignment with Borough Recovery Plan• Development of programme-wide approach to equalities and health inequalities, enabling outcomes and benefits |
| Living Well Network Alliance | <ul style="list-style-type: none">• Throughout the month of October there have been a number of Black History Month celebrations on the inpatient wards and the Living Well Centre (LWC) joined in weekly sessions led by the LIT Team.• On 27th October the Slam Chair Norman Lamb had a virtual visit with the LIT virtually via Microsoft Team.• Alliance Director and Lambeth Director continued Leadership Visits to LWC and inpatient teams.• Innovation Unit agreed funding needed to restart the Alliance Workforce Development Programme (November 20-June 21).• Alliance progress report to be published imminently incl. reviewing impact of how the alliance is measured | | <p>Developing recovery plan which will be incorporated into an 18 month Business Plan incl.</p> <ul style="list-style-type: none">• Taking forward key service developments including co-producing a primary care/neighbourhood mental health support offer (Staying Well) and a new Personality Disorder pathway• Co-designing a culturally appropriate model of mental health peers support• Continuing the review and reshape of community supported living and vocational support• Review the Alliance's risk share arrangements |
| Children and Young People | <ul style="list-style-type: none">• Integrated Commissioning and Delivery Alliance board agreed on 3x workstreams of focus:<ul style="list-style-type: none">• Emotional health and wellbeing• Early Years• Community Health• TORs are being finalised for all 4 (board and 3x workstreams)• Early Years group will meet for first time in November• Community Health chair will be agreed in November• Emotional health and wellbeing needs assessment work, which will inform the delivery, has commenced. | | <ul style="list-style-type: none">• Finalise establishment of all workstreams, agree TORs and implement working group meetings.• Establish regular board rhythm and reporting – to be worked up with LT programme team. |



Programme activity, milestones and deliverables 2/2

| Programme | Milestones and deliverables achieved this period | Milestones not completed | Milestones and deliverables for next period |
|--|---|--|--|
| Neighbourhood and Wellbeing Delivery Alliance | <ul style="list-style-type: none"> Six priority areas have been identified (EOLC, Care Homes, Chronic Pain, Prevention, Managing those at most risk, Outpatients) Seven building principles have been agreed (focus for all workstreams) The governance structure has been established for NWDA; streamlining operations. Workstream leads have been identified for EOLC, Care Homes and Chronic Pain EOLC kick off meeting held Processes for engagement and comms initiated | <ul style="list-style-type: none"> SRO's, membership of all groups and leads for other workstreams to be completed in November. Care Homes – draft PID/kick off meeting to be created/arranged Ensure future charity & philanthropic funding is progressed -hold discussions with council and CCG. Consideration of links to the wider Lambeth together partners & programmes to leverage full opportunities of Alliance Review of current Neighbourhood Test & Learn schemes Build on existing outcomes work to establish the an NWDA workstream outcomes framework | <ul style="list-style-type: none"> Liaise with Lambeth Together leadership to identify reference groups (at workstream level) Explore and define an engagement event for Neighbourhood Test & Learns (Continence Care & Loneliness) Draft rolling 3 month Comms & Engagement plan <ul style="list-style-type: none"> NWDA section on LT website revised with Comms & Engagement team. EOL Mapping exercise identifying current forums / reference groups Workstream development Continue to meet with key partners and stakeholders across Lambeth |
| Complex Personalised Support | | <ul style="list-style-type: none"> Previous programme activities were paused for Covid | <ul style="list-style-type: none"> Further conversations to take place to develop next steps for the workstream in the context of the Borough Recovery Plan |
| Culture and Ways of Working | <ul style="list-style-type: none"> Community listening event held on 4 September to support the development of the Lambeth Together Draft Covid-19 Recovery Plan Production of a summary of the Draft Covid-19 Recovery Plan. | | <ul style="list-style-type: none"> Continue development of Lambeth Together Communications and Engagement Group Development of focused and targeted engagement support offer to delivery alliances Develop profile of Lambeth Together on social media and increase followership among Lambeth stakeholders and individuals Begin update and refresh of content on Lambeth Together website and train new editors Develop OD programme of work |

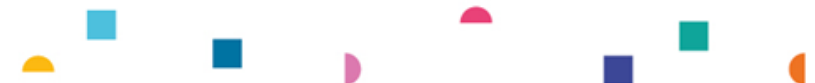


Implications for alliance activity across a range of enabling factors 1/2

[work in progress]



| Enabling Factor (see here for more detail) | Neighbourhood and wellbeing delivery alliance | Children and Young People's delivery alliance | Living Well Network Alliance |
|--|---|---|--|
| System leadership Driving improvement, innovation and transformation of services | <ul style="list-style-type: none"> Governance structure revamped and agreed at NWDA Leadership Group level & Lambeth Together Exec. Programme Director & Project Manager for NWDA in post Currently identifying and confirming workstream leads and SRO's | <ul style="list-style-type: none"> Potential OD need – addressing challenges around engagement of schools and social care with the wider health system – understanding mutual benefits across the system and how bringing them together would enable different and new thinking. | <ul style="list-style-type: none"> LWNA already operating integrated systems leadership model and clear governance structure and responsibilities. Workforce development programme has 'systems leaders' workstream. |
| Asset-based places Engaging communities to support integrated health and social care | <ul style="list-style-type: none"> Lambeth's Food Hubs demonstrates the opportunities taken to work with and for the local communities during Covid-19. By utilising the knowledge and services available in the community alongside a team and infrastructure supported by Lambeth Council to reach out to the most vulnerable with food parcels, and identify those in the community who do not fit into statutory VCS' cohorts but live in poverty & need support. Link Workers working in Primary Care also engage with and work alongside the local community to promote social prescribing and support the integration of health & social care. | <ul style="list-style-type: none"> Need for rationalisation of wide range of engagement activity that is taking place across the CYP system – potential for development of stakeholder reference groups across each workstreams, providers and service users that is overseen by the alliance. | <ul style="list-style-type: none"> Area of development around joining up and developing links with CYP Community Early Help service and Primary Care [c/f system leaderships] Gap in terms of cross-borough map of assets in the wider community – supporting mental wellbeing in the community webinar in Nov '20 to enable greater reach into and understanding of VCS offers [c/f link to CYP Early Help and Health and Wellbeing hubs development] |
| Population approach Identifying and managing the health and care risks of the local population | <ul style="list-style-type: none"> Working across (and collaboratively between) the six workstreams to identify specific cohorts of patients to ensure adequate health inequalities targeting. The focus on health inequality outcome measure will ensure these workstreams deliver impact & value. | <ul style="list-style-type: none"> CYPHP do a lot of work in this area already and are undertaking a population health management approach. Work starting in emotional health and wellbeing workstream to develop a needs-assessment | <ul style="list-style-type: none"> Potential for greater involvement of PH in terms of joint strategic needs assessment. Continuing challenges with collecting and reporting ethnicity and other demographic data – incl. consistency of collection methodology and analytical resource. |



Implications for alliance activity across a range of enabling factors 2/2

[work in progress]



| Enabling Factor (see here for more detail) | Neighbourhood and wellbeing delivery alliance | Children and Young People's delivery alliance | Living Well Network Alliance |
|---|---|---|--|
| Integrated workforce Health and social care professionals collaborating to provide care and support to individuals | <ul style="list-style-type: none"> Care Homes: MDT's to be established; identifying, discussing and actioning against cohort of service users across different organisations & services. | <ul style="list-style-type: none"> Are some examples e.g. school nurses and mental health practitioners working together. CYPHP has already started locality working, and working out of GP surgeries. Potential need to link primary care in with the wider system including schools. | <ul style="list-style-type: none"> Integrated workforce is in place and is an area of success integrating within the Living Well Centres. Overcoming provider/professional-led culture is an ongoing and ever-present challenge [potential OD area of work?] Is this where recruitment challenges across the system can be addressed (process, gaps, candidate attraction)? |
| [Technology?] Information sharing and data Digital care records and information sharing to coordinate care better and manage care proactively | <ul style="list-style-type: none"> Data sharing is central across the different workstreams to identify baseline data, report/review progression and enhance at scale working approach among different services, organisations and providers. EOLC workstream: Coordinate My Care (CMC) service is an example of information sharing among different services to deliver holistic care to local population. | <ul style="list-style-type: none"> LEAP have been doing some work on drawing together SLaM and Evelina data. [hard to complete] | <ul style="list-style-type: none"> Sharing of data across the system incl. navigating data-sharing governance is a challenge – both between statutory organisations and with VCS. Physical sharing of data due to lack of inter-operability between systems is a challenge and requires manual interventions [can this be addressed at a Lambeth Together level to enable simple sharing of data?] Challenge of existing technology and digital inclusion/exclusion of service users. |
| Joint commissioning Health and social care organisations collaborating and sharing responsibility for integrated care services | <ul style="list-style-type: none"> Stakeholders in all workstreams from health & social care organisations or VCS'. Comms & Engagement Plan will allow NWDA mgmt. team to present and attend at Lambeth Together's Comms & Engagement Steering Group SRO's and workstream leads are to be two different representatives. | <ul style="list-style-type: none"> CCG and LA already integrated commissioning Issue around siloed budgets of health, social care and education makes further development of a commissioner/provider alliance difficult. | <ul style="list-style-type: none"> This is core business of the Alliance and s75 is in place. Potential OD need in relation to the tension between an alliance/integrated culture and ways of working and how corporate/enabling support of the sovereign organisations shifts to reflect this |



Programme risks

| RISKS | | Impact | | | |
|------------|-------------------|-----------|-----------------|-------------|-----------|
| Likelihood | | Minor (1) | Significant (2) | Serious (4) | Major (8) |
| | Very Likely (4) | 4 | 8 | 16 | 32 |
| | Likely (3) | 3 | 6 | 12 | 24 |
| | Unlikely (2) | 2 | 4 | 8 | 16 |
| | Very Unlikely (1) | 1 | 2 | 4 | 8 |



| Summary of Top Risks | | | | |
|---|-----------|--|------------|---|
| Risks where assurance is weakest – risk score is after mitigation | | | | |
| Lead | Programme | Risk Description | Risk Score | Actions / Assurance |
| SP | LWNA | Recovery Plan fails to deliver required savings leaving a significant cost pressure for the Alliance | 12 | Assurance Group driving plan. Programme Manager in place. Additional roles identified to help deliver savings in complex placements and transforming care. Procurement of block placements framework agreement increases ability to reduce contract values. £400k saved in 2019/20, £380k savings for 2020/21 identified to date. |
| AC | NWDA | Being able to capture shared objectives and deliver progress at pace | 12 | Review of governance arrangements to enable delivery at pace on identified areas of work |
| AC | NWDA | Covid and continuing competing pressures for partners and stakeholders | 12 | Reworking of delivery into 6 workstreams to enable organisations to field relevant staff with smaller more focussed portfolio's |
| AO | CYP | Officer capacity risks rapid development of the workstreams; both in terms of C19 wave 2 but more generally with huge workloads across the board | 12 | Partnership sign up to TORs and workstreams to ensure cross-partner ownership. Staggering of establishment of workstreams in order to better manage demands on colleagues' time |



Programme issues



| Issue severity | Description | Issue Severity | Description |
|----------------|---|----------------|--|
| Critical | Issue will stop project progress. | Medium | Issue impacts the project, but could be mitigated to avoid an impact on budget, schedule or scope. |
| High | Issue will likely impact budget, schedule or scope. | Low | Issue is low impact and/or low effort to resolve. |

| Summary of Top Issues | | | | |
|-----------------------|-----------|--|--------|--|
| Ref | Programme | Issue Description | Impact | Actions |
| 1 | LWNA | Continued inability to recruit to core health posts | High | Recruitment plan is in place in SLAM, which is being supported by the Trust. Where appropriate we are looking at a flexible approach to role in the Alliance and using opportunities with the partners where appropriate. We are planning a joint AMT/AOT session to identify solutions to recruitment. |
| 2 | LWNA | Insufficient available funding to implement agreed model and develop new prototypes | High | Contract Tracker completed. Services such as Staying Well will be introduced later than planned and piloted on a smaller scale, which will reduce costs in 20/21. |
| 3 | LWNA | Covid 19 means we have insufficient staff to deliver services | High | Emergency rota in place in SPA with crisis and urgent cases being prioritised, LWCs have been consolidated to two, with high and medium risk cases being prioritised along with depots/clozapine. Social workers are prioritising safeguarding and welfare cases. Staff set up to work from home wherever possible. Twice weekly COVID 19 borough meetings to respond to system challenges. AOT and AMT are both now returning to BAU as part of reshaping plan. |
| 4 | LWNA | Surge in demand for MH support at all levels following Covid 19-19 that we cannot meet demand. | High | Reshaping plan to maximise availability and productivity of staff, continued collaboration across system (e.g. IAPT), regular monitoring of activity, development of staying well offer will improve 'on the ground intelligence' and our ability to maintain people under primary care support |
| 5 | LWNA | We fail to find savings to meet the estimated £4m Lambeth revenue pressure from Douglas Bennett House. | High | A workshop with key clinical stakeholders has been held to discuss how this financial gap would be filled, which provisionally identified £5m of savings – although when probabilities were applied this left a gap of c. £0.5m. The Finance and Performance Group will be reviewing DBH proposed savings in more detail. |
| 6 | NWDA | Resetting governance and work programmes | High | Lambeth Council are developing proposals for a formal VCS framework to support co-production. Rapid set up of workstreams through Oct 20 |
| 7 | NWDA | Covid continuing to disrupt resumption of service delivery | High | Workstreams structure should enable focus on recovery and delivery of alliance objectives, and inclusion or refresh of pre Covid plans where appropriate |
| 8 | NWDA | Financial pressure across the system | High | Streamlining of leadership and focus on Borough recovery plan |

Strategic programme risks and issues (work in progress)



| | | Impact | | | |
|------------|-------------------|-----------|-----------------|-------------|-----------|
| Likelihood | | Minor (1) | Significant (2) | Serious (4) | Major (8) |
| | Very Likely (4) | 4 | 8 | 16 | 32 |
| | Likely (3) | 3 | 6 | 12 | 24 |
| | Unlikely (2) | 2 | 4 | 8 | 16 |
| | Very Unlikely (1) | 1 | 2 | 4 | 8 |

| Draft Top Programme Risks (where assurance is weakest) | | | |
|--|--|------------|---|
| Ref | Risk Description | Risk Score | Actions / Assurance |
| | The financial position of one or more partners, or one or more alliance, results in an inability to deliver programme outcomes | | [needs completing] |
| | Organisational change and churn threatens the development of relationships, trust and leadership in the system | | [needs completing] |
| | System leadership is not focussed and short-term demands are prioritised over Lambeth Together work | | [needs completing] |
| | Failure to effectively engage including with Lambeth’s diverse communities | | [needs completing] |
| | ‘Second wave’ of covid-19 results in the redirection of resource away from Lambeth Together activity | 16 | [NWDA] Reworking of delivery into 6 workstreams to enable organisations to field relevant staff with smaller more focussed portfolios |

| Issue severity | Description | Issue Severity | Description |
|----------------|---|----------------|--|
| Critical | Issue will stop programme progress. | Medium | Issue impacts the programme, but could be mitigated to avoid an impact on budget, schedule or scope. |
| High | Issue will likely impact budget, schedule or scope. | Low | Issue is low impact and/or low effort to resolve. |

| Top Programme Issues | | | |
|----------------------|--|--------|---|
| Ref | Issue Description | Impact | Actions |
| | Covid-19 results in inadequate resource to deliver recovery/transformation plans | High | Alignment of borough recovery and delivery alliance plans |

Report to: Lambeth Together Strategic Board

18 November 2020

| | |
|----------------------|--|
| Report Title | Developing our Integrated Assurance Reporting |
| Report Author | Brian Reynolds, Associate Director Health and Care Planning and Intelligence |
| Summary | <p>This report updates the Lambeth Together Strategic Board on the process to develop new borough based integrated health and care assurance arrangements and reporting, together with a summary and links to the range of existing assurance reports.</p> <p>As reported in September, this work had been on hold through the Covid-19 period as key Lambeth leads have been reassigned to supporting our Covid-19 response. Focus on our response to Covid-19 does of course continue during this second wave of the pandemic, though in parallel we have been thinking about the next steps in our integrated assurance, not least because the response to the second surge, learning lessons and returning services is integral to our Lambeth Together Recovery Plan, approved at the board meeting on 23 September. Reporting progress in delivering the recovery plan and associated delivery plans will be integral to our board assurance processes.</p> <p>This report therefore provides an update on thinking and our intended approach to developing assurance processes for both Lambeth Together in line with our Lambeth Together Recovery Plan (Part A of the Strategic Board), and also in respect to the borough based NHS delegated responsibilities and joint arrangements between health and care (Part B) of the Strategic Board Meeting.</p> <p>We will establish a time-limited working group, which will meet during the remainder of this financial year to develop an assurance framework on behalf of Lambeth Together, to consider both the contents and format of a bi-monthly assurance report, which provides an integrated view of assurance for respective parts of the Strategic Board.</p> <p>Tackling inequalities and improving outcomes remains key to</p> |

| | |
|------------------------|---|
| | <p>our aims, and as such members of this group will bring expertise in those areas to developing our assurance arrangements.</p> <p>This update report also includes the main corporate reports that are currently available that have been recently developed, and which will be integrated over time into a single developing assurance framework. Latest versions of these assurance reports are featured with links provided.</p> |
| Recommendations | <p>The Lambeth Together Strategic Board is asked to;</p> <ol style="list-style-type: none"> 1. Note the update on our proposals to further develop our Lambeth Together performance and assurance arrangements and reporting, against both the Lambeth Together Recovery Plan and our delegated responsibilities and integrated health and care arrangements. A further update will follow in January. 2. Note the establishment and draft terms of reference of a working group to develop the integrated assurance arrangements over the remainder of the financial year coming months. 3. Note the current performance reporting information from London Borough of Lambeth, NHS South East London CCG and the Lambeth Living Well Network Alliance, recognising that these materials will feed into proposals for the development of integrated assurance reporting. |

Developing our Integrated Assurance Reporting

1.0 Introduction

This report updates the Lambeth Together Strategic Board on the process to develop new borough based integrated health and care assurance arrangements and reporting.

This work had been on hold through the Covid-19 period as key Lambeth leads have been reassigned to supporting our Covid-19 response.

In line with the development of our Recovery Plan we are now seeking to progress our assurance oversight in respect of our delegated responsibilities; including key performance standards and objectives, key health and inequalities outcomes, monitoring quality, reporting against risks, finance and the delivery of our wider Lambeth Together Recovery Plan aims. The approach to get us to that integrated point are summarised in the proposal in section 2 below.

Meanwhile, there continues to be a range of meaningful assurance reports that we can use and draw upon, and these are summarised, with links to the full reports in section 3 current sources.

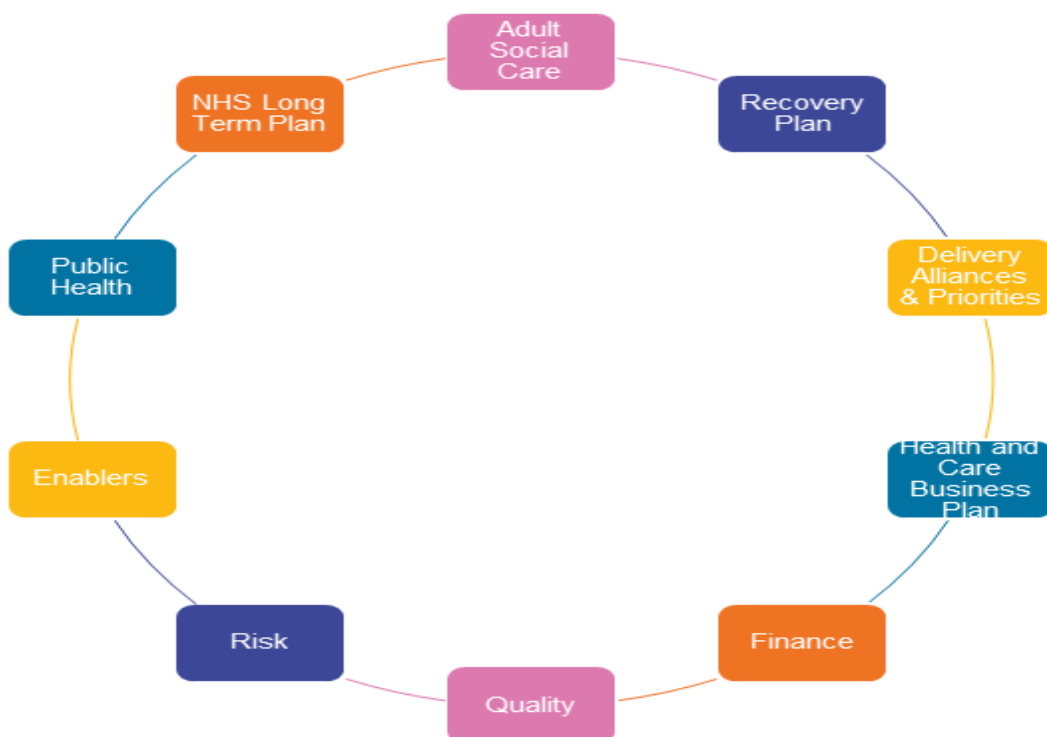
2.0 Proposal

A process has begun to develop a Lambeth Together borough integrated health and care performance and assurance approach.

There is a range of corporate performance and assurance materials that have been developed recently intended to provide insight into progress against a range of performance areas (described in more detail in section 3). These provide a basis to further develop a single integrated assurance report that encompasses all of the areas for borough based assurance. We recognise that we will also need to develop key outcome and performance measures developed through Lambeth Together and within our individual Delivery Alliances and [Recovery Plan](#) programmes and priorities. These will need to address key aims around health improvement outcomes and in reducing health inequalities within the borough. As such, the areas being considered include:

- Outcomes reporting
- Performance assurance: KPI and measures of success reporting
- Quality assurance
- Risk reporting
- Financial reporting

The diagram below summarises the structured set of inputs that will be used to inform this new assurance framework:



A time-limited, working group is being set up to take forward this thinking. The draft terms of reference for this group is enclosed at the end of this document. When the group first meets as a workshop in later November/early December it will consider its membership and terms of reference.

The group will be tasked with developing proposed arrangements for integrated assurance, on behalf of the Board, incorporating a regular assurance report and appropriate sub-group(s) for Lambeth's integrated health and care performance assurance agenda. A smaller group might also be necessary to develop proposals in more detail on behalf of the working group.

The group will draw on local authority and South East London CCG, and partner insight and arrangements to develop an integrated assurance approach for the Lambeth Together Strategic Board to ensure it provides a comprehensive picture of assurance against our key aims, performance indicators and measures of success for both Lambeth Together Recovery Plan and



our priorities, and for the borough based delegated responsibilities and joined health and care arrangements.

As such this single working group will jointly develop a proposal for assurance and reporting arrangements into both parts of the Strategic Board.

- Part A: delivery of the Lambeth Together Recovery Plan, its associated delivery alliances and priority areas
- Part B: borough based assurance with respect to our NHS delegated responsibilities and joint arrangements between health and care.

We will bring back to the Strategic Board in January a progress update on proposals and to seek feedback, and test with partners, to inform the continued development.

Until the new arrangements are developed and in place, and so the Board remains sighted on key issues it will continue to receive existing assurance reports, and process updates. We will therefore continue to report on Lambeth Together Delivery Alliance programmes into the Board (covered in detail elsewhere on the agenda for Part A of this Board), together with existing health and care assurance reports as described in section 3 below.

3.0 Current Sources

The main performance assurance sources currently available, as produced by Lambeth Council and South East London CCG and Lambeth Together are set out below.

- London Borough Of Lambeth – Budget and Performance Report
- NHS South East London CCG – Borough Assurance Report
- NHS South East London CCG – Board Assurance Framework and Performance Report
- NHS South East London CCG – Finance Report
- NHS South East London CCG – Risk Register
- Lambeth Living Well Network Alliance – Assurance Report

A brief summary and link for each report follows.

- **London Borough Of Lambeth – Budget and Performance Report**

- This report is produced quarterly and covers the latest performance outturns for the London Borough of Lambeth's key performance indicators (KPIs), and priority service

KPIs. It also updates against the council business plans, and the finance outturn position and budgetary risks.

- The 'Budget and Performance Report – Quarter 1 2020/21' was presented to the Cabinet on 14 September 2020, and share at this Board meeting in September, and can be found online at the link below (if the link does not work copy and paste the below text into your web browser)
<https://moderngov.lambeth.gov.uk/documents/g13757/Public%20reports%20pack%20Monday%2014-Sep-2020%2017.00%20Cabinet.pdf?T=10>
- The next Quarter 2 Budget and Performance Report is scheduled to be presented to Cabinet in mid-December and the report will be available to the public to view when published. We will include an update and the link in the assurance report for the January Lambeth Together Strategic Board meeting.
- Below is an illustration of the most recent Quarter 1 report:



Priority Service KPIs – Quarter 1 Performance 2020 - 21

Click one of the priority service KPIs below to see more detail on how we are performing



| | | |
|------------------------------|---|---|
| Sustainable Growth | A growing economy that everyone benefits from | ✓ |
| Resilient communities | Communities that are thriving, connected and resilient | ✓ |
| Independence | Services are improved and people have support to live as well and independently as they can | ● |
| Place | Lambeth is a place people want to live, work and invest | ✓ |
| Enabling | Services that enable the council to deliver the very best for our residents | ● |

- The quarterly Budget and Performance Report also includes a financial overview on Local Authority directorate areas including Adults and Health, Public Health, and Children's Services.

• NHS South East London CCG – Borough Assurance Report

- NHS South East London CCG, which formed on 1st April 2020, has introduced borough assurance reports, one for each of the six south east London boroughs. The September report was included with materials at the last Lambeth Together Board meeting.
- The most recent report for November 2020 produced for Lambeth, includes local commentary and is available here (if the link below does not work copy and paste the below text into your web browser)
<https://moderngov.lambeth.gov.uk/ieListDocuments.aspx?CId=846&MId=13812>
- This November 2020 reports includes the latest performance updates for those areas identified by SEL CCG, including narrative describing what is being undertaken to improve performance in a range of target areas.
- The contents of the report and summary slides is included below. A key role of the assurance working group will be helping to shape the place based view of performance assurance.

Introduction and summary

- [Performance overview](#) PAGE 6
- [Key messages](#) PAGE 8

Non-acute challenged performance

- [SML physical health checks](#) PAGE 11
- [Personalisation](#) PAGE 14
- [Diabetes](#) PAGE 18
- [Cancer screening](#) PAGE 25
- [NHS continuing healthcare](#) PAGE 30
- [Injuries from falls in people aged 65 and over](#) PAGE 32
- [Child obesity](#) PAGE 34
- [Citizen facing tools](#) PAGE 36
- [Childhood immunisations in primary care](#) PAGE 38
- [Patient experience in primary care](#) PAGE 41
- [Glossary](#) PAGE 49

Lambeth performance overview (1 of 2)

The table below provides an overview of the latest performance positions and the risk assessment of delivering year-end targets for all borough-based board led KPIs and metrics.

| Standard | Trend since last period | Target | Current performance | Risk of delivering year end target |
|---|-----------------------------|--|---|--|
| SMI Physical Health Checks | ↓ | 60% | Q2 2020/21 – 26.0% | The borough is not currently achieving the target and is at significant risk of not achieving it at year-end |
| Personal health budgets | ↓ | M5 2020/21 – 242 | M5 2020/21 – 150 | Significant improvement is required to meet the year-end target |
| Social prescribing referrals | - | 2020/21 – 1,574 | Unknown – local data is currently being collected | Currently unknown |
| Personalised care and support planning | - | Borough contributions to the SEL target are yet to be agreed | Unknown – local data is currently being collected | Currently unknown |
| Diabetes treatment targets | ↑ | No formal targets | Type 1 – 2019 – 25.3% Type 2 – 2019 – 37.8% | NA |
| Diabetes eight care processes | ↑ | No formal targets | Type 1 – 2019 – 42.2% Type 2 – 2019 – 68.0% | NA |
| Diabetes structured education | ↓ | No formal targets | Type 1 – 2018 – 8.3% Type 2 – 2018 – 8.1% | NA |
| Cancer screening bowel, breast and cervical | Improvement in most metrics | Bowel coverage and uptake – 60% Breast coverage and uptake – 80% Cervical coverage (25-49 and 50-64) – 80% | Performance is below target for Bowel, Breast and Cervical cancer | Significant improvement is required to meet the targets by year-end |

* There are varying lags in reporting for the indicators above and the longest delays are for indicators where local data is not reported.

Lambeth performance overview (2 of 2)

| Standard | Trend since last period | Target | Current performance | Risk of delivering year end target |
|--|-------------------------|-----------------------|---|--|
| NHS continuing healthcare | ↓ | <15% | Q2 2020/21 – 0% | No identified risk to delivery for this year |
| Injuries from falls in people aged 65 and over | ↓ | National mean – 2,059 | Q2 2019/20 – 2,380 | Improvement is required to achieve the national mean by year-end |
| Overweight and obese children | ↓ | National mean – 34.2% | 2018/19 – 39.4% | Improvement is required to achieve the national mean by year-end |
| Citizen facing tools: Proportion of the population registered to use NHS App | - | 2020/21 – 1.0% | Performance is only available at SEL level | SEL 2020/21 target already achieved |
| Childhood immunisations in primary care | ↑↓ | London average | Q1 2020/21 – the borough is performing below the London average on 3 out of the 6 metrics. Better performance can be seen against the MMR vaccine cohorts | Further improvement is required to better the London average on all indicators |
| Primary care patient experience – GP survey | - | National performance | The borough's performance is above the London average for most of the questions | Improvement in performance is required to consistently achieve the national average on the majority of questions |
| Primary care patient experience – FFT | ↑ | National mean – 90% | February 2020 – the borough achieved a performance of 66% | Performance is just below the national mean |

* There are varying lags in reporting for the indicators above and the longest delays are for indicators where local data is not reported.

- **NHS South East London CCG – Board Assurance Framework and Performance Report**
 - At a south east London CCG level, a board assurance framework report covers risks with regards to delivery of the CCGs objectives. The Board Assurance Framework is designed to enable the CCG's Governing Body to identify and oversee the main risks to the successful delivery of the organisation's corporate objectives. The Governing Body has delegated the detailed monthly review of the BAF to the Integrated Governance & Performance Committee.
 - An illustration of one of the summary pages of the report is included below, with more detail on the risks and mitigations detailed within the report itself.

Summary of Board Assurance Framework risks (1 of 3)

The below tables presents a summary of the current BAF risks. The current risk score is the headline risk-rating post-mitigations being applied. Full details of the status of each risk are provided on the following pages.

| Objective | Description | Risk owner | Risk co-owner(s) | Current risk score |
|---------------------------------|--|---------------------|------------------|--------------------|
| Improving health | 1. Delay in achieving the ambitions set out in the STP Long Term Plan and other system strategies | Sarah Cottingham | | 12 |
| | 2. Lack of high quality data and mechanisms for utilising data that inhibit the ability to established population based approach to designing and commissioning care and for analysing issues related to health inequalities. | Ian Riley | Nisha Wheeler | 9 |
| Quality & safeguarding | 3. Patients could be harmed or have a poor experience of services because the CCG is not able to identify emerging quality issues and take appropriate quality improvement actions. | Kate Moriarty-Baker | | 12 |
| | 4. Patients might not receive the best possible care because comprehensive mechanisms are not yet agreed across the ICS to enable the implementation of new clinical safety standards (including IPC). Mechanisms are not in place for the on-going review of the quality and safety impact of the Covid-19 recovery plan. | Kate Moriarty-Baker | | 12 |
| | 5. Risk of not being able to expediently complete CHC assessments / retrospective review of fast-track approvals that took place during the period of Covid-19 response; and a further risk to the CCG's compliance with CHC statutory duties within the recovery phase' | Kate Moriarty-Baker | | 9 |
| System & service transformation | 6. Delay in the implementation of agreed 20/21 system and service transformation priorities as set out in CCG commissioning intentions and the system operating plan | Sarah Cottingham | | 12 |
| | 7. The risk is that learning disability and autism programme (LDAP) will not achieve the Long Term Plan (LTP) inpatient target of 62 Adults and 7 CYP by March 2021 | Neil Kennett-Brown | Carol-Ann Murray | 8 |
| | 8. The contracting structure for the Network DES presents a risk that Primary Care Networks do not include community, mental health, voluntary sector, social care providers and therefore inhibits the development of integrated services | Sam Hepplewhite | | 6 |

- The SEL CCG Integrated Governance and Performance Committee also receives a report on current published performance data, covering acute and non-acute performance, and the work being undertaken by the CCG to understand the performance challenges.
- An illustration of the areas covered within the performance report, together with a short extract of one of the performance areas (IAPT) is included below. More detail on the acute and non-acute performance across south east London is detailed within the report itself.

Introduction and summary

- [Introduction](#) PAGE 4
- [Key messages](#) PAGE 5

Non-acute challenged performance

- [Improved Access to Psychological Therapies](#) PAGE 9
- [Children & Young Peoples Mental Health](#) PAGE 14
- [Out of Area Placements](#) PAGE 16
- [Dementia Diagnosis](#) PAGE 19
- [SMI Physical Health Checks](#) PAGE 22
- [Early Intervention in Psychosis \(EIP\)](#) PAGE 24
- [Perinatal Mental Health](#) PAGE 26
- [Personal Health Budgets](#) PAGE 29
- [Diabetes](#) PAGE 33
- [Cancer Screening](#) PAGE 37
- [Learning Disability and Autism](#) PAGE 41

IAPT: 2019/20 Year End & Current 2020/21 Performance



2019/20 Year End Position – SEL boroughs

| | Standard | Bexley | Bromley | Greenwich | Lambeth | Lewisham | Southwark | SEL |
|--|----------|--------|---------|-----------|---------|----------|-----------|-------|
| IAPT Access Rate Rolling 3 months – NHSE standard for March 2020 | | | | | | | | |
| IAPT Access Rate Rolling 3 months | 5.50% | 4.33% | 5.28% | 4.34% | 5.64% | 4.98% | 5.57% | 5.11% |
| IAPT Recovery Rate Rolling 3 Months | 50% | 48.0% | 52.0% | 55.0% | 57.0% | 47.0% | 52.0% | 52.4% |
| IAPT Waiting Times 6 Weeks | 75% | 99.0% | 92.0% | 91.0% | 95.0% | 86.0% | 94.0% | 92.3% |
| IAPT Waiting Times 18 Weeks | 95% | 100% | 95.0% | 100% | 100% | 98.0% | 99.0% | 98.3% |

2020/21 Current Performance Position – May 2020

From April 2020 some providers are no longer using the old CCG codes which means borough level performance data is not available. Provider data has been assigned to boroughs to give a proxy view of May performance in the table below.

| | Standard | Bexley Mind | Bromley Healthcare | Oxleas NHS FT - Greenwich | Lambeth Psychological Therapies | Lewisham Psychological Therapies | Southwark Psychological Therapies | SEL |
|--|----------|--|--------------------|---------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------|
| IAPT Access Rate Rolling 3 months – NHSE standard for May 2020 | | | | | | | | |
| IAPT Access Rate | 6.25% | TBC – Borough baselines not available at present – published performance data does not include expected population figures for locally commissioned services | | | | | | 3.28% |
| IAPT Recovery Rate | 50% | 37.0% | 55.0% | 56.0% | 59.0% | 53.0% | 50.0% | 52.3% |
| IAPT Waiting Times 6 Weeks | 75% | 99.0% | 94.0% | 94.0% | 94.0% | 81.0% | 95.0% | Standard Delivered |
| IAPT Waiting Times 18 Weeks | 95% | 100% | 96.0% | 100% | 99.0% | 97.0% | 99.0% | Standard Delivered |

| | | | | | |
|-----|---------------------------------|---|--------------------|---------------|-----------------|
| Key | Not achieving national standard | ↓ | Worsening position | Top Performer | Worst performer |
| | Achieving national standard | ↑ | Improving position | | |

- The next South East London CCG Board meeting is on 19 November 2020, and papers will be available once published online at <https://selondonccg.nhs.uk/about-us/our-governing-body/governing-body-papers/> (if the link does not work copy and paste the above text into your web browser).

- **NHS South East London CCG – Finance Report**

- Similarly NHS South East London CCG also produces a regular finance report, and the most recent report providing an update on the month 6 (Quarter 2) finance position has been produced and can be found with the other South East London CCG Board meeting papers for 19 November 2020 published online at <https://selondonccg.nhs.uk/about-us/our-governing-body/governing-body-papers/> (if the link does not work copy and paste the above text into your web browser).
- The report provides a finance executive summary, a summary of key risks, a description of the financial position, and a budget summary of specific commissioning and service areas, the contents of which are set out below.

Contents

1. Executive Summary
2. Summary of Key Risks
3. Financial Position
4. Budget Overview
5. COVID-19
6. Prescribing
7. Continuing Care
8. Run Rate
9. Debtors Position
10. Cash Position
11. Better Practice Payments Code
12. Creditor Position
13. Statement of Financial Position
14. Revenue Resource Limit

Appendix

1. Budget Reconciliation



- **NHS South East London CCG – Borough Risk Report**

- NHS South East London CCG has recently proposed a new process for managing risks within SEL CCG and each borough. The full paper detailing the process, scoring and proposed reporting is included at the end of this report.
- In summary, it proposes that borough risk registers will be managed by the borough corporate governance leads, together with local risk owners. Depending on the risk score these will be reported, including to the SEL CCG Board where appropriate at which SEL Board Assurance Framework risks are presented.
- Going forward, borough based risk registered will be reported to the Lambeth Together Strategic Board.

- An example of the risk format:

Example Risks

| Ref | Risk | SEL RR | Inherent Risk (L x I) | Residual Risk (L x I) | Target Risk (L x I) | Risk sponsor | Risk owner | Ongoing controls | Assurances | Control gaps |
|---------------|---|--------|-----------------------|-----------------------|---------------------|---------------|----------------|--|--|---|
| | Commissioning | | | | | | | | | |
| Children's RR | Increase to CAMHS waiting times | | 4x2=8 | 3x2=6 | 3x1=3 | Dan Stoten | Nat Thomson | <p>A number of other provisions are in place to support the emotional health and wellbeing needs of our young people – including Kooth, <u>Centrepoin</u>t and more.</p> <p>Successful bid for MHST funding – MHST programme commences Jan 2021.</p> <p>Redesigned model of CAMHS implemented July 2019 has seen improvement in performance.</p> | <p>Monthly contract monitoring meetings in place with SLAM enabling drill down into performance issues rapidly.</p> <p>Monitoring of this indicator at Council as well as CCG level.</p> <p>MHST implementation.</p> | Some concerns with data coming through from SLAM Data not available from all providers |
| | Estates | | | | | | | | | |
| Estates RR | Risk of possible failure to plan for future premises needs. Nine Elms Vauxhall Business case does not adequately prepare for the influx of residents up to 2021 | | 3x3=9 | 3x4=12 | 2x2=4 | Andrew Parker | Malcolm Brydon | <p>Controls</p> <p>Lambeth and <u>Wandsworth</u> CCGs have set up new constituted NEV Board and Governance.</p> <p>CCG is funding project post with <u>Wandsworth</u> CCG and NHSE</p> <p>Ongoing management and clinical engagement in the NEV project</p> <p>Regular monitoring of CCG populations is being undertaken to assess growth and service change resulting from NEV population inflows by NEV Health Programme Board</p> <p>CCG Governing Body has underwritten design fees to enable work to continue ahead of FBC</p> <p>CCG Senior Estates Project Manager started December 2018</p> | <p>Assurance</p> <p>Regular updates to LCCG Governing Body meetings</p> <p>Monthly NEV Health Programme Board – with <u>Wandsworth</u> CCG, LBW and LBL</p> <p>Oversight at Lambeth Estates Forum</p> | |

• Lambeth Living Well Network Alliance – Assurance Report

- We have our sustained existing performance monitoring arrangements underpinning the delivery of Lambeth adult mental health services through the Lambeth Living Well Network Alliance (LLWNA).
- A copy of the full report is included at the link below: (if the link does not work copy and paste the text into your web browser)
<https://moderngov.lambeth.gov.uk/ieListDocuments.aspx?CId=846&MId=13812>
- The Alliance Leadership Team receives and considers this regular monthly finance and performance report.
- Key issues from this are pulled through into the programme highlight report (included elsewhere on the agenda).

Crucially the Lambeth Together Strategic Board is also continuing to receiving regular programme updates on Lambeth Together (see the Programme highlight Reports in Part A of the Board agenda). And, as discussed in section 2 above, we will be setting up a working group to take forward integrated assurance reporting in order to provide a single cohesive view of integrated assurance for Lambeth, not only on performance assurance, but incorporating other elements of quality, risk and finance.

4.0 Observations from existing reports

The key issues to note at this point are:

- Performance continues to be a mixed picture so far for 2020/21. This is mostly due to the continued impact of Covid-19, which has seen a refocusing of services in response to the pandemic. Performance delivery is expected to change during 2020/21 as recovery continues, and narrative updates describe some of the key mitigations and actions underway.
- Where information is incomplete or not recent, due to the national pausing of data collections and reporting as a direct result of Covid-19, the reporting lags have begun to be picked back up again.
- The Lambeth Together assurance working group being set up will be considering existing reports and governance as part of its proposals for Lambeth Together Board assurance arrangements.
- The working group will be thinking about these performance sources, together with other materials around assurance, including quality, and outcomes, as described in section 2, when pulling together a proposal for integrated assurance reporting for the Lambeth Together Strategic Board.



5.0 Recommendations

The Lambeth Together Strategic Board is asked to;

1. Note the update on our proposals to further develop our Lambeth Together performance and assurance arrangements and reporting, against both the Lambeth Together Recovery Plan and our delegated responsibilities and integrated health and care arrangements. A further update will follow in January.
2. Note the establishment and draft terms of reference of a working group to develop the integrated assurance arrangements over the remainder of the financial year coming months.
3. Note the current performance reporting information from London Borough of Lambeth, NHS South East London CCG and the Lambeth Living Well Network Alliance, recognising that these materials will feed into proposals for the development of integrated assurance reporting.

Additional materials

- A. Draft Lambeth Together Assurance Working Group Terms of Reference
- B. South East London CCG Risk Management Process

A. Draft Lambeth Together Assurance Working Group

(a time-limited working group to develop the assurance reporting framework for Lambeth Together)

Terms of Reference

Purpose/role

1. The overall purpose of the Lambeth Together Assurance Working Group is:
 - To develop an assurance framework for the Lambeth Together Strategic Board and Lambeth Together Executive Group, and the borough based delegated and integrated health and care responsibilities
 - The group will work to develop and propose the following with respect to:
 - A regular bi-monthly assurance process, for both Part A and Part B (described below) which provides an integrated view of
 - Outcomes reporting
 - Performance assurance: KPI and measures of success reporting
 - Quality assurance
 - Risk reporting
 - Financial reporting
 - The governance scheme of assurance below Board level
 - The report framework format and content areas
 - The frequency and membership of the relevant sub-groups beneath Board level:

Which supports

- Part A: delivery of the Lambeth Together Recovery Plan, its associated delivery alliances and priority areas

- Part B: borough based assurance with respect to our NHS delegated responsibilities and joint arrangements between health and care.
- To enable the leaders to have oversight of the full programmes and priority areas
- To support opportunities for learning from different partners and elements of our programmes.

Authority/Delegation/Decisions

2. Each member of the working group will bring with them the authority to speak and make decisions on behalf of their organisations.

Membership and attendance

3. The Board shall consist of:

| Delivery | |
|---|--|
| Organisation | Attendee |
| SEL CCG (Lambeth)/LB Lambeth | Andrew Eyres |
| SEL CCG (Primary Care & Transformation) | Andrew Parker |
| SEL CCG (Primary Care & Transformation) | Brian Reynolds |
| SEL CCG (Corporate Governance Lead, Lambeth) | Cheryl Smith |
| SEL CCG (Governing Body Member & Assistant Clinical Chair) | Di Aitken |
| SEL CCG (Lay Member) | Sue Gallagher |
| SEL CCG (Assurance and QIPP) | Kieran Swann / Richard Whitfield / Emma Smith |
| Programme Lead, Lambeth together | Tom Barrett |
| LB Lambeth – Public Health | Ruth Hutt / Hiten Dodhia |
| LB Lambeth – Adults commissioning | Jane Bowie |
| LB Lambeth – Adults commissioning | Jade Holvey |
| LB Lambeth – Children's Commissioning | Abi Onaboye / Dan Stoten |
| LWNA / South London and the Maudsley NHS Foundation Trust | Guy Swindle |
| Neighbourhood Wellbeing Delivery Alliance, Programme Director | Amanda Coyle |
| LB Lambeth – Adult social care, Community Health and Engagement | Juliet Amoa |
| LB Lambeth – Adult social care | Richard Outram |
| LB Lambeth – Adult social care, AD Transformation | Maria Burton |



| | |
|---|--|
| LB Lambeth – Adult social care | Melissa Murphy |
| Guys and St Thomas' NHS Foundation Trust | Sarah Austin / Paran Govender / deputy |
| Kings College Hospital NHS Foundation Trust | Heather Gilmour / deputy |
| Primary care - GP Federation/Primary Care Network leads | George Verghese / Sadru Kheraj / Therese Fletcher |

4. The Lambeth Together Assurance Working Group will be chaired by the Strategic Director Integrated Health and Care.
5. The Board will wish to consider attendance by other colleagues as appropriate.

Frequency

6. The Lambeth Together Assurance Working Group will meet monthly for one hour during 2020/21.

South East London CCG Risk Management Process

1.0 Introduction

This report outlines the new process for managing risks within SEL CCG and each borough.

2.0 Process

The risk registers will operate in a matrix structure with each risk assigned by:

a) Directorate

b) Area of impact:

- Directly references / affects CCGs delivery of corporate objectives – included on BAF
- Has an impact in more than one borough – SEL Risk register
- Is managed centrally (e.g. acute performance) – SEL Risk register
- Risk originates within and affect only impacts one boroughs outcomes – Borough risk register

Each risk will be assessed on level of impact within the CCG. The diagram below shows the suggested level that a risk should be recorded at based on the team activity it relates to, however this should still be considered in the context of every risk and some may impact both locally and at a CCG level – for example, a financial risk may be identified by a borough as it affects its ability to achieve its borough control total but the same issue may affect more than one borough and therefore also represents a risk to the CCG as a whole in delivering its allocation.

3.0 Scoring

Scoring will need to be assessed within the context of the level of risk register it is being assessed within – for example, the financial risk at a borough level may be scored higher than at the CCG level as the value of the borough risk in the context of the borough allocation may be a higher percentage than the cumulative value of the risks in all the boroughs compared to the total CCG budget.

Where a borough risk is scored “very high” – i.e. 15 or above – it will be reviewed by the SEL Risk Review Group to be considered for inclusion on the SEL risk register as it represents a significant risk to one of the CCGs borough operations.

4.0 Operational process

Borough risk registers will be managed by the borough corporate governance leads, with local risk owners identified. Borough corporate governance leads will arrange monthly reviews with the risk owners to encourage re-evaluation of the risk scoring, mitigations in place and progress on control gap actions required.



For risks on the SEL risk register, the Corporate, Risk and Emergency Planning lead will manage the review and evaluation process with the risk owners concerned.

The Corporate, Risk and Emergency Planning lead will also chair an SEL Risk Review Group, comprising the borough governance leads, AD for Corporate Operations, SEL governance and business support lead, and SEL Corporate services manager, to ensure there is cross borough oversight of the risks in each borough register and identify risks which may need to be promoted to the SEL risk register; or, where similar risks appear on multiple borough registers, determine if a SEL risk is also required.

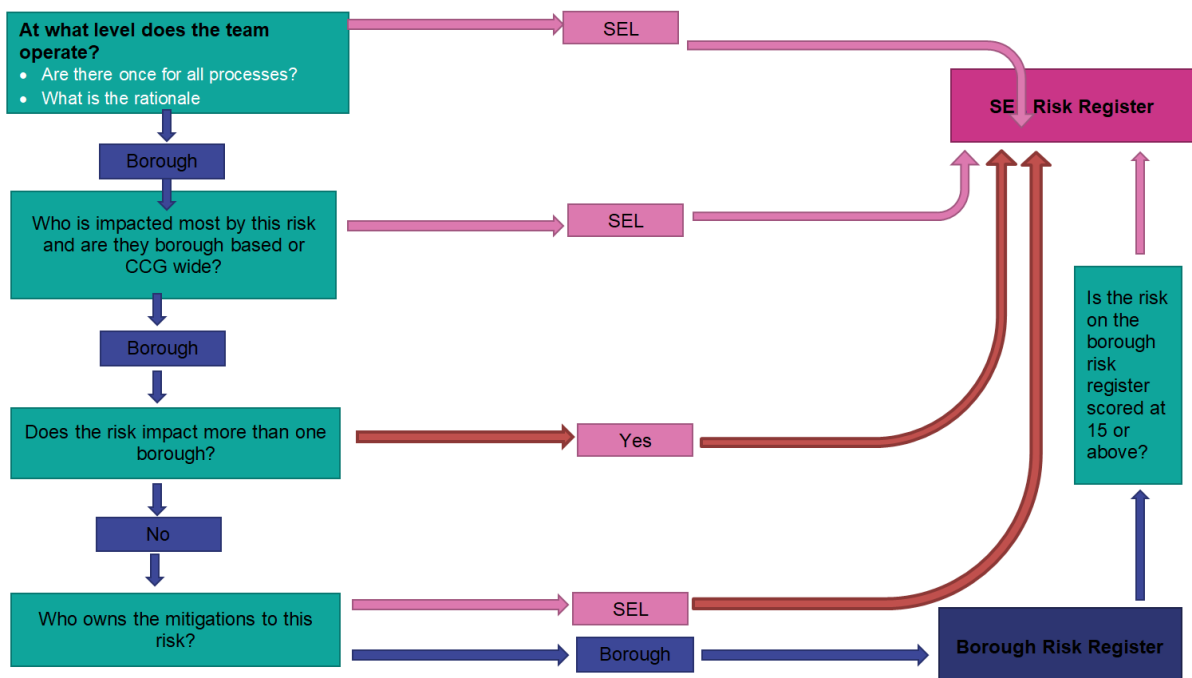
BAF risks will continue to be considered by the Governing Body.

5.0 Reporting

BAF risks will be reported at each Governing Body meeting, and at each IGP committee. The IGP committee will also review the SEL risk register on a six monthly basis, with the SEL Corporate, Risk and emergency planning lead using their discretion to raise any significant concerns to the IGP Committee in the intervening period if required.

Borough risk registers should be reviewed by the Borough based Board at each meeting.

Risk register decision tree



Example Risks

| Ref | Risk | SEL RR | Inherent Risk (L x I) | Residual Risk (L x I) | Target Risk (L x I) | Risk sponsor | Risk owner | Ongoing controls | Assurances | Control gaps |
|------------------|---|-----------|-----------------------------|-----------------------------|---------------------------|---------------|----------------|--|--|--|
| | Commissioning | | | | | | | | | |
| Children's RR | Increase to CAMHS waiting times | | 4x2=8 | 3x2=6 | 3x1=3 | Dan Stoten | Nat Thomsen | <p>A number of other provisions are in place to support the emotional health and wellbeing needs of our young people – including Kooth, Centrepoin and more.</p> <p>Successful bid for MHST funding – MHST programme commences Jan 2021.</p> <p>Redesigned model of CAMHS implemented July 2019 has seen improvement in performance.</p> | <p>Monthly contract monitoring meetings in place with SLAM enabling drill down into performance issues rapidly.</p> <p>Monitoring of this indicator at Council as well as CCG level.</p> <p>MHST implementation.</p> | Some concerns with data coming through from SLAM Data not available from all providers |
| | Estates | | | | | | | | | |
| Estates RR | Risk of possible failure to plan for future premises needs. Nine Elms Vauxhall Business case does not adequately prepare for the influx of residents up to 2021 | | 3x3=9 | 3x4=12 | 2x2=4 | Andrew parker | Malcolm Brydon | <p>Controls Lambeth and Wandsworth CCGs have set up new constituted NEV Board and Governance; CCG is funding project post with Wandsworth CCG and NHSE</p> <p>Ongoing management and clinical engagement in the NEV project</p> <p>Regular monitoring of CCG populations is being</p> | <p>Assurance Regular updates to LCCG Governing Body meetings Monthly NEV Health Programme Board – with Wandsworth CCG, LBW and LBL Oversight at Lambeth Estates Forum</p> | |



| | | | | | | | | | |
|--|--|--|--|--|--|--|---|--|--|
| | | | | | | | undertaken to assess growth and service change resulting from NEV population inflows by NEV Health Programme Board CCG Governing Body has underwritten design fees to enable work to continue ahead of FBC CCG Senior Estates Project Manager started December 2018 | | |
|--|--|--|--|--|--|--|---|--|--|

Risk Scoring Matrix

| | | | Likelihood | | | | |
|----------|---|--------------|------------|----------|----------|--------|----------------|
| | | | 1 | 2 | 3 | 4 | 5 |
| | | | Rare | Unlikely | Possible | Likely | Almost certain |
| Severity | 5 | Catastrophic | 5 | 10 | 15 | 20 | 25 |
| | 4 | Major | 4 | 8 | 12 | 16 | 20 |
| | 3 | Moderate | 3 | 6 | 9 | 12 | 15 |
| | 2 | Minor | 2 | 4 | 6 | 8 | 10 |
| | 1 | Negligible | 1 | 2 | 3 | 4 | 5 |