

LAMBETH TOGETHER STRATEGIC BOARD

Date: Wednesday 24 March 2021

Time: 1.00 pm

Venue: Online: hosted by NHS South East London CCG via Teams– please click here

https://bit.ly/3trNOKs

BOARD MEMBERS:

Councillor Danny Adilypour - Cabinet Member for Health and Social

Care (job-share)

Dr Dianne Aitken - GP and Assistant Chair NHS SEL

CCG, clinical lead for Lambeth

Neighbourhood & Wellbeing Delivery

Alliance

Sarah Austin - Director Integrated Care, GSTT

Jane Bowie - Director of Integrated Commissioning

(Adults), Lambeth CCG and Lambeth

Council

Fiona Connolly - Executive Director of Adult Social Care

Amanda Coyle - Programme Director - Lambeth

Together (Neighbourhood & Wellbeing

Delivery Alliance)

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, Integrated Health &

Care

Therese Fletcher - Managing Director, GP Federations

Sue Gallagher - Lay Member Graham Gardiner - Age UK Lambeth

Kate Gregory - King's college Hospital 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

Strategic Director of Children's Merlin Joseph

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

CCG **Edward Odoi**

Director of Children's Commissioning Abi Onaboye

and Community Safety, Lambeth CCG

and Lambeth Council

Andrew Parker Director of Primary Care &

Transformation, NHS SE London CCG

(Lambeth)

Healthwatch Lambeth Chief Executive Catherine Pearson Sabrina Phillips

Alliance Director, Lambeth Living Well

Network Alliance

Neil Robertson South London and Maudsley NHS

Trust

Further Information

If you require any further information or have any queries please contact: Adrian Bentley, Telephone: 020 7926 7162; Email: abentley@lambeth.gov.uk

Published on: 16 March 2021

Attachments

PLEASE NOTE THAT THE ORDER OF THE AGENDA MAY BE CHANGED AT THE MEETING

1	Agenda	Page Nos. 1 - 2
2	6_ Minutes of the previous meeting	3 - 8
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Lambeth Together Strategic Board

Wednesday, 24 March 2021 1.00-3.30 Microsoft Teams meeting

AGENDA

Agenda Item No. and Time	Agenda Item Reference and Title	Attachment / Supporting Information	Agenda Item Lead
	<u>Public Forum</u>		
50 mins 1	Introductions Covid-19 Borough Status update		CIIr Jim Dickson
_			Ruth Hutt/ Andrew Eyres
3	Questions from the public		Cllr Jim Dickson
	Please click below to join the Public Forum Click here to join the meeting		
	Meeting in Public		
10 mins			
4	Introductions Welcome and Introductory comments and apologies		Andrew Eyres
5	Declarations of Interest Members are asked to declare any interests on items included in this agenda		
6	Minutes of the meeting 20 January 2021	Enc	
7 45 mins	System Story - AgeUK Lambeth - The Way Ahead	Presentation	Graham Gardiner
	Neighbourhood and Wellbeing Delivery Alliance		
	Progress Report and presentation	Presentation Enc	Amanda Coyle Di Aitken



Agenda Item No. and Time	Agenda Item Reference and Title	Attachment / Supporting Information	Agenda Item Lead
8 20 Mins	Integration and innovation: Working Together to improve health and social care for all Integrated Care System (ICS) – next steps	Presentation ENC	Andrew Eyres
9 20 mins	Lambeth Together Programme Highlight report ◆ To receive for information	Enc	Andrew Parker
10 5 mins	Date of Next Meeting and Close Next meeting in public: Wednesday 26 May 2021		



Prior to the official meeting of the Board an update on Covid was provided by the Director of Public Health and the members of the public were invited to ask questions. This session can be viewed here https://bit.ly/38AUPAS

Lambeth Together Strategic Board

Wednesday 20 January 2021 2.00-3.30

Microsoft Teams Meeting

In attendance

Jane Bowie

Fiona Connolly

Amanda Coyle

Therese Fletcher

Dr Penelope Jarrett

Sandra Jones

Catherine Flynn

Councillor Edward Davie

Cabinet Member for Health and Social Councillor Danny Adilypour Care (job-share)

Dr Dianne Aitken GP and Assistant Chair NHS SEL CCG, clinical lead for Lambeth Neighbourhood &

Wellbeing Delivery Alliance

Nozomi Akanuma Associate Medical Director for Lambeth, South London and Maudsley NHS

Foundation Trust

Shola Apena Rogers Black Thrive

Sarah Austin Director Integrated Care, GSTT Programme Lead, Lambeth Together Tom Barrett Adrian Bentley

Democratic Services Officer, Lambeth

Council

Director of Integrated Commissioning (Adults), Lambeth CCG and Lambeth

Council

Executive Director of Adult Social Care.

Lambeth Council

Programme Director, Lambeth Together (Neighbourhood and Delivery Alliance

Cabinet Member for Children and Young

People

Councillor Jim Dickson Cabinet Member for Health and Social

Care (job-share)

Strategic Director, Integrated Health & Care Andrew Eyres

Managing Director, GP Federations

Head of Communications & Engagement,

NHS SEL CCG (Lambeth)

Director of Operations & Partnerships, Paran Govender

GSTT

Sue Gallagher Lay Member

Ruth Hutt Director of Public Health, Lambeth Council

GP & Chair, Lambeth Local Medical

Lambeth Patient Participation Group

Network







Dr Sadru Kheraj Primary Care Network Clinical Director and

GP Clinical Cabinet representative GP and Governing Body Member NHS SEL Dr Adrian MacLachlan

CCG, clinical lead for Lambeth Living Well

Network Alliance

GP and Lambeth Together Strategic Board Dr Raj Mitra

Member, clinical lead for Lambeth Children

and Young People Alliance

AD Finance, NHS SEL CCG (Lambeth) **Edward Odoi**

Director of Children's Commissioning and Abi Onaboye Community Safety, SEL CCG (Lambeth)

and Lambeth Council

Director, Adult Social Care, Lambeth Richard Outram

Council

Andrew Parker Director of Primary Care & Transformation,

NHS SEL CCG (Lambeth)

GP and Clinical Director of the Brixton and Dr Jennie Parker

Clapham Primary Care Network

Healthwatch Lambeth Chief Executive Catherine Pearson

Alliance Director, Lambeth Living Well

Network Alliance

AD Health and Care Planning and Brian Reynolds

Intelligence, NHS SEL CCG (Lambeth)

Neil Robertson South London and Maudsley NHS Trust Guy Swindle

Deputy Director, Lambeth Living Well

Network Alliance

Apologies

Natalie Creary Merlin Joseph

Sabrina Phillips

- Programme Delivery Director, Black Thrive
- Strategic Director Children's Services, Lambeth Council

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 Heather Gilmour, Merlin Joseph and Ruth Hutt.

2. **Declarations of Interest**

There were none.

3. Minutes of previous meetings



Raj Mitra and Sue Gallagher noted that they were present but this was not recorded in the minutes.

It was questioned under matters arising whether:

- The percentage (86%) of Children with Educational Health and Care Plans attending school had improved?
- If the increase in domestic violence and the need for safe houses could be coped with and whether more funding had been put into this?

Abi Onaboye said she would seek answers to these questions and provide Sue Gallagher with a response.

RESOLVED

- 1. Abi Onaboye to provide a response to the questions raised under matters arising.
- 2. The minutes to be amended as to include attendees missing from the list.
- 3. Other that the above noted amendments the minutes were agreed as an accurate record.

4. Lambeth Living Well Alliance

Sabrina Phillips, Programme Director, Lambeth Living Well Network Alliance introduced this item and gave an overview of successes and challenges of the Living Well Alliance. The board was asked to support the community transformation bid that would be submitted the same day.

Guy Swindle, Deputy Director, Lambeth Living Well Network Alliance, continued, noting:

- The first two years had been spent putting together structures and services to address issues that had been raised.
- A new front door had been put in place.
- A joined up approach was being taken with teams and services.
- Covid was causing pressures but all services remained open. A number of staff were off ill.
- Mental health had been historically underfunded and budget pressures in this
 area remained. There had been significantly more investment in mental health
 services in Lambeth over the last couple of years.
- Inequality was a big challenge and this had been emphasised by the pandemic. The Alliance was working with Black Thrive, community groups and people supported to develop more culturally appropriate services.
- The progress report had been posted on the Lambeth Together website.



Sabrina continued, noting the Community Mental Health Transformation bid. There would be further investment over the coming years. The Alliance had worked with partners to come up with ways to bolster the community offer. There was a desire to develop further the peer support reablement offer within the community and to work closely with GP colleagues.

Sabrina introduced Nozomi Akunuma, Associated medical Director for Lambeth and Jennie Parker, GP at Hetherington Group Practice and Clinical Director of the Brixton and Clapham PCN.

Nozomi laid out the model for the Living well Centres that had been developed.

The Staying well prototype had been an aspiration from the start of the Living Well Network. The establishment of the Staying well model had encountered many challenges, the most recent of which was Covid.

A small group of GP surgeries and PCNs in the north had got together in the autumn to discuss prototypes. Test pilots had been established, initially for six weeks, to test out some of the proposed models. Multi professional meetings had included GP's, PCN Link workers, pharmacists, consultant psychiatrists, Living Well Centre Staff, voluntary sector leads and social care teams.

Jennie Parker, GP at Hetherington Group Practice and Clinical Director of the Brixton and Clapham PCN continued the presentation.

The prototype presented a means of meeting with mental health colleagues once a month. This allowed a ways of dealing with their service users whose needs were not urgent and prevent these people being bounced around the system.

Shola Apena Rogers from Black Thrive gave an overview of the Culturally Appropriate Peer Support Advocacy (CAPSA) programme.

The CAPSA programme had been developed between Black Thrive and the Living Well Network alliance. CAPSA was a service that provided support to members of the Black community with mental health needs through peer support.

In the pre discovery phase goals and indicators of success as defined by the community had been considered. The programme was currently in the discovery phase, where insights of unmet need, gaps and opportunities were being identified. This was being looked at not just from a service user's perspective but also carers and peer support workers. Going forward the data would be analysed and appropriate training for peer support and advocacy identified, after which a CAPSA offer would be delivered.

A Service User Working Group had been established comprised of community researchers with lived experience who were helping to co-design activities.

The Chair noted the great progress that had been made and the importance of this work.

The Chair asked for questions after which the below answers were provided:



- There was still work to do in the disproportionality of Black and Asian people in the mental health system. The work with Black thrive on CAPSA was designed to address this. The Mental Health Act White Paper would be reviewed and in the Alliance Business Plan thought would being given as to how access and outcomes for the BAME community could be improved. SLaM had also developed a dashboard on ethnicity breakdown and care and this was under regular scrutiny and this would allow further data to be provided in the future.
- There had been a number of initiatives to improve efficiency in bed occupancy.
- Work was being done on the offer of the Personality Disorder Pathway. As
 this was still being developed it had not been included in the presentation. A
 step care model was being created that looked to support people with
 personality disorders early on. Further details could be provided when the
 offer was more developed.
- GSTT and Kings had stood up a 10 bedded unit that had been ringfenced for A&E admissions.
- GSTT were in the process of developing a clinical assessment unit made of six bays.
- A workforce strategy was being developed that would look at how community people were incorporated into the work force.
- Well over 70% of staff had been vaccinated for flu.

RESOLVED

- 1. The update was noted.
- 2. The meeting was extended for 10 minutes.

5. Improving Health and reducing inequalities

Dr Di Aitken presented an update on the quiz answers from the previous meeting. The answers were:

- The under 75 mortality rate from all cardiovascular diseases was worsening in Lambeth.
- It was men in their 40/50 who had the worst control of blood pressure.
- Black ethnicity was the strongest predictor of a failure to control Blood Pressure.
- Based on the 2011 census the country of birth with the largest migrant population in Lambeth was Jamaica. Portugal and Poland were next.
- Black women were five times more likely to die during pregnancy.



Di suggested the Board read the Executive Summary of Build Back Fairer – the covid 19 Marmot review, which had clear recommendations that could be incorporated.

There had been another meeting of the Equalities group and workforce development had been discussed.

Di asked for support around a potential Board workshop for inclusion and diversity training. A company to lead this had been approached. A scoping meeting would take place and the spec and scope would be circulated to the Board for review and with the Equalities team. The Equalities group would be asked to make a recommendation as to whether the proposed training offer should be taken up. This would not need to wait for a Board meeting.

The terms of Reference for the Equalities Group had been expected to be brought to this meeting but this had been delayed by a covid outbreak. The document was currently in draft form.

The Chair thanked Di and the rest of the Equalities Group for their work.

RESOLVED

The update was noted.

The Chair thanked members of the Public and Board members. The next meeting would take place on Wednesday 24 March.



Report to: Lambeth Together Strategic Board

24 March 2021

Report Title	AgeUK Lambeth – The Way Ahead	
Author	Graham Gardiner – Chief Executive, AgeUK Lambeth	
Summary	The purpose of this presentation is to provide a 'system story' setting out the work of AgeUK Lambeth over the last year and the organisation's shift to a neighbourhood approach as part of this meeting's focus on the Neighbourhood and Wellbeing Delivery Alliance	
Recommendation(s)	Note the presentation and the implications for the Lambeth Together Partnership	



-Agenda Item -

Age UK Lambeth

The Way Ahead!

For a guide to our services, go to:

https://public.3.basecamp.com/p/gMP6YA7piqNmsqjFydsSG8dY



That was the year that was!













Our Vision

- To work closely with residents, closely to where they live. Moving to neighbourhood teams
- To work collaboratively and in partnership: with respect and recognition of local orgs and services
- To enable neighbourhood teams to respond locally to arising need. Our aspiration is to move to fully self-managed teams.

London Borough of Lambeth Ward Map, 2002-present

Bishop's

Prince's

Vassall

Herne Hill

Thurlow Park

> Gipsy Hill

Kriight's Hill

Tulse

Streatham Hill

St Streathan Wells Leonard's

Streatham South Oval

Stockwell

Larkhall

Clapham Common Brixton Hill

Thornton

remdale

Clapkam Town

Lambeth North

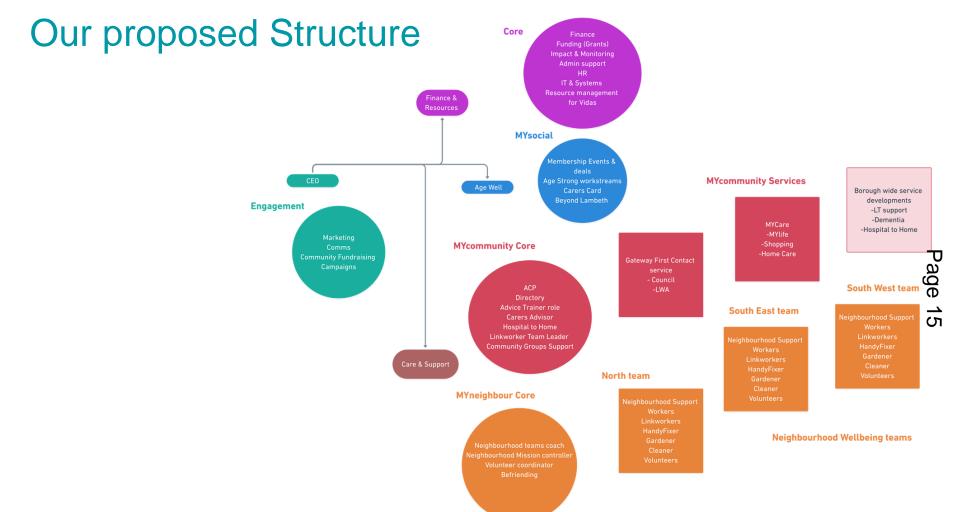
- North Lambeth
- Fiveways
- StockWellbeing

Lambeth South

- AT Medics
 Streatham
- Streatham
- Croxted PCN

Lambeth Central

- Clapham
- Brixton & Clapham Park
- HBD Group



MYneighbour Neighbourhood Wellbeing Teams

Neighbourhood Support Workers Linkworkers HandyFixer Gardener Cleaner Volunteers

Creating a new frontline support worker role

- New Neighbourhood Support Worker role created. Move three workers from Gateway
- MYadvice team offered new roles within the structure.
- HandyFixer to be allocated to each team
- Homemakers
- Attach Volunteers to Neighbourhoods

MYneighbour team activity

Each Team has (aspirationally)

- ACP champion
- Macmillan champion
- Linkworkers as part
 Connection to local
 community groups (incl.
 Mutual Aid Groups)
- Access to HandyFixer,
 Cleaner, Gardener

Each team provides

- Person centred support using the Gateway model
- All workers have benefits training
- Missions (volunteers)
- Home visits
- Drop ins (if appropriate)
- Events (with MYsocial)
- Prioritises local need

Connect with us

Looking for support:

- Call us on 0333 360 3700
- Email mycommunity@ageuklambeth.org



Talk about connecting, collaborating, partnering...

- Borough wide: <u>mycommunity@ageuklambeth.org</u>
- North: <u>lambethnorth@ageuklambeth.org</u>
- South:
 <u>lambethsouth@ageuklambeth.org</u>
- Central: lambethcentral@ageuklambeth.org



Report to: Lambeth Together Strategic Board

24 March 2021

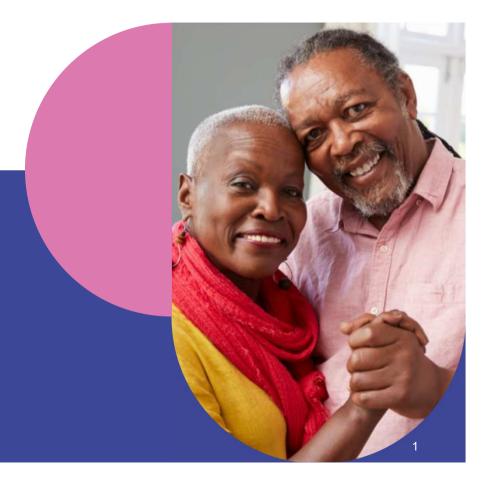
Report Title	Neighbourhood & Wellbeing Delivery Alliance update			
Author	Amanda Coyle – Director Neighbourhood & Wellbeing Delivery Alliance			
Summary	The purpose of this presentation is to update the Strategic Board on the Neighbourhood & Wellbeing Delivery Alliance working together to improve health and social within communities. The slide deck sets out a summary of key priorities and uses the Loneliness Test & Learn to illustrate how the program works to improve the health & care of Lambeth residents by working with communities & partners.			
December deticates	The Ctrategic Decord is called to:			
Recommendation(s)	 The Strategic Board is asked to: Note the update and the implications for Lambeth Together Partnership 			





Neighborhood and Wellbeing Delivery Alliance

Lambeth Strategic meeting March 2021



Neighbourhood and Wellbeing Delivery alliance



Agenda

- What the NWDA is all about?
- What we are working on our priorities
- How we work Making it happen in Neighbourhoods
- Time for questions & discussion

NWDA – What it is all about!



Your Neighbourhood services

Support around your needs



Small team with big ambitions!



Working with partners



Neighbourhood and Wellbeing Alliance



Reablement services

The Neighbourhood and Wellbeing Delivery Alliance Model

Community connectors/navigators

E.g. Project Smith, Social Prescribing link workers

Community





@home, 24hr and rapid response

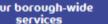


Telephone

helplines

Your borough-wide

These are services that operate borough-wide, but work with your local services and the team around you if you need them.



0000

Care

homes





Education,



霽

activities

& faith groups

Charities and Social & Wellbeing groups

Your local services

These are services that are based in your local area, so know the local population, services and community assets well. They will work together, and with borough-wide services, to form the team around you if you need them.









Home care

Support around your needs

- Wider range of professionals working together in neighbourhoods
 - Care planning and holistic care Joint decision making
 - Prevention Integrated teams
 - Specialised multidisciplinary working for complex cases



Specialist community teams e.g. heart failure team



Use of community spaces



Foundations

Integrated A skilled workforce Population health data, Integrated data set with good wellbeing care records evidence and insights

NWDA Work streams



Empowering Communities to access integrated local services Prevention **Quality in Care End of Life Care Outpatients** Medicines & (Adults) - Chronic pain Homes - Advance care **Clinical Pathway** - Thriving - MLTC Improved - Improved Coplanning group* Priorities Communities Co-ordination ordination - Co-ordinate my - Quality of care (Health care Wellbeing hubs) Staying Well Life course - KHP Imparts PC **TBA** - Care home - Expand - Loneliness T&L Projects Mind & body **Advanced Care** Digital - Three Thriving Community accessibility planning service neighborhood based pain - CMC system - Falls & other projects training & Iniative prevention programs deployment X-cutting Outcomes framework - Health Inequalities Three month rolling Communication plan- Community & partner events / Lambeth Together updates * Pending NWDA Leadership agreement

Community based health and care support for adults



In Neighborhoods making it happen!

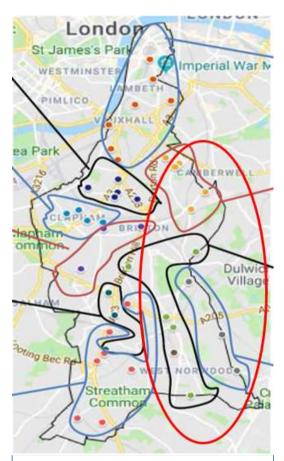
Loneliness Test & Learn project

What?

NWDA working with Hills, Brooks & Dales (HBD) Primary Care Network to reduce loneliness in areas Tulse Hill, Herne Hill and Thurlow Park.

Why?

- Loneliness is as harmful to your health as smoking 15 cigarettes a day
 - Loneliness increases the risk of earlier onset dementia. This results in a higher reliance on health & social care services
 £6000pp per annum.
 - Those who are lonely have a higher likihood of their health conditions worsening over time.
- 41% of UK adults reported feeling more lonely during the first national lockdown



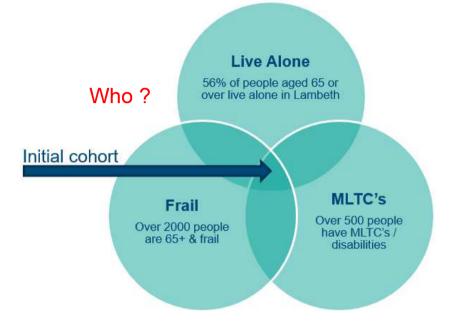
Ward Councillors

Herne Hill: Cllr Jim Dickson Tulse Hill: Cllr Mary Atkins Thurlow Park: Cllr Peter Ely

Community based health and care support for adults

Loneliness Test & Learn project – Approach





Using population health data the Test & Learn targets those with the poorest health outcomes

- Residents on low incomes.
- Residents with mental health issues
- Residents from a BAME background
- Residents disproportionately affected by Covid-19 e.g. shielded residents
- Residents living with disabilities
- LGBTQ+ community



Community based health and care support for adults

Loneliness Test & Learn approach



Knights Hill	North Wood	Herne Hill	The Deerbrook	Brixton Hill	
Surgery Suite 1	Group Practice	Group Practice	Surgery	Group Practice	Whole Pop
1.3	30	1.22	1.15	1.21	1.2
4.6	3%	3.8%	5.0%	3.4%	4.1%
5.0	1%	4.9%	6.8%	4.0%	5.1%
0.8	3%	1.6%	1.8%	1.0%	1.3%
1.7	1%	1.7%	1.1%	0.9%	1.4%
4.8	%	6.7%	7.0%	9.3%	6.9%
	Surgery Suite 1 1.3 4.6 5.0 0.8 1.7		Surgery Suite 1 Group Practice Group Practice	Surgery Suite 1 Group Practice Group Practice Surgery 1.30 1.22 1.15 4.6% 3.8% 5.0% 5.0% 4.9% 6.8% 0.8% 1.6% 1.8% 1.7% 1.7% 1.1%	Surgery Suite 1 Group Practice Group Practice Surgery Group Practice 1.30 1.22 1.15 1.21 4.6% 3.8% 5.0% 3.4% 5.0% 4.9% 6.8% 4.0% 0.8% 1.6% 1.8% 1.0% 1.7% 1.7% 1.1% 0.9%

Activity & Economic Measures
Spend - Total
Spend PPPY - Total
Acute Elective
Acute Non-Elective
General Practice
Community
Mental Health
Activity PPPY - GP Contacts
Beddays PPPY - Acute EM

Population data management approach

- 1. Enable the data-led design and targeted implementation of integrated services within communities
- 2. Test and agree the **use of data in the NWDA for** transformation as part of system recovery and ongoing capability development
- **3. Accelerate changes to care delivery to communities within Neighbourhood** through VCSE, Primary care, public health, local authority, community, mental health, acute sector partners
- **4. Use data to evidence (**through advanced analytics measuring the net impact both financial & clinical) **& achieve demonstrably better outcomes** and experience for selected population cohorts
- 5. Secure the skills to spread the approach to place based projects



Loneliness Test & Learn approach

NWDA User Needs Analysis Questions

Key

- Support: contact with family members, friends, neighbours, health workers (and others) and accessibility to resources including healthcare appointments, food etc
- Health: managing illnesses or conditions; looking after your mental and physical condition
- Wellbeing: feeling physically and mentally comfortable, healthy or happy
- Contact: visits from family & friends, phone calls, video calls, pen pals, support from healthcare professionals
- People: neighbours, friends, family, healthcare professional and others
- Lonely: a lack of social contact that impacts your physical and mental health & wellbeing

PART ONE - QUANTITATIVE

Please answer each statement / question of this section with a score of 1-5. 1 = strongly disagree & 5 = strongly agree

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree
	1	2	3	4
'I have the support I need to look after my own health and wellbeing.'				
'I feel I have regular contact and companionship with other people.'				
'I feel lonely'				

Two Community Engagement Events: residents & stakeholders

Project starts collate shared learning Summer-Autumn

Sports | Physical Activity

Local Government

Ward Councillor project meeting Nov '20 **Apr '21**

> Asset mapping **User Needs Analysis** Feb-Mar '21

System connection and integration

May '21

Community based health and care support for adults

THRIVING

Loneliness Test & Learn You Are Not Alone video



Embed video

Its all about communities!



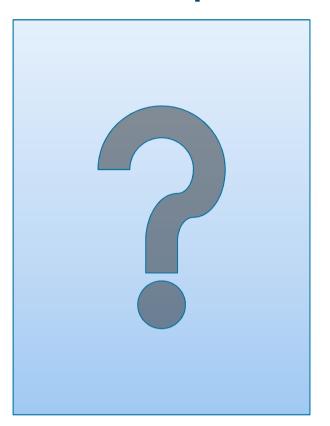


Railton Road - Jan 2021



Discussion & questions?





Find out more about what we do & get involved WWW.Lambether/Together/NWDA



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Report to: Lambeth Together Strategic Board

24 March 2021

Health and Care Bill Integration and innovation: working together to improve health and social care for all
Andrew Eyres – Strategic Director, Integrated Health and Care, Lambeth Council and SEL CCG
The purpose of this paper is to update the Strategic Board following publication of the 'Integration and innovation: working together to improve health and social care for all' White Paper in mid-February 2021. Publication of the White Paper was the next step
following publication and discussion of the NHSE/I document 'Integrating Care – Next Steps to building strong and effective integrated care systems across England' in late 2020. That paper was discussed at the informal Lambeth Together Strategic Board meeting in December 2020 and a submission in response to the paper subsequently made to SEL CCG. That submission is attached at Annex 1.
The slide deck contained in the following pages sets out a summary of key parts of the White Paper, the proposed timetable for legislation and the potential implications for Lambeth Together.
Note the proposals contained in the White Paper and the potential implications for Lambeth Together





Health and Care Bill Integration and Innovation: Working together to improve health and social care for all

Lambeth Together Strategic Board

24 March 2021







Journey to the White Paper

NHS long term plan (2019) confirmed all parts of England would be served by an ICS

Our Healthier South
East London becomes
one of the first 15 ICS in
England.

April 2020: NHS
South East London
CCG became a
statutory organisation
– in a good position
ready for progressing
into ICS
arrangements.
SEL ICS review
following over autumn
2020

November 2020:
NHS England and
Improvement
(NHSEI) published
Integrated Care proposing two
legislative options
to further develop
ICS – option 2 was
preferred by
NHSEI

December:
Engagement with
through
stakeholders,
including through
Lambeth Together

Decisions on legislation will now be for Government and Parliament to make. The Department of
Health and Social
Care published
Integration and
innovation: working
together to improve
health and social
care for all (11
February) based on
NHSEI's
recommendations

These responses
have informed the
NHSEI document
'Legislating for
ICSs: five
recommendations
to government and
parliament'
published on 11
February

Lambeth Council*
and SEL ICS,
informed by
Lambeth Together,
submitted response
on 8 January 2021

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What does the White Paper say?

Realisation of 2019 NHS Long Term plan – those specific proposals where change to primary legislation is required.

The proposals can be grouped under the following themes:

- 1. Working together and supporting integration;
- 2. Reducing bureaucracy;
- 3. Enhancing public confidence and accountability;
- 4. Additional proposals and relating to social care, public health, quality and safety

Offers some direction for public health and social care but system reform and funding mechanisms missing

The governments plan is that legislative proposals for health and care reform as set out will be implemented in 2022.





Working together and supporting integration (i)

- Two forms of integration will be underpinned by new legislation ("dual structure" governance);
 - Within the NHS to remove boundaries to collaboration
 - Greater collaboration between the NHS and local government and other partners
- ICS will be made up of an ICS NHS Body and an ICS Health and Care Partnership, bringing together NHS, local government and partners:
 - The ICS NHS Body will be responsible for the day to day running of the ICS
 - The ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems health, public health and social care needs



The proposed ICS governance model

Our Healthier South East London Integrated Care System (ICS)

ICS
Statutory
NHS body

Day-to-day running of the ICS

ICS health and care partnership

Brings together systems to support integration and develops a plan to address health, public health and social care needs.



Working together and supporting integration (ii)

- A 'triple aim duty' will be placed on health bodies, which will require them to secure.
 - Better health and wellbeing for everyone
 - Better quality of health services for all individuals, and
 - Sustainable use of all NHS resources
- Legislation will remove barriers to integration by allowing ICSs to establish joint committees, collaborative commissioning approaches and joint appointments
- A shift away from an adversarial and transactional system to a focus on collaboration
- There is an emphasis on the "primacy of place", such as Lambeth Together borough partnerships, at the base of integration and with a legal standing for the Better Care Fund at centre of local commissioning and ability to delegate funding to localities

Reducing bureaucracy

- Changes to the law will reform how health care services are arranged by creating a
 bespoke health services provider selection regime that will give commissioners greater
 flexibility than at present.
- Changes to the role of Competition and Markets Authority in respect of the way the NHS chooses to organise itself.
- National tariff changes will be enacted with the aim of providing further flexibilities on funding flows within local systems.
- Local Education Training Boards (LETBs) will be removed from statute to give Health Education England (HEE) more flexibility to adapt its regional operating mode.



Improving accountability and enhancing public confidence

- A national NHS Body (the ICS) will be established on a statutory footing with enhanced powers of direction for the government over the newly merged body.
- The Secretary of State for Health and Social Care will assume additional appropriate intervention powers with respect to relevant functions of NHS England (e.g. around direction setting, in relation to provider reconfigurations, in workforce planning and supply).
- ICS Health and Care Partnerships cannot impose binding arrangements on local authorities but can agree priorities, co-ordination actions and align funding
- The statutory entity of NHS trusts remains.



Additional measures

 The government committed to bringing forward proposals on the future of social care and public health; the White Paper is designed to embed rapid improvements made during the pandemic in these areas.

Social Care

- For social care, a new assurance framework is to be introduced allowing greater oversight of local authority delivery of care, and standardised data collection allowing us to better understand capacity and risk in the social care system.
- Establishment of a Discharge to Assess model where an individual can be assessed for social care or continuing healthcare funding after they have left hospital
- Following experience during Covid, authority for the Secretary of State to make direct payment to social care providers

Public Health

- For public health, government commits to publish proposals for the new system and residual functions following closure of PHE "in due course"
- Specifically, there's additional measures to implement the obesity strategy and fluoridation.

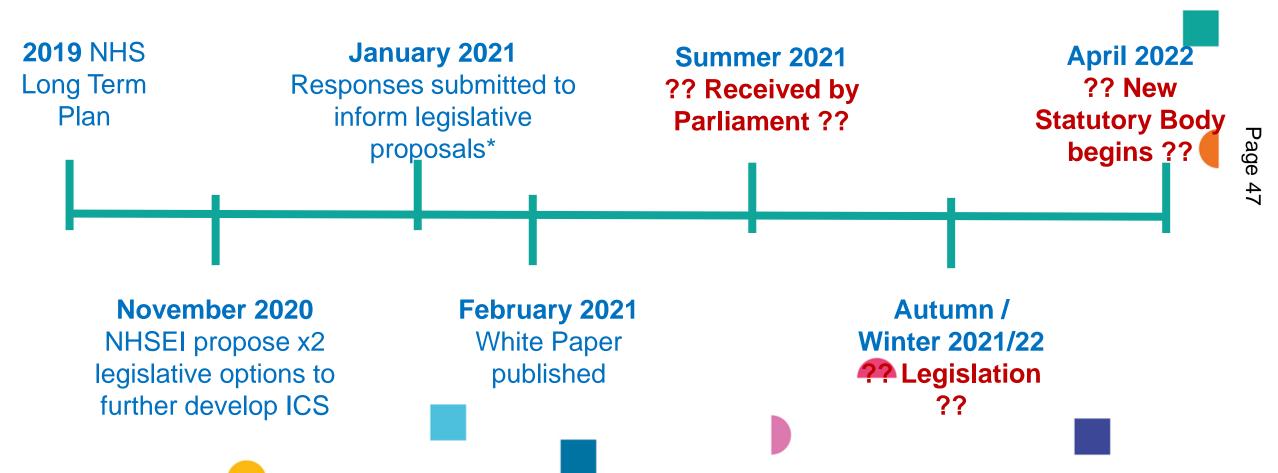


Implications for Lambeth

- The direction of travel remains consistent with the work to establish our integrated working in SE London and in Lambeth based on a 'System of Systems' with borough partnerships, such as Lambeth Together, at place and collaborative working across SE London. We would want to seek continuing flexibility as to how ICS partners arrange themselves in a way that most effectively meets local circumstances
- Welcome the strong emphasis on the importance of Place-based integration, including across the NHS and local authorities. Our Lambeth Together 'Place' arrangement is amongst the most developed: harnessing valued partnerships, planning and delivery and political, managerial and clinical leadership. We want to sustain and widen our Lambeth Together opportunity and drive outcomes and service improvement through our Delivery Alliances (Living Well, Neighbourhood, Children etc).
- We will wish to be fully engaged with areas of proposed focus across SEL; the development of Place, and provider collaboratives, system architecture and ways of working, strategic investment and funding flows
- Social care and public health Further proposals for social care reform and resourcing remain outside of the
 current White Paper and detailed consideration of the enabling changes within scope will be needed.
 Likewise the interface of local public health functions in the light of the Covid-19 response.



Next steps - timeline



Annex A – Lambeth Together response to NHS England Engagement





Dear Andrew

Re: Lambeth Together Response to NHSE/I document 'Integrating Care – Next Steps to building strong and effective integrated care systems across England'

I am writing on behalf of our Lambeth Together partnership following a discussion by Lambeth Together Strategic Board members at our seminar session on 16 December concerning the proposals currently subject to NHSE/I engagement concerning the future of Integrated Care Systems. As you know Lambeth partners include our three local Foundation Trusts, primary care providers, the Council and the CCG, third sector providers, Healthwatch Lambeth and local citizen representatives.

Your earlier email sought comments on a proposed SE London-wide system response and the feedback below summarises the highlighted points from our discussion and is intended to inform that system-wide response. I hope that this is helpful in that regard.

There was a high degree of uniformity of view from the Lambeth partners and in particular a desire to ensure that we are able to sustain into the future the developments in shared leadership within the borough and the integrated collaborative working that we have established over recent years. We recognised the opportunity the proposals may give us to progress further on that development path.

As a Strategic Board we were overwhelmingly supportive of the general direction of travel contained within the document which, to a large degree, reflects the integration journey we have been on to date in Lambeth (and indeed across South East London) and looks to support our ambition locally to go still further to address improved health outcomes. To that end, we are supportive of the specific proposals that:

- 1. Giving ICS's a statutory footing from 2022, which alongside other legislative proposals, provides the right foundation for the NHS over the next decade,
- 2. Option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to parliament and, most importantly, to patients
- 3. Other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs.
- 4. Subject to appropriate safeguards and where appropriate, that services commissioned by NHSE should either be transferred or delegated to ICS bodies.



During our discussion, a number of issues were emphasised which we felt would be fundamental in enabling an effective ICS as follows:

- The central role of Place in the proposals. The continued emphasis and importance relating to Place and the need to support and develop place-based partnerships to enable integrated working at Borough and Neighbourhood level is fundamental to the effectiveness of this model. Within this, and building on point two above, the need to ensure that Systems are permitted to develop their own governance and arrangements that best reflect the different population needs and priorities, configuration, pace and aspirations of individual Place-based partnerships
- <u>Further integration of the NHS with Local Government</u> We welcome the recent developments in the current South East E London ICS and would emphasise the criticality of Local Government and the NHS working ever more closely together to address improving population health and wellbeing. Our experience in Lambeth is that shared teams and leadership across the NHS and Council is effective in securing more responsive and patient/citizen centred care and support, as well as opening up wider opportunities to address together the wider determinants of health inequality and population health and wellbeing.
- The need for a clear and meaningful voice and representation for patients and carers, citizens
 and community representatives in particular from our often under represented Black, Asian
 and Minority Ethnic Groups. Future ICS arrangements need to embed best practice in public
 accountability and importantly in involving local people in the design and oversight of care
 services that are valued and responsive to the needs of the diverse communities that we serve.
- We should ensure that we focus on developing integrated services that are designed around people's needs, in the context of their families and as part of their local communities. We need to ensure local services are delivered in a way that allows people's needs to be met as locally as possible and that are responsive to our communities. We have made good steps in this regard in recent years through our model of Delivery Alliances but we also recognise we have a great deal more to do to genuinely integrate. That must include giving equal importance to mental health alongside physical health and adopting an anti-racist approach across all partners given the disproportionately poor health outcomes experienced by our Black, Asian and Minority Ethnic communities.
- Our experience is that ever closer working across multi-agency and multi-disciplinary teams is
 effective in delivering improvement and integrating care. The ICS should enable
 formalised joint leadership roles and integrated team working across organisational boundaries



to be both maintained and, where beneficial to partners, expanded. For Lambeth Together this would include those arrangements already in place between the Council and the CCG and also within our individual Delivery Alliances if we are to continue to break down boundaries and reduce duplication between the partners at all levels, and both in the local commissioning and planning of services and in their delivery. The development of integrated and collaborative working will need to be supported by the promotion of effective system leadership, at all geographies across the ICS, that can support and enable teams across multiple organisations and programmes.

- We also acknowledge the need to effectively and economically deliver high quality services at scale that meet peoples more specialist needs at the right scale across the wider ICS footprint or beyond. <u>As such we welcome the proposals for further collaboration models across more</u> specialist acute care.
- The importance of transparency and full partner involvement in decision making, particularly in terms of funding allocations and other resourcing decisions, both across and within ICS partners, to address the clear ambitions we share to improve health and wellbeing outcomes where the greatest inequalities exist; rather than driven by the needs of single organisations. Equally we recognise the role of all partners to secure system-wide resilience in the financial standing of our ICS partnership.
- Ensuring the ICS and Place partnerships adopts a local social- economic model as an important contribution to addressing the wider determinants of ill health and inequalities; We recognise the opportunities that exist investing in local economies with partners acting as 'anchor institutions' to the benefit of local people in terms of jobs, training and local economic development opportunities etc. Examples would include; local social value procurement and London Living Wage commitments across partners; making the best use of community assets as a means of supporting the life chances and health status of individuals in our population.
- We should ensure the opportunities offered by developing technologies are resourced and supported across all levels within the ICS - and enabled by the development of standards and programmes that support the development of population-wide intelligence and measurement.
- We should ensure we are taking a structured and intelligence lead approach
 <u>to population health management</u>, with public health at the centre looking at needs at local,
 neighbourhood and borough levels and ensuring that we are able to demonstrate impact and be
 accountable for the steps we take in response to our ambition to improve health and reduce
 inequalities across all our communities.



- We must ensure that all partners, in particular third sector partners, have a clear and valued voice and a proper place within the structures, governance and supporting arrangements of the ICS, including within Place-based partnerships if we are to secure the confidence of all our stakeholders and benefit from the full value of our partnerships.
- We would wish to build on the effective developments to date in the development of our <u>Lambeth Primary Care Networks</u> – empowering local clinical professional leadership and securing change management and transformation both from within primary care and also together with other community-based care professionals and with local people.
- We should seek to ensure that the ICS board and its supporting governance reflects the makeup of the populations we serve, to enable visible accountability and transparent equity in terms of decision making and service delivery.

I hope this provides a clear and succinct summary of the key factors we believe are important in considering our response to the national proposals. We would wish to ensure that local flexibility was maximised to ensure genuine ownership and widespread embedding of integrated working in health and care across our Borough and that we could progress at the pace that was most appropriate to local need and opportunities. In this, Lambeth Together Partners would want to emphasise that we would wish Lambeth to remain at the forefront of the development of this model and integral to the design of the South East London ICS System (of Systems), working together with our neighbouring boroughs and SEL system- wide partners

I hope this is helpful in shaping a South East London-wide ICS response and do let me know if you have any queries.

Many thanks

Andrew Eyres

Strategic Director, Integrated Health & Care Lambeth Council NHS South East London CCG (Lambeth)

On behalf of Lambeth Together Strategic Board



Report to: Lambeth Together Strategic Board

24 March 2021

Report Title	Lambeth Together Programme Highlight 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.				
	The report sets out status within each of the priority areas of work within Lambeth Together, an update on recent and forthcoming activity, an overview of risks and issues and a 'work-in-progress' summary of strategic risk across Lambeth Together.				
	Progress continues to be made across the alliances and recovery plan priority areas despite continuing delivery and resourcing pressures arising from Covid-19 response. Focus specifically on progress in the Neighbourhood and Wellbeing Delivery Alliance (adults) is provided elsewhere on this agenda and was provided at the last meeting on the Living Well Network Alliance (mental health).				
	The Lambeth Together Executive Group continues to meet weekly with alternate weeks focussing on 'system' matters alongside operational Covid-19 response. This has provided oversight of the alliances and opportunities to support the alliances/recovery plan priorities and develop a better understanding of the enabling factors and priority areas of work that sit across the alliance/recovery plan areas (e.g. equalities, diversity and inclusion, communications and engagement and population health). A governance review is underway and will report to the next public meeting of the Board.				
	The Equalities, Diversity and Inclusion working				



group has met on a number of occasions in the last period and is in the process of agreeing a provider to deliver a Board-level development programme. Alongside this the group has agreed to focus its efforts in the first period of 2021/22 on developing shared approaches to recruitment and data management across the system, including how the work undertaken on Black Thrive's shared measurement system can be utilised and built upon.

The Communications and engagement group has been focussed on bringing the relevant communications leads together across the health and care system with a particular focus on coordinating activity and messaging on the vaccination programme.

Activity is also underway to develop the enabling factors that support more integrated ways of working (see slide 5 of accompanying pack). Work has been instigated to develop the *population health management approach* enabler with a group scheduled to meet to plan the scope of the work in April. It is the intention that this group, along with the EDI group, will prototype an approach to system-wide delivery that enables clearer focus of activity on the issues and opportunities to improve the health and wellbeing of Lambeth residents as well as clarity on the resourcing required and relevant timelines.

From May 2021 it is proposed that this report will be integrated within an overarching Lambeth Together approach to assurance and assurance reporting.

Recommendation(s)

The Strategic Board is asked to:

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

Lambeth Together programme and borough recovery plan highlight report

This report represents the continued evolution and development of a structured approach to providing oversight, assurance and awareness of the range of transformation and delivery activity being undertaken in the integrated (i.e. delivered by multiple rather than single players) health and care system in Lambeth.

SRO	Andrew Eyres	Programme Lead	Tom Barrett	Period	January – February 2021	Overall status
Vision	To improve healt	Progress continues to be				
Programme Description	stakeholders to he This is a program	elp our residents m me for the delivery nd Wellbeing Deliv	naintain their health and we of the covid-19 borough re ery Alliance, Children and	ellbeing and pre- ecovery plan, a	anisations working together with local people and ovide more joined up local health and care. I range of delivery alliances (Living Well Network Alliance,) and putting in place the enabling factors for an integrated	made across the alliances/ recovery plan priority areas despite resourcing pressures arising from Covid-19 response

Programme/recovery plan status 1/2

Programme/	Overall RAG Do		DoT		gg
Alliance	Last Period	This Period	$\uparrow \!\! \to \downarrow$	Commentary	355
Programme management	Α	Α	\rightarrow	Work is continuing to bring together the previous Lambeth Together Alliance-focussed programme management and the delivery of the borough recovery with implications for the reporting and assurance framework. Additional resource has been secured from the council's PMO and CCG funded programme officer post has commenced. Focus on completing and implementing the governance review, establishing programme scaffolding (e.g. approach to risk and reporting) and providing support to the development and delivery of the factors that enable the alliance and priority areas' work.	Agenc
Living Well Network Alliance	A	А	\rightarrow	Alliance Workforce Development Programme continued – all of the six System Leadership sessions having been delivered by the Leadership Academy, along with the Mentoring Programme. One Compassionate Leadership training session held in February with further session planned in March. The Alliance Director, Deputy Director and partners presented at the Lambeth Together Strategic Board in Public on 20 th January, which was well received.	tem_
Children and Young People	G	G	\rightarrow	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.	

	↑	Better RAG than previous period	G	No deviation, plan is on track
	\	Same RAG as previous period	Α	Deviation is likely. Mitigation is being planned to remain on track
Ī	+	Worse RAG than previous period	R	Deviation has occurred. Mitigation not planned or insufficient.

Programme/recovery plan status 2/2



Programme/	Overal	IRAG	DoT	
Alliance	Last This Period Period		$\uparrow \rightarrow \downarrow$	Commentary
Neighbourhood and Wellbeing Delivery Alliance	A	A	\rightarrow	The response to Covid-19 and vaccination roll out has impacted the progress of NWDA's workstreams during Q3 & Q4 due to stretched capacity, reduced resource and workforce redeployment. However, this has allowed the project team to progress aspects of project development across workstreams including involvement in HBD PCN's Population Data Development Programme, development of the NWDA Comms & Engagement actions and the Test and Learn.
Learning disabilities and autism and people with continuing complex needs	-	-		Learning Disability and Autism related complex need: programme is working with individuals, families and system partners to keep people safe through the current second and any future wave off Covid transmission: minimise any disproportionate impact of Covid on people on this population cohort; maximise as far as possible opportunities to realise their potential by promoting independence, participation and engagement with supportive services and the wider community.
Staying Healthy	Α	Α	\rightarrow	The Staying Healthy commissioned services include weight management, stop smoking, and NHS Health Checks programmes. These services were paused during the first wave of Covid-19 but are now remobilised with a remote or digital offer.
Sexual Health	R	Α	\rightarrow	Due to the impact of Covid, any service improvement plans in Q4 will have to be temporarily suspended. Sexual health services will focus on seeing extremely vulnerable patients and those with emergency needs.
Homelessness	-	-		Progress in this area has been good with four separate funding stream secured. 1. Next Steps Accommodation Programme 2. Cold Weather Fund 3. Protect Programme 4. Rough Sleeping Accommodation Programme. Vaccination programme for all hostel residents and rough sleepers has commenced w/b 15/02/21. All hostel staff have been offered vaccinations.
Assurance				'Assurance' is an integral part of Lambeth Together. To develop, and have in place integrated health and care assurance arrangements that provides insight and oversight of the Lambeth health and care agenda, including performance, finance, risk and quality.
Equalities, diversity and inclusion				Lambeth Together Equalities Group was formed to check and critique the health system in Lambeth. The group meets monthly and has determined a work plan focussed on developing a Board-level EDI development programme and targeted focus on recruitment and data
Communication and engagement	A	A	\rightarrow	Communications and engagement as and when required with Lambeth Together, both within key stakeholders and the wider public

Activity, milestones and deliverables 1/2



Programme	Activities, milestones and deliverables achieved this period	Activities, milestones and deliverables not completed	Activities, milestones and deliverables for next period
Programme management	 LTSB and LTEG supported Governance review commenced Highlight reports collated Priority areas (EDI/Comms/Assurance) incorporated into highlight reporting approach PMO resource secured 	Develop approach to risk (c/f assurance)	 Continuation of governance review Develop approach to risk (c/f assurance) Determine approach to delivery on enabling opportunities
Living Well Network Alliance	 Alliance Workforce Development Programme continued - three of the six System Leadership sessions having been delivered by the Leadership Academy, along with the Mentoring Programme. Compassionate Leadership and Care programme dates have been agreed. The SPA held its first bimonthly listening event for service users and carers on 22nd January 2021 		Pa
Children and Young People	 TORs are finalised for board and 3x workstream Community Health Chairs agreed – representatives from Evelina and Primary Care will lead this Emotional health and wellbeing needs assessment work, which will inform the delivery, has commenced. 		 Establish emotional health and wellbeing and Community Health workstream meetings – on aim by April 2021. Meet with community health chairs to scope out logistics, meeting rhythm. Programme work to get the Early years group on track.
Neighbourhood and Wellbeing Delivery Alliance	 Prevention Part of local authority H&WB hub board to establish a thriving community model across ward areas in Lambeth. End Of Life Care Outcomes measures currently adapted from London EOLC Network to ensure objectives are parallel to national directive Loneliness Test & Learn project initiated. User Needs Analysis currently underway with cohort of residents. Collation of learnings & associated methodology for Test & Learn projects 	 Quality of Care Homes Workstream meetings to take place – postponed during Jan and Feb due to second wave of Covid-19. Outcome measures to be established. Outpatient / Chronic pain. SRO to be agreed. Kick off meeting to be held – delayed in Jan & Feb due to Covid-19 second wave. 	 Prevention Thriving Stockwell report. Health & Wellbeing model in draft. Loneliness Test & Learn. Two community events (one public; one stakeholder) to be held to discuss and produce project plan for roll out of certain initiatives based on findings from the user research

Activity, milestones and deliverables 2/2



Programme	Activities, milestones and deliverables achieved this period	Activities, milestones and deliverables not completed	Activities, milestones and deliverables for next period
Learning disabilities and autism and people with continuing complex needs	 Worked with partners and providers to adapt our community service provision to ensure it is Covid-secure to maintain access for users and carers as far as possible guidance Over 80% of people with LD living in residential care received first vaccination dose 	 Ongoing work with SEL CCG to deliver Transforming Care Programme to ensure continued transfer of patients from long stay institutional to community settings Implementation of local action plan to improve performance re LD Healthchecks including better use if digital systems and information sharing across health and care 	 Ongoing - Intensive MDT approach to facilitating those who are due for discharge by 31/03/2021 Ongoing - Work with two key providers that are creating new opportunities in care market for those transitioning from hospital setting Webinar for GP practice staff on encouraging attendance at annual health checks – led by LD Nurse
Staying healthy			 Plan for recommendations from PHE report on inequalities Review of health improvement programmes and Covid impact Understand how best to deliver services to those not able, not comfortable to access online platforms
Sexual health	 Online STI testing extended to symptomatic residents who are low risk, therefore not seen in clinic. E-service now includes hormonal contraception LSL Covid Impact Analysis for Sexual Health services, focusing on vulnerable groups and access points 	London-wide audit of sexual health clinic access during lockdown	 LSL Syphilis and Gonorrhoea Needs Assessment NHS trust contract extensions Citizen and patient engagement
Homelessness and rough sleepers	Vaccination programme for all hostel residents and rough sleepers has commenced w/b 15/02/21. All hostel staff have been offered vaccinations but difficult to ascertain how many have been administered.		 Rough Sleeping Initiative funding to be secured for a further year in March.but guaranteed by MHCLG to be at least the same as previous year Moving forward with recommissioning of Young Persons Supported Housing Pathway following Needs Assessment and Options Appraisal
Communication and engagement	 Vaccine Survey to inform further communications - Interim Findings received Weekly vaccine hesitancy case study shared Local media briefing re vaccine hesitancy 	 Preparing Lambeth Talk main edition for March 22 to carry covid/Vaccine safety message Governance review of whole LT programme, MS form shared with key stakeholders to gather insight 	Preparing Lambeth Talk main edition for March 22 to carry Covid/Vaccine safety message
Equality, Diversity and Inclusion	 Had first meeting, developed TOR, shared equalities plans and proposed training Agreed focus on delivery of Board development programme, recruitment and data 	Development of response to BAME Covid impact report (Fenton Recommendations)	 Collate evaluation of EDI training providers from equalities group using survey response data Develop a shared measurement tool Establish recruitment and data working groups
Assurance	 Workshop held regarding finding a single framework Further development of integrated assurance report 	Development of a sub committee or similar	Completion of governance for assurance agenda

Enabling factors



Enabling Factor (see <u>here</u> for more detail)	What are the implications for programme activity across the range of enabling factors?
System leadership Driving improvement, innovation and transformation of services	 LT Executive group provides good opportunity for regular discussion and progression of the programme, As a result of Covid LT Exec meetings are focussed on addressing operational demands. Demand for system leadership development has been identified (CYP) or addressed (LWNA). The EDI working group is developing an EDI development/training plan utilising the alternate bi-monthly non-public Lambeth Together Strategic Board meetings. SEL CCG have made funding available for the development of local care partnerships, the ongoing governance review of Lambeth Together will contribute to determining how that funding is allocated
Asset-based places Engaging communities to support integrated health and social care	 Engaging with communities is a priority across Lambeth Together alliances (all), working groups (particularly equalities and communications and engagement) and within existing services/VCS (e.g. link workers/social prescribing) which brings with it risks of duplication and demand for rationalisation/understanding of activity across the system. A fund is available for aliiances/priority areas engagement activity – applications by end of March. Understanding of the wider (system-wide) map of physical assets/estate is a demand arising at both borough-wide and ward-levels. As part of the Health and Wellbeing Hubs project work is underway alongside Thriving Stockwell to develop a local health and wellbeing asset and opportunity map.
Population approach incl. data and information sharing Identifying and managing the health and care risks of the local population	 There is a range of activity and/or interest relating to population health management across the alliances, EDI group and wider system in Lambeth, as well as at SEL and national levels. However this work is not joined up at a borough level. Lead/Facilitator for this enabler has been identified and work is underway to bring together the right people to develop a programme of work Challenges remain in relation to data-sharing governance (between statutory organisations and with VCS) and the lack of inter-operability between systems
Integrated workforce Health and social care professionals collaborating to provide care and support to individuals	 Integrated workforces are in place across alliance areas (e.g. CYPHP, Living Well Centres) and improving understanding and links across frontline workers is key priority within the council's emerging neighbourhood working programme. Workforce development has been identified as potential area of collaboration with local academic institutions.
Innovation, technology and digital Developing new ways of doing things and addressing digital exclusion	Challenges also in relation to digital inclusion [opportunities to work more closely with the council on digital inclusion project?]
Joint commissioning Health and social care organisations collaborating and sharing responsibility for integrated care services	 Joint commissioning is core business of the Lambeth health and care system already albeit with different levels of maturity in different areas. There is strong engagement in Lambeth Together across the system. While joint commissioning is strong there remain opportunities to develop more mature joint corporate/enabling functions and better working across non-core health and care parts of the system (e.g. children's social care, education, housing).

Alliance/recovery plan priority risks 1/2

	RISKS		Imp	act	
ikelihood		Minor (1)	Significant (2)	Serious (4)	Major (8)
ii i	Very Likely (4)	4	8	16	32
ik K	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	Prog.	Area	Risk Description	Risk Score	Actions / Assurance				
DO	LDA & PCCN	Digital	Digital Exclusion: some people with LDA related complex needs do not have good quality access to ICT meaning they may struggle to access information and services.	12	People with needs should be given support to access ICT safely and to avoid any potential route for exploitation.				
DO	LDA & PCCN	Demand	People with challenging behaviour who are due for discharge in 2020/21 after being sectioned experience delays to discharge – main risk is provider market unable to accommodate their support	16	Work closely with key providers that will be providing support to a number of people due to be discharged to ensure they are safe and well resourced. Consider use of Community Discharge Grant for individuals that will benefit				
AC/ DS/ SP	NWDA/ CYP/ LWNA	Workforce	Covid & continuing competing pressures for partners and stakeholders	12					
AC	NWDA	Workforce	Gap in diversity on Leadership Group board – no representation from disability groups	12	Chair of Leadership Group and Programme Director have produced a shortlist for the Leadership group to approve				
JA	EDI	Operational	Kevin Fenton recommendation report not completed	12	Need to enable all members of the group to access the report.				
BR	Assuran ce	Workforce	Impact of COVID and the de-scaling of governance arrangements reduces availability of representation to discuss and establish sub-committee, or equivalent assurance arrangement	6	Delivery alliance boards and other associated groups continue to meet to review issues such as performance, finance, and quality.				

Alliance/recovery plan priority risks 2/2

	RISKS		Imp	act	
ikelihood		Minor (1)	Significant (2)	Serious (4)	Major (8)
ie l	Very Likely (4)	4	8	16	32
i.	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	Prog.	Area	Risk Description	Risk Score	Actions / Assurance		
SP	LWNA	Finance	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. £482k net placement savings in 2020/21 (equivalent to c.£750k in a full year).		
SP	LWNA	Finance	Budget pressures lead to service closures and/or possible risk to the Alliance	12	Delivering savings in placements, identifying new savings and exploring what a break even budget would look like. All to be monitored by AMT, F&P and ALT on a monthly basis.		
SP	LWNA	Finance	Failure to agree new risk share	12	Ongoing work in AMT, F&P and ALT to identify cohorts to track to represent a contained risk share.		
SP	LWNA	Finance	We fail to find savings to meet the estimated Lambeth revenue pressure from Douglas Bennett House.	12	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.		

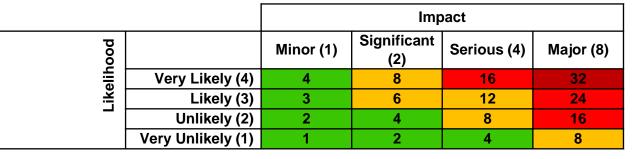
Alliance/recovery plan priority issues

Issue	Description	Issue	Description
severity		Severity	
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,	Low	Issue is low impact and/or low effort to resolve.
	schedule or scope.		



	Summary of Top Issues						
Ref	Prog.	Area	Issue Description	Impact	Actions		
1	LDA & PCCN	Demand	Potential to exacerbate health inequalities - re prevalence of key long term physical and mental health conditions due to 'missed' opportunities to prevention, identification and early intervention through uptake of LD health screens.	Med.	Action plan currently being developed for full roll out during Q4 2020-21 to include communication and engagement with population cohort; quality improvement programme and support with General Practice and health partners; action to improve data capture including interface between primary and secondary care.		
2	LDA & PCCN	Demand	JCVI advice now recommends covid vaccination for all people aged 16+ on the LD GP register	Med.	GP led roll out of vaccinations to those on the LD register has begun. Community and family engagement will be ramped up		
3	Staying Healthy	Operational	Reduced activity and capacity at pharmacy stop smoking service	Med.	Specialist service engaging additional clients		
	Staying Healthy	Operational	Reduced number of NHS Health Checks	High	Alternative methods of service provision (e.g. telephone consultation) and targeted services for most vulnerable population.		
7	Staying Healthy	Operational	CQC and HMIP thematic inspection of community-based drug treatment and recovery work with probation service users	High	Public Health working closely with commissioned substance misuse services and other stakeholders to prepare, including briefing packs, review of needs date, etc.		
8	Sexual Health	Demand	Increased rate of syphilis and gonorrhoea diagnoses locally, with increased gap between Lambeth and London averages	High	LSL Syphilis and Gonorrhea Needs Assessment to understand population groups most affected and identify best practice interventions.		
9	Sexual Health	Operational	HIV Prevention and Sexual Health promotion outreach work to MSM paused during Covid restrictions	Medium	Online targeted work and provision of condoms through home delivery		

Strategic/system risks and issues (work in progress)





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]
	Covid-19 results in the redirection of resource away from Lambeth Together activity		[needs completing]

Issue severity	Description	Issue	Description
		Severity	
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	
	Coved-19 results in inadequate resource to	Lliab	Alignment of borough recovery and delivery alliance plans	
	deliver recovery/transformation plans	High		

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