



## **LAMBETH TOGETHER STRATEGIC BOARD**

Date and Time: **Wednesday 21 July 2021 1.00 pm**

Venue: **Microsoft Teams - hosted by SEL CCG**

### Membership

Natalie Creary, Programme Director, Black Thrive

Sarah Austin, Director Integrated Care, GSTT

Kate Gregory, King's College Hospital Foundation Trust

James Lowell, Chief Operating Officer, South London and the Maudsley NHS Foundation Trust

Sandra Jones, Lambeth Patient Participation Group Network

Sadru Kheraj, GP & Primary Care Network Clinical Director

Therese Fletcher, Managing Director, GP Federations

Graham Gardiner, Age UK; Lambeth

Amanda Coyle, Programme Director - Lambeth Together (Neighbourhood & Wellbeing Delivery Alliance)

Sabrina Philips, Alliance Director, Lambeth Living Well Network Alliance

Andrew Eyres, Strategic Director, Integrated Health & Care NHS SE London CCG (Lambeth) and Lambeth Council

Di Aitken, GP and Assistant Chair NHS SEL CCG, clinical lead for Lambeth Neighbourhood & Wellbeing Delivery Alliance

Adrian McLachlan, 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

Sue Gallagher, Lay Member

Cllr Edward Davie, Cabinet Member for Children and Young People

Cllr Jim Dickson, Cabinet Member for Health and Social Care (job-share)

Cllr Lucy Caldicott, Cabinet Member for Health and Social Care (job-share)

Andrew Eyres, Strategic Director, Integrated Health & Care NHS SE London CCG (Lambeth) and Lambeth Council

Merlin Joseph, Strategic Director of Children's Services

Fiona Connolly, Executive Director of Adult Social Care

Penelope Jarrett, GP & Chair, Lambeth LMC

Ruth Hutt, Director of Public Health

Catherine Pearson, Healthwatch Lambeth Chief Executive

Jane Bowie, Director of Integrated Commissioning (Adults), NHS SE London CCG (Lambeth) and Lambeth Council

Andrew Parker, Director of Primary Care & Transformation, NHS SE London CCG (Lambeth)

Peter Hesketh, Assistant Director of Finance, ACS

Abi Onaboye, Director of Children's Commissioning and Community Safety, NHS SE London CCG (Lambeth) and Lambeth Council

Edward Odoi, Associate director. Finance NHS SE London CCG (Lambeth)

**If you require any further information or have any queries please contact:  
Cheryl Smith, [lamccg.lbsat@nhs.net](mailto:lamccg.lbsat@nhs.net)**

## **AGENDA**

- 1. Agenda - Lambeth Together Strategic Board**
  - a) Introductions**
- 2. Declarations of Interest**
- 3. Minutes**
- 4. Patient/System Stories**
- 5. Deep Dive - Sexual Health Change Programme**
- 6. Lambeth Together - Developing Our Partnership**
  - a) Lambeth Together Assurance Sub-Group Report**
  - b) Lambeth Together Equality, Diversity and Inclusion (EDI) Group Report**
- 7. SEL Integrated Care System (ICS) - Update and Next Steps**
- 8. Date of Next Meeting**

This page is intentionally left blank

## Lambeth Together Strategic Board

Wednesday, 21 July 2021 1.00 – 4.30

Microsoft Teams meeting

### AGENDA

Agenda Item No. and Time	Agenda Item Reference and Title	Attachment / Supporting Information	Agenda Item Lead
1:00pm	<b><u>Public Forum</u></b>		
60 mins	<p>Introductions</p> <p><b><u>Brief notices – Covid -19 response</u></b></p> <p>Questions from the public</p> <p>Please click below to join the Public Forum</p> <p><a href="#">Click here to join the meeting</a></p>		<p>Cllr Jim Dickson</p> <p>Ruth Hutt/ Andrew Eyres</p> <p>Cllr Jim Dickson</p>
	<b><u>Meeting in Public</u></b>		
2:00	<b><u>Part A</u></b>		
1.	<b><u>Introductions</u></b> Welcome, Introductions and apologies		
2.	<b><u>Declarations of Interest</u></b> Members are asked to declare any interests on items included in this agenda		Andrew Eyres
3.	<b><u>Minutes of the Meetings 26 May 2021</u></b>	Enc	
4. 2:10	<b><u>Patient/System stories</u></b> <b><u>Primary Care Access</u></b> <ul style="list-style-type: none"> <li>Waterloo Health Centre – GP Experience</li> <li>Covid Management Services – Lambeth GP Federation</li> <li>Patient Experience - Healthwatch</li> </ul>	<p>Verbal</p> <p>Verbal</p> <p>Verbal</p>	<p>Dr George Verghese</p> <p>Dr Justin Hayes</p> <p>Catherine Pearson</p>

Agenda Item No. and Time	Agenda Item Reference and Title	Attachment / Supporting Information	Agenda Item Lead
5. 2:40	<b><u>Deep Dive - Sexual Health Change Programme</u></b>	Presentation	Jennifer Reiter
6. 3:20  6a.  6b.	<b><u>Lambeth Together – Developing our partnership</u></b>  <ul style="list-style-type: none"> <li>• <b><u>Lambeth Together Assurance Sub-Group Report</u></b></li> <li>• <b><u>Lambeth Together Equality, Diversity and Inclusion (EDI) Group Report</u></b></li> </ul>	Enc	Cllr Jim Dickson/ Brian Reynolds  Dr Di Aitken/ Juliet Amoa
7. 4:10	<b><u>SEL Integrated care System (ICS) – Update and next steps</u></b>	Enc	Andrew Eyres
8. 4.25	<b><u>AOB/Date of Next Meeting/Close</u></b>  Date of next meeting - 29 September 2021 1.00 – 5.00		Andrew Eyres

**Lambeth Together Strategic Board**
**Wednesday 26 May 2021 2:00 – 5:00pm**
**Microsoft Teams Meeting**
**Members**

Cabinet Member for Health and Social Care (job-share)	Cllr Jim Dickson
GP Assistant Chair NHS SEL CCG, (clinical lead Neighbourhood & Wellbeing Delivery Alliance)	Dr Di Aitken
Executive Director of Adult Social Care	Fiona Connolly
Cabinet Member for Children and Young People	Cllr Ed Davie
Strategic Director, Integrated Health & Care NHS SE London CCG (Lambeth) and Lambeth Council	Andrew Eyres
Managing Director, GP Federation	Therese Fletcher
Strategic Director Children's Services, Lambeth Council	Merlin Joseph
CEO Age, UK Lambeth	Graham Gardiner
Director of Public Health	Ruth Hutt
GP & Chair, Lambeth Local Medical Committee	Dr Penelope Jarrett
Director Integrated Care, GSTT	Sarah Austin
PCN Clinical Director and GP Clinical Cabinet representative	Dr Sadru Kheraj
GP Governing Body Member NHS SEL CCG (clinical lead Lambeth Living Well Network Alliance)	Dr Adrian McLachlan
GP Borough Clinical lead, clinical lead Children and Young People Alliance)	Dr Raj Mitra
Chief Operating Officer, South London and Maudsley NHS Trust	James Lowell

**In attendance**

Programme Lead, Lambeth Together	Tom Barrett
----------------------------------	-------------

SEL CCG Corporate Governance Lead – Lambeth	Cheryl Smith
Programme Director, Lambeth Together (Neighbourhood and Delivery Alliance)	Amanda Coyle
Lambeth Together Communications Lead	Samantha Lasbury
AD Finance, NHS SEL CCG (Lambeth)	Edward Odoi
Assistant Director of Finance, ACS	Pete Hesketh
Director of Primary Care & Transformation, NHS SEL CCG (Lambeth)	Andrew Parker
AD Health and Care Planning and Intelligence, NHS SEL CCG (Lambeth)	Brian Reynolds
Assistant Director Children, Young People, Maternity and CAMHs Commissioning	Dan Stoten
Deputy Director, Lambeth Living Well Network Alliance	Guy Swindle
Alliance Director, Lambeth Living Well Network Alliance	Sabrina Phillips

### **Apologies**

Lambeth Patient Participation Group Network	Sandra Jones
Borough Lay Member	Sue Gallagher
Director of Integrated Commissioning (Adults), Lambeth CCG and Lambeth Council	Jane Bowie
Kings College Hospital Foundation Trust	Kate Gregory

### **1. Welcome, introductions, and apologies**

Andrew Eyres, Strategic Director, Integrated Health & Care welcomed attendees to the meeting.

Apologies were received from Sandra Jones, Sue Gallagher, Kate Gregory and Jane Bowie

Dr Adrian McLachlan noted the sad passing of Dr Ray Walsh a Lambeth GP for many years. Adrian spoke to members of Dr Walsh's dedication to the NHS and for

the health of Lambeth residents. Based at the Clapham Family Practice, Dr Walsh was a passionate GP specialising in mental health and sexual health services and served as a member Lambeth CCG's Governing Body for many years. His legacy will live on in the many improvements in health care services he was involved in.

## **2. Declarations of Interest**

There were none not already listed on the Register of Interests

### **NOTED**

## **3. Minutes of the meeting of 20 January 2021**

The minutes of 26 May 2021 were agreed as an accurate record.

### **AGREED**

## **4. South London and Maudsley (SLaM) NHS Trust – Developing our Strategy**

James Lowell, Chief Operating Officer and Lucy Canning, Associate Director of Strategy SLaM NHS Foundation Trust presented to members.

The Trust has been running the changing lives strategy and are now moving onto the next phase and are running a 12-week staff engagement programme 'be the change beyond changing live' between April and June with the ambition to be the best mental health trust in the country by 2026. The formal launch of the Strategy is planned for the week commencing 27 September 2021.

It was noted that the change required is as much about how this are done as what is done. The five emerging strategic ambitions at this point are:

- Best place for outstanding mental health care
- Partner in Prevention
- Catalyst for change
- Building a Culture of Trust
- An Effective and Sustainable Organisation

The chair thanked JL for the presentation and asked for questions and comments from Board Members. The following was noted:

- Members welcomed the commitment to valuing staff and being a good system partner.
- It has been noticed that there is improved communication between talking therapies
- Cross borough working is still an issue with people within the four boroughs being given incorrect information on how to gain access to mental health services. Pathway does not seem to be clear.

- Mental health can be a confusing landscape and does not allow us to pick up and help service users quickly. Work is ongoing in London with the compact, which means that they can access services in their borough and will not need to change GP's. This has been agreed between all trusts and an impact assessment is being completed at the moment. Will publish guidance as this comes out.
- Currently measures of success include inpatient admissions, use of mental health act, patient recovery, recycling through crisis support, patient transferred to GP for care and then re referred. SLAM want to know if these measures are the correct ones. We are having talks with CAMHS to look at what success look like. JL acknowledged that there is a disparity between world leading research and a two-year waiting list for patients to access services and this has been recognised as a board. It was noted The Well Centre works with young people between the ages of 13 and 22.
- It was asked what the Trust could do to help our communities better understand and deal with the difficulties of life without the need to access formal services. JL noted that we are looking at international best services to see what we can implement to improve the services on offer so that people get the best quality of care when and where needed.
- Engagement with the team through the LLWNA has begun and have started to seen changes. JL noted that there are engaging with partners who we have not engaged with previously and are actively engaging with faith groups
- There is a huge disproportionality of our black residents in the trust's acute services, and this still needs to be focussed on.
- The trust is a big institution doing amazing international work but what's truly important is how we serve our local communities that are getting really poor outcomes. The service provided has to be about outstanding care, evidence based, recovery focused, culturally appropriate care for those who need it.
- It was good to hear plans to employ more people locally and training trainees and apprentices which is right, and a plug was made for our care leavers but also those of the other three boroughs who have very disproportionately poor mental health outcomes.
- The board are working very hard to change the culture that has historically not always offered a very welcoming and open environment.
- It was asked if there an opportunity to have a more in-depth conversation about some of our children and young people. Schools are critically important in this space as is early intervention and how we work with our communities to support the wellbeing and help our children and young people.
- It was noted that Lambeth Children's Services were looking at becoming a child friendly borough and it would be good to see how the trust could be involved in that.
- Members commented that Slam is a large institution but through the Lambeth Alliance there is good evidence of how a large institution can be very local and very centred on local populations

The chair gave thanks to James Lowell and Lucy Canning for attending the meeting.

**RESOLVED**

**5. Children and Young People Alliance**

Raj Mitra gave a short introduction to this item and handed over to Dan Stoten, to present the first item.

**Children and Young People's Mental Health and Emotional Wellbeing:  
Programme of Current and Future Delivery**

The programme board are currently carrying out a Mental Health and Emotional Wellbeing Needs Assessment. The aim of which is to understand the current level of mental health and wellbeing need and identify factors that promote resilience in children and young people. It is looking at the following:

- Inequality in condition, outcome, and service access
- Local provision available
- Determinants that affect mental health and wellbeing

A Task and Finish group has been established to advise and guide development and will lead to the development of clear commissioning and transformation priorities and future investment plans. The overarching themes of the need's assessment are:

- Deprivation
- Young population with a high proportion of young people in transition to adulthood
- Wide diversity of ethnic and cultural backgrounds
- Complex interaction of risk factors for poor mental health and wellbeing
- Negative impact of COVID-19
- Engagement with temporary issues and concern about the future

Key findings have included:

- Prevalence of obesity in childhood
- ¼ of secondary school children are chatting online with people they do not know
- Speech, language, and communication needs are much higher in Lambeth and is the most common Special Educational Need
- 49% of CAMHS patients diagnosed with neurodevelopmental conditions; 50% young people attending Well Centre presented with depression
- Kooth reporting increase in young people expressing suicidal thoughts, self-harm, and worries about family relationships
- Among those receiving free school meals, the risks of mental health problems were around 30% higher than in those not receiving free school meals
- Rate of hospital admissions due to mental illness higher than regional and national

Key priorities that have been found include:

- A real need to collect further data on mental health and wellbeing, particularly to understand inequalities
- Increasing support to young carers and looked after children that are placed out of area
- Support and expand mental health capacity and capability in schools
- Looking creatively about how we can use online tools available
- Earlier intervention and prevention to stem the need for high tier support

The chair thanked Dan for his presentation and invited questions from members. The following points were noted:

- A question was asked regarding schools and whether it is more difficult to work with schools now that they are more detached from the local authority. SP stated that we are working very closely with schools, through the Lambeth Schools Partnership. The issue is really about the early interventions and seeing how we can support teachers and schools.
- Are there any specific plans regarding increasing the workforce? HB noted that they are looking at the skill mix in the workforce and not re-advertising the same post over and over. Also looking at working in partnership with primary care, charity and voluntary groups who may be able to take on some of the community work better, which will enable us to focus more on the referred CAMHS services whilst being more open and integrated with our partners
- It was noted that the demand for CAMHS has doubled in the last year and the pressure remains on the system and staff. The longer-term issue is that nearly half of local children are living in poverty and it is important that we do everything we can to address these issues. It was noted that we are not just focussing on a CAMHS services but a whole emotional wellbeing and support service. DS reiterated that the alliance group want to make sure that there are universal services available to all.
- This is not going to be a rapid fix but will be a long-term project
- It was stated that GS would be very happy to provide any support required to help take this forward. ED stated that unless all of the different services within the council and CCG work together on this it will not be able to be taken forward. In the past year there has been some great progress due to collaboration

## **RESOLVED**

### **Maternity programme and priority update and the 5X More Campaign**

Merlin Joseph introduced the next item. Clotilde Abe – Co founder of the Five X More campaign presented the work of Five X More. Five x More is a grass roots campaign committed to highlighting and changing Black women's Maternal

outcomes in the UK. The campaign was founded by Tinuke, Founder of Mums and Tea and Clotilde, founder of Prosperity's.

Currently, black women are 4 x more likely to die during pregnancy, children birth and 6 weeks after, South Asian women are 2 x more likely and mixed-race women are 3 x more likely to suffer poorer outcomes.

The campaign has 5 aims:

- Empower
  - Empower mothers with the 6 recommendations and by offering 100 Black women free access to digital hypnobirthing courses
- Educate
  - Teamed up with the RCOG to give five steps for health professionals. Also give talks to university students
- Amplify
  - Amplify the voices of Black women and allow them to speak out about their experiences, good or bad, so others can learn from it
- Raise Awareness
  - The #fivexmore selfie on social media to keep the conversations going and continue to raise awareness of this issue sharing positive and negative stories
  - Also created the UK's first Black maternal health awareness week in September
- Lobby
  - The petition gained over 187,000 signatures in June 2020. Debated on Monday 19<sup>th</sup> April.
  - An MP letter writing campaign and have submitted written evidence to the Maternity Safety Enquiry
  - In December 2020 gave evidence in parliament

The 'I am here to Listen' badge has been launched with Guys and St Thomas's NHS Trust. Staff wearing the badge show that they are taking active steps to ensure the safety of black women and they are adhering to the principles of Five X More. It also acts as a reminder to black women that staff who are wearing the badge have been trained by Five x More.

Feedback from Black mothers has been overwhelmingly positive. Feedback shows that Black and Ethnic Minority women grow in confidence after learning from the Five X More Campaign.

Working with the Royal College of Obstetrician and Gynaecologists, the campaign have identified 5 steps for health professionals to improve the outcomes for Black women:

- Listen
- Remove any barriers to communication
- Check you are providing clear information

- Provide access to detailed documentation
- Be a champion

Other initiatives launched during the April Advocacy month were colourful maternity wallets and the Black Maternity Experience Survey after it was reported that not enough women had come forward to provide data on the disparity in outcomes for Black women. In the first 24 hours of the survey being live 500 Black women completed the survey.

The Chair thanked Clotilde Abe for her presentation and invited questions and comments from the board. The following comments and questions were noted:

- A fantastic and impressive presentation focussed on practical advice and interventions for health professionals and families.
- Happy to provide contact details within the Royal College of Midwives if not already involved.
- An area that has been talked about before with this group and it was noted that these experiences are experienced across all specialities and all classes.
- Great news that you have initiated the Black Maternity Experience Survey.
- Is there more we can do differently to support women with their mental health during pregnancy and afterwards? CA noted that encouragement is key, and that women are welcomed when they try to access mental health services.
- Given the history of this issue, are you meeting resistance from health professionals in trying to bring about this level of change? CA noted that health professionals are undergoing training and changing their practice.

The Chair again thanked Clotilde Abe for a very inspirational presentation.

It was noted that the presentation due to be given by Nina Khazaezadeh Head of Midwifery- Guy's & St. Thomas NHS FT would not take place. Slides had been circulated within the papers for today's meeting and were taken as read.

## **NOTED**

## **6. Lambeth Together – Developing our partnership working arrangements**

### **Governance review and Assurance Arrangements**

Over the past few months, a refresh of governance arrangements has taken place.

Tom Barrett presented the recommendations for approval:

1. That the priorities and ways of working for the board be agreed
2. That officers establish a process over the next months to develop the Lambeth Together pledge and this be brought back to a future Board for agreement

3. That the number of VCS providers on the Board increases from 1 to 3
4. That each Alliance identify one VCS Provider representative from each Alliance (ie x3)
5. That reconfirmation be sought from the Foundation Trusts that they have the appropriate representation at both Board, Executive and within Delivery Alliances
6. That reconfirmation be sought from Clinical Cabinet for Primary Care leadership
7. That each alliance reviews their membership to ensure appropriate clinical input
8. That consideration be given to inclusion of pharmacy and/or other primary care practitioner role
9. That a workshop session be held to agree how we pick back up the activity undertaken pre-Covid on developing our Lambeth Together engagement:
  - Developing our overall approach to engagement and co-production, Lambeth-wide and within our Delivery Alliances
  - Citizen/community representation within our governance fora
  - Relationship with existing SEL engagement assurance committee members and future ICS arrangements
10. That the Assurance arrangement be agreed

Brian Reynolds spoke about the implementation of an Assurance Working Group.

The Chair asked for comments from the board:

FC noted the importance of being clear within the membership of the statutory roles.

### **RESOLVED**

#### **Lambeth Together & Integrated Health and Care Assurance Report**

Andrew Parker spoke to members about the Assurance Group

The Lambeth Together Assurance Group is being implemented to focus on risks, quality, and key assurance issues. This will be chaired by Sue Gallagher – Lay member of the LTSB. The structure of the group is about bringing together the Lambeth Together transformational programme including equalities and quality and other things with the reporting of progress and delivery of the health and care directorate business plan.

### **RESOLVED**

#### **Update on the work of the Equalities and Diversity Group**

Di Aitken reported to members of the Board on the work of the Equalities and Diversity Group. Recent work has been to look at It was noted that there had recently been a workshop for board members on equality and diversity. Feedback

from the facilitators was that the board was very forward thinking with a breadth of knowledge and members were ready to take action forward. The next stage is for the facilitators to return to look at structural inequalities and what that means for Lambeth Together, does this relate to an inclusive workforce and also interview some members of the board that did not attend the first session. Have linked in with the communications team on ways to publicise this work.

The Chair asked for comments and questions from the board. The following was noted:

- RM noted that this work was great, and it was good to know that progress is being made. And asked if there was a plan for taking this forward throughout our system. DA noted that this would definitely be worth discussion as parts of the system will be at different stages
- Curious to know if Members of the board have shared the resources from the previous session

The Chair thanked DA for the update and noted that dates for the next session will be circulated.

### **NOTED**

### **PART B**

Dr Adrian McLachlan chaired this part of the meeting.

### **7. Section 75**

Andrew Parker reported to members on the chairs action taken to make amendments to the Section 75 agreement which gives the CCG and Lambeth council authority to exercise functions on behalf of each other. The amendments were made to reflect the change from NHS Lambeth CCG to NHS South East London CCG as well as some other minor variations. Due to time constraints and the Covid pandemic this was completed using chairs action.

### **RESOLVED**

### **8. South East London CCG Quality Report – Lambeth**

Dr Di Aitken presented this item.

DA explained the process for Quality Alerts and Serious Incidents. It was confirmed that DA receives weekly reports from the CCG central team and was keen to hear what Members wanted to hear from these reports. The following was noted:

- This is an important part of assurance, there has been a problem in the past of the report being so generic that they become unhelpful. Information needs to be detailed and relevant. It would be helpful for the board to hear about incidents that have involved different parts of the system
- Dissemination of information needs to be meaningful and done in a way that people actually take note of so that it can change practice
- It was noted that information and learning is disseminated through the GP Practice Bulletin which asks for action and can be used for CPD
- New system in place which enable learning from across the whole CCG rather than just Lambeth
- SP noted that within the Living Well Alliance they are looking at getting patient feedback and wondered if there was a need for a summit quarterly so that any immediate learning can be shared quickly
- When practice visits are re-instated learning incidents can be discussed

**ACTION: DA to look at the appropriate steps to build on feedback given**

**NOTED**

## **9. Finance Reports**

Edward Odoi presented this item. The 2020/21 final draft CCG Finance report has been submitted to NHS England and auditors are currently looking at this. The following points were highlighted:

- Lambeth underspend of £500,000 and is due to various schemes not delivering due to the merger including corporate vacancies not being filled.
- Within the reported position we have pressures on CHC and prescribing services which were mitigated by underspend elsewhere
- The plan for 21/22 is included within the papers. NHS England are only planning for the first 6 months of the year. The plan for the CCG has been submitted to NHS England for approval. The allocation for Lambeth is £84 million.
- Still under instruction of NHSE and not clear on what will happen in the second half of the year.

The Chair thanked EO for the report asked for comments from the board. The following was noted:

- EO was thanked for the work that had gone into the budget this year
- It was noted that £84 million was less that would usually be seen over 6 months, however this was due to resources going direct to NHS trusts are centrally determined and based on a formula based on activity for last year. This has dropped during the pandemic.
- The £84million is for things outside of NHS Trusts

- A discussion took place on how this budget is allocated. EO noted that this was detailed within the pack.

**NOTED**

Pete Hesketh reported on the Lambeth Council finance report. The following was noted:

- A near breakeven spend £103,000 overspend on Adult Social Care and Public Health for 2020/21
- This position would have only been possible with extra resources from the NHS and the government to pay for large amounts of pandemic related overspend
  - Discharges from hospital led to higher costs than normal. The NHS discharge scheme funded this
  - Council implemented a temporary increased fee to all social care providers to give them extra resources
  - Infection control fund paid to providers
  - Other pandemic costs such as PPE
  - Provided support to those that were deemed as Clinically Extremely vulnerable
  - Public Health extra activity such as test and Trace and Surge testing

The Chair thanked PH for the report and invited questions and comments from the board. It was noted that both finance teams have done a great job over the past year. The Chair thanked both EO and PH for the work put in over the past year.

**NOTED**

**10. Integrated Health and Care Business Plan 2021/22 and NHS Planning Guidance**

Andrew Parker presented this item.

This plan follows a linear, cyclical process following NHS planning guidance and working within the council's framework however we have also had to look at making the plan adaptable due to covid recovery, changes throughout the year and also financial constraints as mentioned in previous items. Andrew thanked Brian Reynolds for his work in putting this together. This report will be the basis of what we report back on through the assurance reports.

Also included within the papers is the NHS planning guidance and is helpful as a reminder of the priorities of the NHS notwithstanding any changes due to the pandemic.

- Thanks was given to BR for the work put into this work

- Earlier talked about the assurance plan, is this work linking to that assurance work. AP confirmed that yes this is very much the case and will enable us to delve into different areas.
- Will metrics be developed to look at how to look after our staff? AP noted that yes, this will be developed. It is expected that this will be one of the items discussed at the first Assurance working group meetings
- Planned care and Covid-19 related backlogs and whether this appears within the section on planning guidance. AP noted that the approach to this is mainly led by the central SEL team, however we do have input into this. DA noted that there is allocated elective recovery funding and the task is in hand through the trusts, however aware that they will need to collaborate with Primary Care so needs to be on our radar.

The Chair thanked AP for the presentation.

**NOTED**

**11. SELCCG – Lambeth Borough Risk Register**

Cheryl Smith reported to Board members. The following was noted:

- 15 risks currently active on the Lambeth Risk Register
- 1 risk currently rated as red, however this risk should be moving onto the SEL Risk Register as relevant to all boroughs
- New system in place across South East London. Currently reports that can be pulled down are restricted however we are working with Datix on this
- Training is ongoing for Risk Owners and Sponsors

The Chair thanked CS for the report.

**NOTED**

**12. LWNA/SLaM MHA consultation response**

Andrew Parker presented this item and noted that this was put together in response to the Mental Health Act reform proposals. SP noted that LLWNA agreed in principle with the recommendations, one concern is resourcing, however looking forward to working on implementation. DA noted that it has taken two years from publication of the white paper and looking forward to starting work.

**RECEIVED AND NOTED**

13. Any other Business

None reported.

The date of the next meeting is 21 July 2021 1 – 5pm.

Adrian McLachlan also noted that it would be good to have feedback from Board Members on the format and length of these meetings.

# Lambeth, Southwark and Lewisham Sexual Health Programme of Change



## Jennifer Reiter

Lead Commissioner - Sexual Health  
London Borough of Lambeth

## Teresa Battison

Programme Lead - Sexual Health Programme of Change  
London Borough of Lambeth

## Vikki Pearce

Engagement Lead - Sexual Health Programme of Change

## Maureen Salmon

Service Manager - Sexual Health and HIV service  
Kings College Hospital



## In scope for Programme of Change

1. Integrated sexual health services at GSTT, KCH and LGT
2. Sexual Health London e-service  
[www.SHL.UK](http://www.SHL.UK)
3. Primary care system interface and impacts

## Not in scope

1. Abortion services\*
2. Young people's sexual health services
3. Sexual health promotion services
4. HIV care and support services

1. 2017: Transition to ISHT > coding SRH activity in full
2. 2017: Simple asymptomatic testing activity shifted to SHL - online
3. 2017/18: PrEP Impact Trial began 2017/18
4. 2019/20: ISHT Changes / additions
5. 2020: COVID changes: Walk-in paused > telephone triage became first point of access > more care delivered virtually
6. 2020: SHL testing offer expanded to include those with symptoms / low risk > creating capacity for those who needed to be seen in clinic.
7. Oct. 2020: Routine NHS PrEP service introduced in clinics
8. Autumn 2020: Routine contraception + EHC now available via SHL > enabling clinics to prioritise LARC

1. **Specialist Services:** activity overall reduced substantially in March to June 2020 for all three providers (GSTT, LGT, KCH), largely driven by reductions in STI testing.
2. **Channel-switching:** from clinic or other in-person testing to the E-Service off-set the majority of the two-thirds reduction in clinic testing activity.
3. **E-service (SHL.UK)** use has increased steadily since April 2020 and continued to rise, even as clinic and other service activity resumed (note: now appears to have plateaued)
4. **LARC activity** reduced in primary care and specialist services. Routine LARC activity affected due to prioritisation of in-person appointments towards acute clinical need. LARC activity has since resumed well in LSL specialist services but not in primary care.
5. **Emergency Hormonal Contraception (EHC)** in primary care and specialist SRH services reduced substantially in April 2020, with the greatest reduction seen in pharmacy (accounts for largest share of EHC activity). Activity in pharmacy has resumed more slowly than activity in GPs.

# Key context for the Programme of Change

- **Change** during contract period – including COVID related changes and recovery
  - Facilitated and expedited positive change – creating a new normal / not returning to pre-covid
- **Place-based, Population Health** priorities ensuring services are responsive to resident needs
  - LSL Sexual Health Strategy 2019-24 - commitments to improving population sexual health outcomes and reducing sexual health inequalities
- **ICS development** - structural changes to health and care system
  - Opportunities for integrated commissioning of services and pathways across delivery
- **Digital opportunities** - to further support client choice / self management
- **London Programme** - City wide approach - ISHT and facilitating open access / cross charging – SHL
- **Strategic agenda** - Reaching Zero new HIV infections by 2030

## Activity analysis

1. Quantifying shifting balance of in-clinic vs e-service provision
2. Understanding changes to clinic case mix, staff utilisation
3. Review of sexual health outcomes and equalities impact
4. LARC access and provision

## Financial analysis

1. Future affordability and sustainability of provision
2. Optimising blend of in-clinic vs e-service provision

## Stakeholder Engagement

1. Partnership and co-production approach with stakeholders
2. Future insights Partnership Project (FIPP) - detail to be presented

Workstreams
Decisions and governance
Planning and commissioning
Context
Activity analysis
Financial analysis
Stakeholder engagement
Service model development
Procurement documents
Procurement plan



## Citizen engagement & co-creating the programme of change



### 1. Discovery

February – July

Understanding how services have changed. How has this affected user experience. Generate initial insights into service changes needed for the future



### 2. Shaping the future

July - November

What changes would improve service delivery, health outcomes and citizen experience

Focus on system level challenges & inter-play between different services and handovers



### 3. Rapid co-design

November - March

Process to convert phase 1 & 2 findings into tangible plans and actions



## Phase 1: Discovery

Desk review	Local evidence from last 5 years
E-survey	Multiple collectors; cascade & snowball Over 600 responses; 35% Lambeth residents
In-depth interviews	11 local citizens 6 men; 5 women
Mystery shopping	24 visits 12 STI tests; 12 emergency contraception

**BETTER**

**SEXUAL**

**HEALTH**

What do you want in Lambeth,  
Southwark and Lewisham?

## For most people receiving care is a good experience

- Overall service **4.28 star** (out of 5) average rating from survey respondents
- The vast majority of people are very positive about the staff and report high quality care
- Sexual health service staff are caring, friendly and professional
- People rate their experience highly if they receive good care, even if their experience of access and setting have been under par

*"Very quick, easy and friendly nurses everywhere." (female, 18-24, Caribbean)*

*"I did like that he explained what he was doing as he went through consultation. He came across friendly and I thought I could ask questions if wanted" (MS, pharmacy consultation)*

*"Because I always get met with such care and empathy. I feel like the people that I meet really care and they take away all the awkwardness and the nervousness by being understanding and professional." (female, E-Survey)*

## Real and perceived problems with access has an impact on health outcomes

- Getting access to SRH services continues to be the single biggest problem for many
- People are frustrated about their experience of getting through on the phone
- Finding the most appropriate service is a significant problem
- Limited knowledge of what sexual and reproductive services are available and would better suit their needs or provide a quicker service
- Difficulty finding consistent and trustworthy information
- Do not have access to standard information to make comparisons between services



## Making it easier for residents to navigate the current system will have the biggest positive impact on people's experience of care

- We can do this by co-creating a single inclusive overarching sexual and reproductive health platform (app/online)
- Residents suggested it could be like 'Just Eats'
- By aggregating information we can help people
  - Get trusted information and advice
  - Understand what SRH services are available, where and when
  - Compare choices between all services – clinics, online, primary care, VCOs
  - Support residents to make decisions based on their health and personal priorities
  - Book directly or get transferred to providers' booking system

## Co-creating this platform with residents, providers and commissioners is Phase two



## Summary and next steps

- A large amount of time and staff resource is spent managing access / working to improve access
- A system level solution will likely have the biggest impact
- Satisfaction ratings are high, so combining improvements to service access alongside an optimal mix of service options should result in a better experience overall
- Whilst the proposal is for a digital solution there will always be some people for whom a digital access route is not the preferred option. Alongside this development we will support continued and specific focus on the best ways to improve access / information for these people.
- Challenges include how an SEL-wide access platform integrates with service specific entry points.
- A central point of information / access for SEL may assist people to find care they need closer to home
- We have a busy period ahead as we seek to take forward the various workstreams, and we look forward to presenting further findings and developments from the Future Insights Partnership Project (FIPP) and for the Programme of Change work more broadly.

Questions?

## Report to: Lambeth Together Strategic Board

21 July 2021

<b>Report Title</b>	Lambeth Together - Developing our Partnership
<b>Authors</b>	<p>Andrew Parker – Director of Primary Care and Transformation, SEL CCG.</p> <p>Brian Reynolds – Associate Director Health and Care Planning and Intelligence, SEL CCG</p> <p>Cllr Jim Dickson – Cabinet Member and Health and Wellbeing Board Chair – Lambeth Council</p> <p>Dr Dianne Aitken –Governing Body Member &amp; Assistant Clinical Chair, SEL CCG,</p> <p>Juliet Amoa – Associate Director Community Health and Engagement, Adult Social Care, LBL</p>
<b>Summary</b>	<p>The purpose of this paper is to update the Strategic Board on Lambeth Together partnership developments, including the newly established Assurance Group and progress with the Equalities, Diversity and Inclusion Group.</p>
<b>Recommendation(s)</b>	<p>The Lambeth Together Strategic Board is asked to;</p> <ol style="list-style-type: none"> <li>1. Note the continued development of the governance review recommendations.</li> <li>2. Note the update from the first meeting of the Lambeth Together Assurance Group including the highlights from the Integrated Assurance Report and agree the Assurance Group proposed Terms of Reference and membership.</li> <li>3. Receive an update from the Lambeth Together Equalities Diversity and Inclusion Group, and consider and discuss the questions within the presentation which will directly inform our EDI progress.</li> </ol>

- 1.0 This paper provides an update on developments in our Lambeth Together arrangements.

## **2.0 Lambeth Together Governance Developments**

- 2.1 The Board will recall at the last meeting in May it approved a set of recommendations following a review of our Lambeth Together partnership governance arrangements. The Strategic Board supported proposals which included a review of our pledge to ensure it adequately addressed our mission to address inequalities; to consider further our approaches to public involvement; and to extend the current membership of the Board with two additional third sector representatives.

These have been progressed with some recommendations already implemented (such as the change in highlight reporting for the alliances), and others firmly in motion, such as plans to extend the current membership of the Board with two additional third sector representatives. Further updates will continue to be provided.

## **3.0 Lambeth Together Assurance Group**

- 3.1 The new Lambeth Together Assurance Group met for the first time on 6th July 2021. The first meeting was chaired by Jim Dickson, as Sue Gallagher was on annual leave. This is the new integrated assurance and oversight group working to support the Lambeth Together Strategic Board which will meet every other month and report back to each Strategic Board. At its first meeting the Group had a very positive discussion around its purpose and role and how it offers a unique opportunity to provide a dedicated space and focus for shared oversight of the health and care system within Lambeth and address delegated health and care responsibilities as set out in its borough based arrangements.
- 3.2 It was agreed that the Integrated Assurance Report, which has been developed for the Strategic Board over recent months and which brings together both quantitative and qualitative progress, will be further developed over time. This will include a specific regard to focussing on the Lambeth Together Quadruple aim ambitions and those priorities described in the Lambeth Covid-19 Health and Care Recovery Plan. Crucially it will need to develop and focus on the measurement of key objectives to be agreed relating to reducing health inequalities and supporting improved outcomes.
- 3.3 Members also discussed how to develop more public-facing Lambeth Together progress reporting, similar to ones already produced such as the LWNA progress report, through which Lambeth could engage further with the public. The group also discussed the importance of and how best to engage with VCS organisations, recognising Delivery Alliances and the Strategic Board would be continuing to consider these, with support from the Assurance Group as required.

- 3.4 The proposed Terms of Reference and membership as reviewed by the Group are attached for approval by the Strategic Board.
- 3.5 The group also spent time ‘walking’ through the latest integrated assurance report, and stopping to discuss specific areas of assurance, such as adult social care, and how this and other areas could be used and further developed over time to support our understanding of and responses as a partnership to health and care matters.
- 3.6 The integrated assurance report is available as Annex A online here (<https://moderngov.lambeth.gov.uk/ieListDocuments.aspx?CId=846&MId=15462>). Not all parts of the report have been refreshed due to reporting timescales. This report together with a summary of discussions, minutes and actions of the Assurance Group will be presented at each future LTSB meeting in public.

3.7 Key Updates from the Report include;

- Lambeth Together Programme Highlight reports: all programme areas have reported progress against priority objectives set out within the Lambeth Together Covid-19 Health and Care Recovery Plan providing summaries of the planned actions for the upcoming period, as follows;

- Programme management

**Programmes**

- Living Well Network Alliance Delivery Alliance,
- Neighbourhood and Wellbeing Delivery Alliance,
- Children and Young People Delivery Alliance
- Learning disabilities and autism and people with continuing complex needs
- Staying Healthy
- Sexual Health
- Homelessness

**Enabling Work**

- Assurance arrangements
  - Equalities, Diversity and Inclusion
  - Communication and engagement
- Updates have also been included for the LWNA Dashboard, Adult Social Care, and Finance sections within the report.
  - Other sections will be further refreshed as a result of developments, including the SEL CCG and Borough-based reports incorporating the latest NHS oversight metrics. Updates will continue to build the assurance picture through and will now be regularly be reviewed and discussed at the Assurance Group.

#### **4.0 Lambeth Together Equalities, Diversity and Inclusion Group**

- The EDI group was developed in 2020. The group meets every 4 weeks and reports to the Lambeth Together Executive Group and the Lambeth Together Strategic Board. It has brought together all alliance leads and partners in the Lambeth together programme to focus on how we address health inequalities with a whole systems approach.
- The group has initially focussed on workforce development within the leadership of the Lambeth together programme to embed and cultivate inclusive leadership.
- We have started to develop and progress a shared measurement system and shine a light on good local action.
- We want to create a social movement in Lambeth that puts health and equity at the heart of delivery and designing services.
- We have ensured that there are robust connections with the wider health and care system both locally and regionally.
- The attached slides provide an update for the Lambeth Together Strategic Board.

#### **5.0 Conclusion**

We'll continue to develop our partnership arrangements as discussed and work through our delivery alliances, enabling programmes and Lambeth Together Executive Group and Strategic Board.

## Annex Lambeth Together Assurance Group Terms of Reference

# Lambeth Together Assurance Group

## Terms of Reference

The Lambeth Together Assurance Group will be a sub-group of the Lambeth Together Strategic Board, providing regular oversight on behalf of the Board on Lambeth Together board assurance matters as part of Lambeth's borough based governance arrangements.

These terms of reference were discussed at the Lambeth Together Assurance Group where it was agreed that they would be reviewed in 6 months, approximately January 2022.

### Purpose/role

- To provide oversight and assurance to the Lambeth Together Strategic Board on the delivery of the Borough Recovery Plan/Lambeth Together delivery alliances and programmes and Lambeth's integrated health and care arrangements.
- To enable the leaders responsible for delivery to have oversight of and insight into the full programme of work.
- To support decision making and assurance on how the phases of work will deliver the purpose, objectives and scope agreed by the Strategic Board.
- To identify opportunities for learning from different elements and programmes.
- This Group does not replace but supports the accountability of the Strategic Board and of our individual Delivery Alliances.
- To receive and discuss progress against these objectives the group will draw upon the information presented within the Lambeth Together integrated health and care assurance report, combined with contributions from those attending the assurance group meeting.
- The Integrated health and care assurance report combines into one place updates using the Lambeth Together programme highlight reports and associated alliance dashboards and outcomes and equalities measures as these develop.
- The integrated health and care assurance report also covers progress against the SEL CCG and Lambeth Council delegated responsibilities to our boroughs integrated health and care arrangements. This includes:
  - Adult Social Care and Older Persons
  - Public Health
  - Childrens Commissioning
  - Primary and Community Care
  - Medicines Management and Long Term Conditions
  - Integrated Commissioning for Adults
  - Adults Mental Health
  - Quality matters.

- The group will also receive updates on risks identified not covered elsewhere in programme highlight reports.
- Finance for Lambeth Together and Lambeth’s integrated health and care arrangements.
- The group will help shape the format and content requirements of the bi-monthly integrated health and care assurance report. The group will inform the evolution of the report so that it provides a core current part of the Lambeth assurance arrangements, taking care to acknowledge that this report is not intended to be duplicative or create any unnecessary additional reporting or assurance work, but to bring together in a coordinated fashion, using a single framework, the breadth of assurance materials that exist so the Board and assurance group has oversight of our delivery within Lambeth.
- As well as developing assurance reporting over time to ensure it has the right focus on health outcomes including equalities measures.
- To receive updates against progress of the annual Lambeth integrated health and care business plan, and NHS planning requirements.
- As part of its assurance review arrangements a cover note will be produced following each meeting, which will form part of the introduction to the regular integrated health and care assurance report that is provided to the formal Lambeth Together Strategic Board. The report will include key observations as part of the assurance approach.

## Frequency and duration

1. The Assurance Group will meet bi-monthly on a Tuesday 10:00 – 11:30 for 90 minutes at least 2 weeks before the formal Lambeth Together Strategic Board.

## Standing items

The following standing items:

- (a) Lambeth Together Integrated Assurance Report
- (b) Notes and actions from previous meetings

## Membership and attendance

The proposed Membership of the Group is set out below and it draws upon a subset of Strategic Board, Executive Group and Delivery Alliance Members and will have a non-officer chair and deputy chair.



Job Role	Name
----------	------

Non-Executive LTSB member, and chair of this group, SEL CCG	Sue Gallagher
A LBL elected cabinet lead for Health and Social Care/ Chair of Health & Wellbeing Board. Deputy chair of this group	Cllr Jim Dickson or Cllr Lucy Caldicott or Cllr Edward Davie
A clinical Lead, and deputy chair of this group, SEL CCG	Dr Adrian McLachlan, or Dr Raj Mitra, or Dr Di Aitken
Strategic Director, Integrated Health & Care, LBL/CCG	Andrew Eyres
Director Primary Care and Transformation, CCG	Andrew Parker
Director for Childrens Commissioning, LBL/CCG	Abi Onaboye
Director for Adults Commissioning LBL/CCG	Jane Bowie
Director Public Health,	Ruth Hutt
Executive Director or Deputy Director Adults Social Care, LBL	Fiona Connolly or Richard Outram
Director of Operations & Partnerships, GSTT	Paran Govender
Chief of Therapies, Rehabilitation and Allied Clinical Services, KCH	Kate Gregory, other
Alliance Director or Deputy Director, LLWNA	Sabrina Philips or Guy Swindle
South London and Maudsley NHS Trust	TBC
TBC, Primary Care	Therese Fletcher, George Verghese
Associate Director Finance, SEL CCG	Edward Odoi
Associate Director Finance, LBL	Pete Hesketh
Associate Director Health & Care Planning & Intelligence, SEL CCG	Brian Reynolds
Associate Director Programme, Lambeth Together	TBC
Director Neighbourhood and Wellbeing Delivery Alliance, Lambeth Together	Amanda Coyle

2. The group will wish to consider attendance by other colleagues as appropriate.

## Authority/Delegation/Decisions

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

## Chair

- Chairing of the meeting will be through a Lambeth non executive director of NHS South East London CCG. The deputy chair will be a relevant elected London Borough of Lambeth councillor cabinet member lead for a relevant Lambeth health and care area.

## Confidentiality

- Discussions held, documents circulated and the notes from the Assurance Group meetings are confidential unless expressly stated otherwise.

## Meeting rhythm

- The following meeting rhythm will be undertaken, with the Assurance group meeting two weeks before the Lambeth Together Strategic Board:

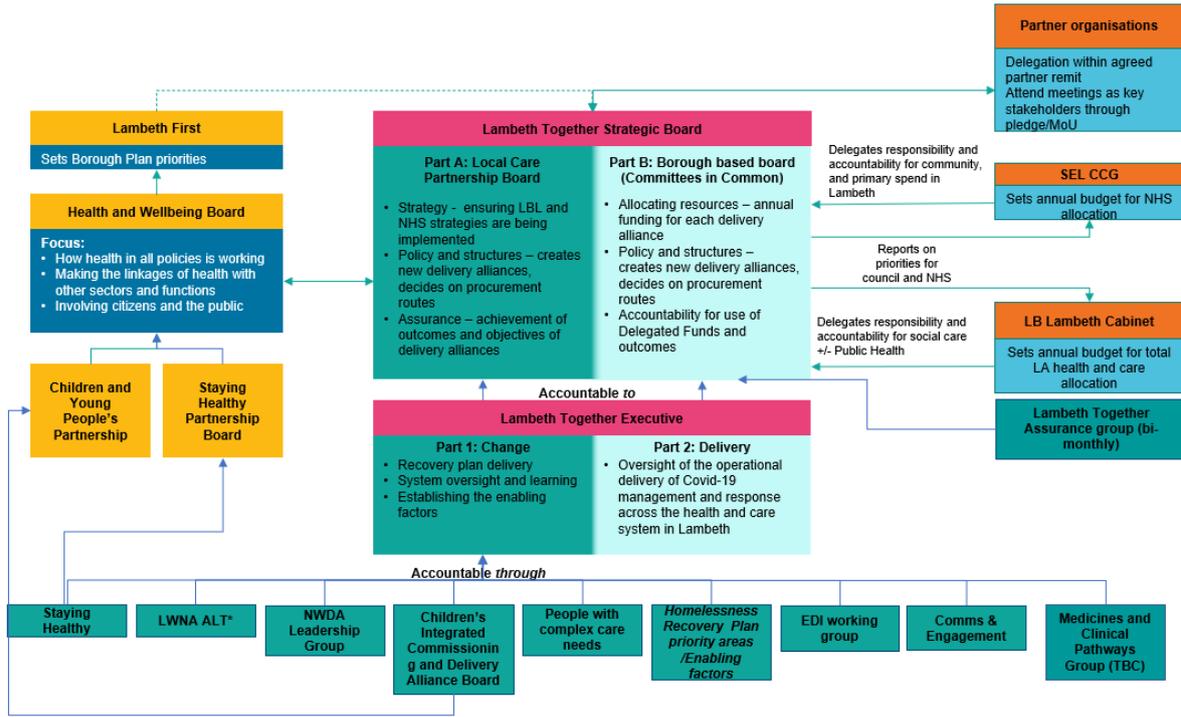
Assurance group Date	Lambeth Together Strategic Board Date
06/07/2021	21/07/2021
14/09/2021	29/09/2021
09/11/2021	24/11/2021
11/01/2022	26/01/2022
08/03/2022	23/03/2022

## Administrative support

- Administrative support will be provided by existing SEL CCG – Lambeth administrative support. Actions will be recorded and papers circulated the week prior to the meeting.

## Relationship with other Lambeth Together governance arrangements

- The following diagram sets out the position of the Assurance Group in relation to other health and care system, including alliance, governance.



\*Accountable for delivery to sovereign bodies of alliance members



# Lambeth Together Equalities Group update 21st July 2021

Presented by Juliet Amoa and Dr Di Aitken

# Description

- The Lambeth Together EDI working group is attended by colleagues who represent their organisation.
- This group was established to hold a (constructive) mirror to the 'system' in Lambeth. Specifically, the Delivery Alliances, and other areas such as workforce development and Quality Improvement.
- We want to develop and adopt a shared measurement approach/system and shine a light on good local action (with a view to it being shared/adopted).
- To create a 'social movement' in Lambeth that puts health and equity as the primary purpose/measure of success in delivering and designing services.
- We will act as the Place-level Equalities Group for the purposes of engaging with other boroughs, SEL Integrated Care System, London and national.
- We will collaborate with other sectors such as education, employment etc e.g. GSTT have been working with London South Bank University widening participation programs to share occupational learning and access to work, for all.

# Key areas to update

- Recruitment, representation and retention
- Metrics and data for assurance purposes
- EDI development workshops held 28.4.2021 and 23.6.2021 and recommendations from Facilitators



# Recruitment, representation and retention

- LT Equalities Group members have met with the South East London NHS Anchors Network in relation to retention and recruitment.
  - Good examples of work already in progress.
  - Discussion from several on General Practice as anchors in development
- LT Equalities Working Group discussion was around moving ahead in Lambeth, embracing the commitment of local politicians and work in progress. Suggestion for a LT recruitment audit of NHS Band 8 or similar



## Work in progress

Kate: air pollution, how can we work with local businesses to reduce their contribution to this in a fair and equitable way. We fund a role at CSTT to look at this and supply chain.

Jim: Civic university. Hyperlocal focus on King's 'home boroughs'. Signed 'statements of intent' with each council.

Keith: workforce is focus. Established partnerships with borough councils, supporting e.g. Lambeth, offering placements for young people with autism. 60% staff within our boroughs.

Colin: focus on staff wellbeing and employment pathways, short term and long term work. DEI focus - as employer.

Seema: CSTT workforce directorate: engagement with schools and colleges, growing workforce from grassroots, apprenticeships. Comms and website development.

Amanda: working with Jon on impact of loneliness in employment. Reducing health inequalities - need to focus on income inequality and poverty. Working with Di on equalities taskforce.

Seema: ICS: submitted an application for funding to do localised anchor work, especially in primary care including dentists and optometrists

Jon: working with anchors on how to think about social determinants of health. Working with GSTT in Lambeth to look at social isolation and employment.

Di: equalities group has members of all key anchor institutions.

Usman: our role is to support and facilitate work across our providers

Ailsa: has been mapping the GSTTF work as an anchor.

David L: GSTT: supply chain consolidation. Partnering with 'Go for Growth' to look at engagement with local supply base.

Louise: childhood obesity; adolescent mental health; air pollution; health equity

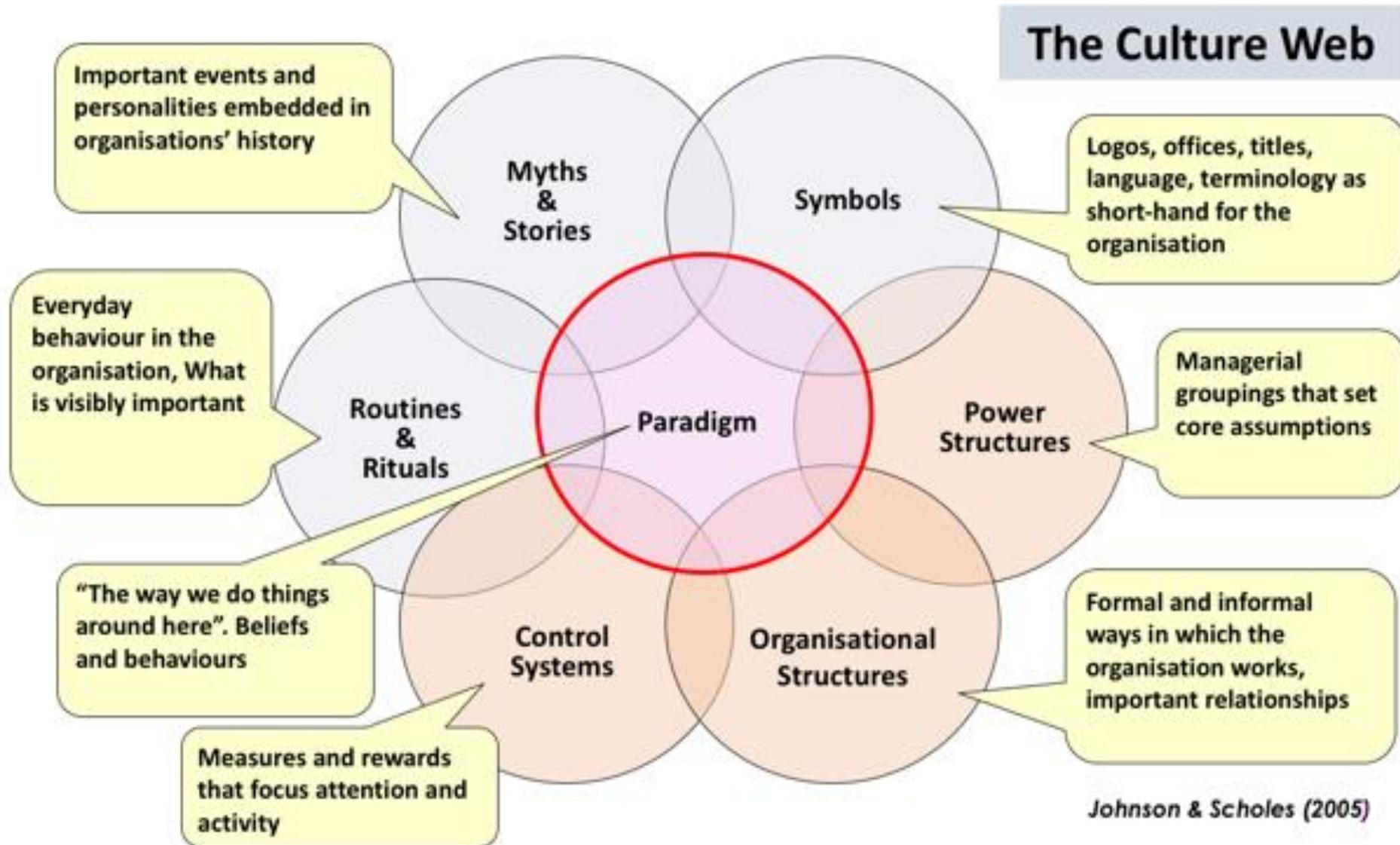


# Metrics and Data

- Develop a T&F group that will focus on the Metrics and data needed to measure and support Alliance objectives on health/care inequalities → Assurance reporting. Also a question about Primary Care data & how best to incorporate.
- LTSB Lay Member has agreed to chair
- In the process of setting up the group and progressing

# EDI development workshops

- We have completed two EDI development workshops on 28.4.2021 and 23.6.2021.
- The Lambeth Together Pledge was mapped within the [Johnson and Scholes Cultural Web](#) to consider how to drive our efforts towards EDI
  - Stories
  - Rituals and Routines
  - Symbols
  - Organizational Structure
  - Control Systems
  - Power Structures
- The plenary evidenced energy for action and firm commitment to do different, without fully identifying where responsibilities and how members would be accountable.
- However, some members communicated as a result of conversations there were new possibilities, for new discourse and travel in relation to challenging inequalities and promoting EDI.
- A Rapid report has been produced for the EDI workshops with recommendations, the EDI working group has reviewed this. More later.

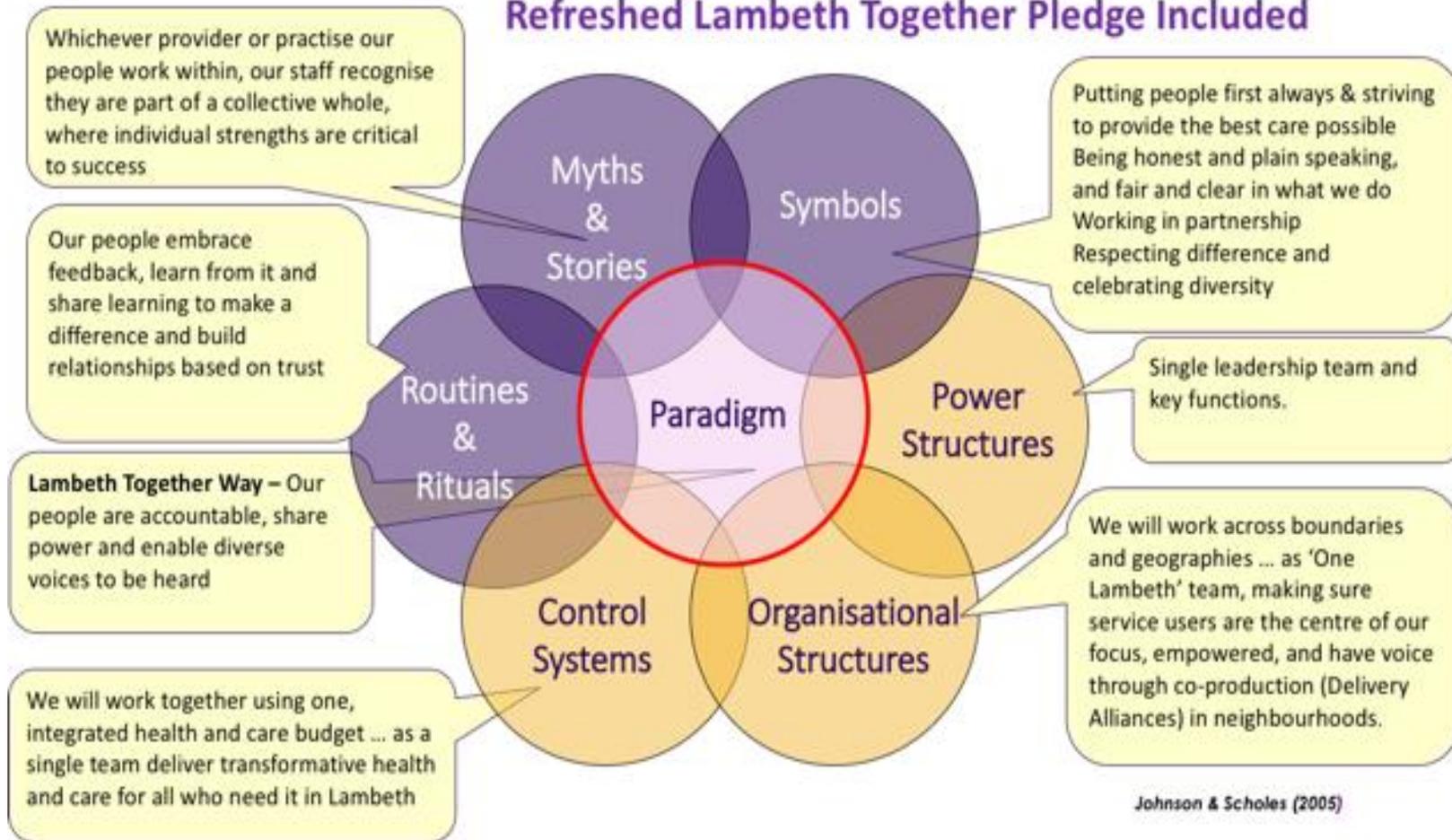


# EDI development workshops (2)

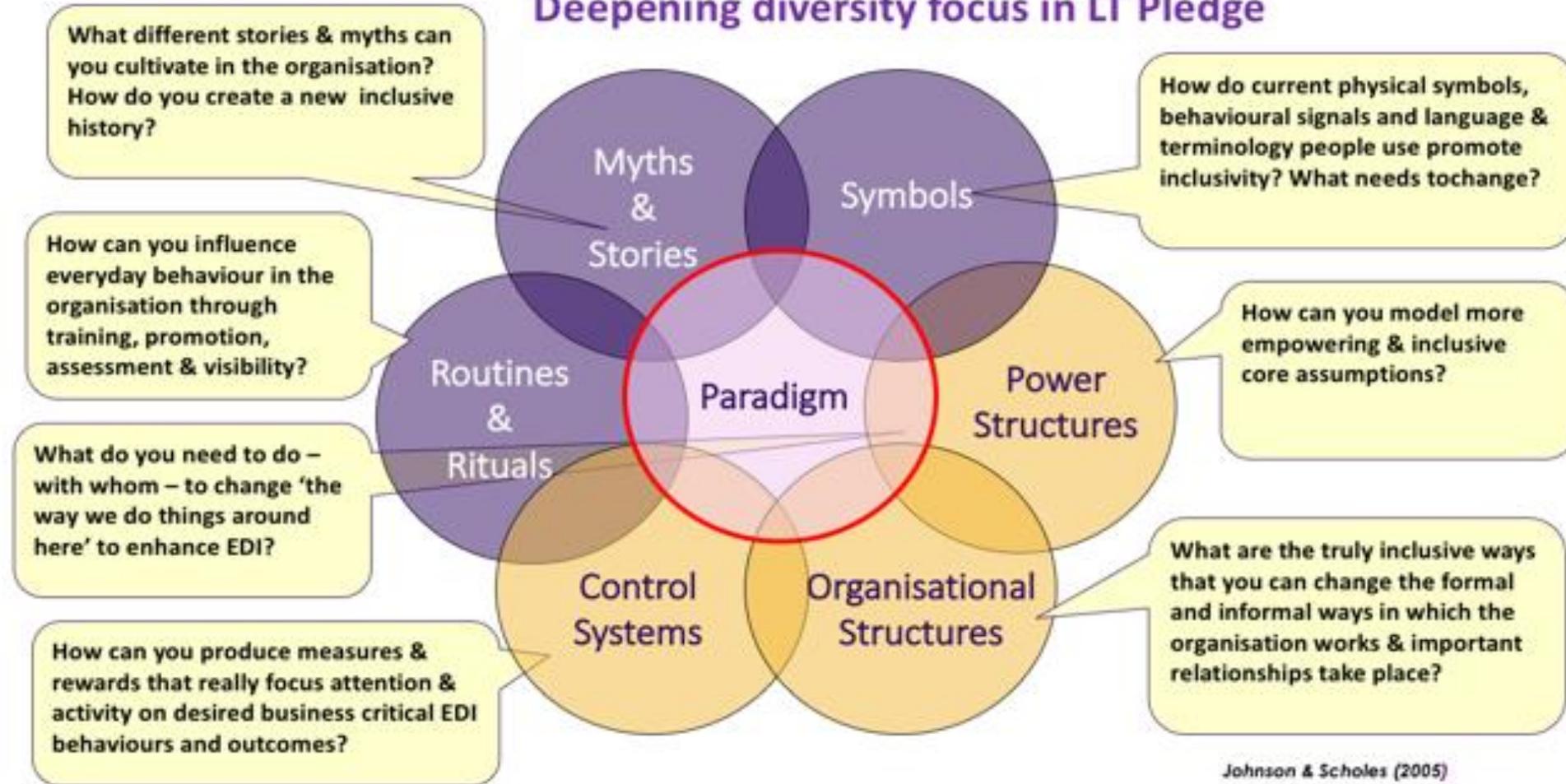
The critical questions in this workshop for Lambeth Together were:

- Where have actions already taken place across the elements and what more needs to be done?
- Where have actions not been taken and what will help to kick start actions or development?
- Where actions have been stalled, not delivering results and need to change and to think about what next.

## Refreshed Lambeth Together Pledge Included



## Deepening diversity focus in LT Pledge



Johnson & Scholes (2005)

# Pledge – EDI Working Group discussion

- Regular reporting on the pledge??
- Not enough to do the pledge – keen to act instead
- *“We need to be put on the spot in terms of delivery rather than pledge.”*
- *“not everyone has the energy for a pledge”*
- *“I would say having a pledge is fine but the actions that we take as individual organisations and as an ICS - our communities want to see changes, and that is what we need to be focusing on....”*

# Recommendation 1

- The current LT Pledge seems to not assertively embrace EDI. The refreshed Pledge begins to make this step. However, it is a working document, helping LT members to have conversations about enhancing EDI.
- This needs to continue.
- The Cultural Web is also a tool that could be used to help have further conversations and determine actions. Some members felt that use of the Culture Web could help in advancing LT's ambitions.
- The refreshed Pledge will be signed off at the board in September after final engagement with programme partners.

## Recommendation 2

- The small groups gave attention to some elements of the Culture Web (Organisational Structures, Symbols, Myths and Stories, Rituals and Routines), and it is recommended that those elements not considered (Control Systems and Power Structures) should be given attention to support arrival at the “real” Lambeth Together Way.
- That would be an ambition to be realised. We can also support developments here.

## Recommendation 3

- It is also recommended that some thought be given to [Deloitte's six signature traits of inclusive leadership](#):  
***commitment, courage, cognizance, curiosity, cultural intelligence, and collaboration.***
- LT members can use these traits as a starting point for modelling inclusive leadership in their daily interactions and behaviours, both inside and outside of the LT meetings.
- *"Inclusion is a business imperative"*, and LT members might be missing a trick in not developing competencies in this area. We can support development with these competencies.

# Recommendation 4

- Further, it is recommended that Lambeth Together set up its own reciprocal mentoring programme.
- This might be a novel way of prototyping an initiative that could support development of organisations across the group, and an exciting and impactful collaboration. We can support this initiative.

# Proposals

- An audit of recruitment to NHS Band 8 & above posts (or equivalent pay in other organisations), and to review workforce race equality standards as a collective in partnership.
- Set up a Task & Finish Group to support collection of inequalities data for assurance purposes
- The use of the Culture Web tool in our ongoing organisational development
- Work with comms & engagement team so that we can sign off our refreshed Pledge to each other as Lambeth Together Partners in September

# Questions?

- What next for the Lambeth Together Board in relation to EDI development as a collective?
- How do we know when we have achieved success and organisational culture change?
- How do we access the resources and expertise within each all of our organisations?

## Report to: Lambeth Together Strategic Board

21 July 2021

<b>Report Title</b>	SE London Integrated Care System (ICS) – Update and Next Steps
<b>Authors</b>	Andrew Eyres – Strategic Director, Integrated Health and Care
<b>Summary</b>	<p>At the Strategic Board Seminar on 23<sup>rd</sup> June 2021 Strategic Board Members received an update from Ben Collins, Director of ICS System Development, on discussions underway to develop an Integrated Care System in South East London.</p> <p>Board members noted that the approach being developed closely reflected the direction of travel previously proposed across SE London, based on a ‘system of systems’ approach and recognising the importance of borough place-based partnership arrangements, such as Lambeth Together, within this. Many of the learning areas and issues addressed with the Lambeth response to the national engagement exercise undertaken during December 2020 remain, within both the national and SE London proposals.</p> <p>The Bill has now been placed before parliament and subject to approval it is expected that new ICSs will be formally established as statutory bodies from 1<sup>st</sup> April 2022.</p> <p>Work will continue across health and care partners to design the approach that will best meet the needs of south east London and in line with the design framework guidance published by NHS England. This work is led by the existing SE London ICS Executive along with a small number of supporting workstreams. One of these addresses the development of Place-Based arrangements and is led by myself along with Matthew Trainer, Chief Executive of Oxleas NHS Foundation Trust. Our work as a Lambeth Together partnership over a number of years means we already have in place well embedded arrangements on which we can confidently build as the ICS develops further. Other workstreams include Ways of Working, Financial Flows and Acute Collaboration.</p> <p>Attached at Appendix A is the latest update on the development of this work including our principles and priorities as produced by the south east London team. The intention is that over the summer months and into the autumn the overall governance framework for the ICS will be developed, at the same time undertaking important work on establishing effective ways of working in effective partnership, in order to enable innovation and improvement.</p> <p>Further updates will brought back to the Lambeth Together Strategic Board as the work progresses and as the Bill passes through parliament.</p>

**Recommendation(s)**

The Lambeth Together Strategic Board is asked to;

1. Note the work underway to develop an Integrated Care System in South East London in line with proposals published in the White Paper *Integration and Innovation; working together to improve health and social care for all*.
2. Note that our Lambeth Together arrangements leave us well placed to take forward Place-Based arrangements for Lambeth within the developing SE London ICS.

## Update for Borough Boards

# Development of our Integrated Care System

July 2021



# The Government's Integration and Innovation White Paper sets out the next phases for integrating health and care services in England

## **Integration and Innovation: working together to improve health and social care for all**

Published 11 February 2021

**The Department of Health and Social Care's legislative proposals for a Health and Care Bill**

CP 381

- Published in February 2021, the Integration and Innovation White Paper proposes to place 'integrated care systems' (ICSs) on a 'statutory footing'
- This means that, subject to legislation, ICSs will become the entities formally responsible for allocating resources and planning services
- Under the proposals, ICSs will continue to bring together a broad partnership across health and social care to improve health and wellbeing
- Clinical Commissioning Groups (CCGs) will be replaced by new 'ICS NHS bodies' responsible for delivering these functions with partners
- The White Paper commits to a more strategic and less transactional approach to commissioning and promises to repeal market regulation
- It also emphasises the key role of partnerships within boroughs and collaboratives of providers within ICSs

# In practice, this means a continuation and development of the model of partnership working we have established for our system

- We have been working as a system since we established a 'Sustainability and Transformation Partnership' in 2016
- In 2018, we were the first local system in London to become designated as an 'Integrated Care System' which would work together to manage resources
- This has meant moving away from a 'transactional' model of overseeing services to much closer joint working on service change
- In our boroughs, health and local authorities work together in combined teams to join up services
- Our mental health providers combine clinical leadership and work together on service change
- In the Covid 19 pandemic, acute providers pooled resources to protect patients and maintain services



- Following the white paper, we will need to make some changes to our ICS governance arrangements
- Subject to legislation, we will also need to close our CCG and establish a new ICS NHS body
- However, our main priority is to embed the model of partnership and system-working we have developed over the last five years
- In particular, we want to develop our model of collective decision-making, pooling resources and working together on system-wide challenges
- We are determined not to create a new 'top down' hierarchy for our system.
- Instead, we want to ensure that partnerships within our system, and staff within our services, have the power, authority and autonomy to drive change.

# Over the last few months, we have been clarifying our priorities and principles for how we want to work together as an integrated system ....

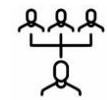
**Our ICS is a partnership. It's our shorthand for south-east London working together to improve health and care for our communities.**

Our six system-wide priorities for improving care:

- ▶ Preventing ill-health and supporting wellbeing
- ▶ Compassionate, whole person care, delivered in community wherever possible
- ▶ Rapid access to high quality specialist services when people need them
- ▶ Joined up care across health and other public services
- ▶ Addressing health inequalities
- ▶ Building resilient communities

**In practice this means building on the significant changes we have made in how we work together**

Our 'operating principles' to guide how we manage our system:

- ▶ Partnership by default 
- ▶ A single SEL pound 
- ▶ Combining our resources 
- ▶ Respecting subsidiarity 
- ▶ Ensuring sustainability 

**As an ICS we are being more systematic about the cultural and organisational infrastructure needed for faster change**

Our approach to building cultural and organisational infrastructure:

- ▶ Formalise a new way of working 
- ▶ Establish a new system architecture 
- ▶ Support our staff to work as a system 
- ▶ Focus on innovation and improvement 

# As part of this work, we have clarified our shared cross-system priorities for improving health and care for our communities ...

**We have known for some time that we need to fundamentally change how we deliver services to reflect the needs of our diverse communities. Recent work amongst ICS partners confirms these priorities, and the need to use our resources more systematically as anchor institutions to strengthen community resilience.**

- |   |   |
|---|---|
| ▶ <b>Preventing ill-health and supporting wellbeing</b>                             | A shift from treating people when sick to preventing ill-health and supporting wellbeing, rooted in primary and community care and neighbourhoods but across our system         |
| ▶ <b>Compassionate, holistic care, delivered in the community wherever possible</b> | Building meaningful relationships with our service users and delivering whole person care that reflects people's physical health, mental health and social needs                |
| ▶ <b>Rapid access to high quality specialist services when people need them</b>     | Ensuring that people can quickly access outstanding specialist services without long waits or unjustified variation in the care they receive                                    |
| ▶ <b>Joined up care across health and other public services</b>                     | Working together so that people experience joined-up support when they rely on multiple services and seamless care when they move from one service to another                   |
| ▶ <b>Addressing health inequalities</b>   | Delivering care in ways that reduce health inequalities between different population groups and communities, including care that better reflects the needs of deprived groups.  |
| ▶ <b>Building resilient communities</b>   | Using our resources and working in partnerships to strengthen the economic and social resilience of our communities, in how we hire, procure, support our staff and other areas |

# We have also developed our principles and approach to operating as an integrated system ...

Operating as a system means a different way of working and a different approach to service development: pooling our knowledge and insight, making collective decisions, allocating and using resources differently, and a partnership model for transforming our services.



## Partnership by default

Each of the partner organisations in our system will have a voice at the table at the appropriate level in collective decision-making. We will hold ourselves collectively to account for improving care. We will build strong partnerships with citizens, other public services and the VCSE.



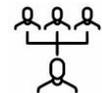
## A single SEL pound

Each year, we receive a limited allocation of funding to meet the needs of our communities – there is a ‘single SEL pound’. We work together to make best use of this funding, allocating money where it will have greatest impact rather than fighting for resources to the detriment of our population.



## Combining our resources

As common practice, we will work in partnership to address major challenges in our services: we will combine strengths and pursue new opportunities for innovation – spotting ways to fix problems through cross-system action as well as within organisations.



## Respecting subsidiarity

We will ensure that our local care partnerships, our provider collaboratives and leaders and staff closest to communities are responsible for shaping their services, inverting traditional hierarchies.



## Ensuring sustainability

We will work together to ensure the sustainability of our system and individual partners within our system, maintaining financial balance and securing efficiencies so we can invest in better care.

# We are now pursuing programmes of work to develop the capabilities and infrastructure to deliver faster change

**Our work areas focus on the tangible and intangible infrastructure that will help us to work as an effective system, including how we work together, support our staff and pursue innovation.**



**Formalise a new way of working**

Continuing to develop effective ways of working based on trusting relationships, reducing bureaucratic controls, respecting autonomy, ensuring openness and transparency, and working in close partnerships with service users and communities.



**Establish a new system architecture**

Developing our new system architecture to support our ways of working, for example empowering our local care partnerships and provider collaboratives, developing an ICS NHS Body with capabilities to convene, connect and build consensus across our system.



**Support our staff to work as a system**

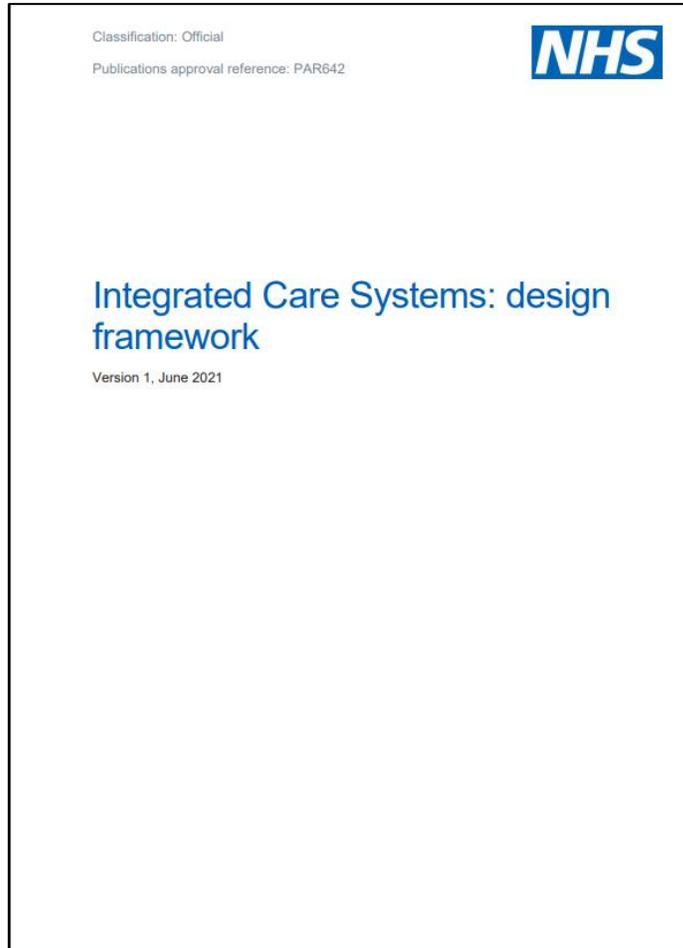
Supporting our staff to play effective leadership roles across our system, enabling team-working, developing shared standards and exchanging learning on how we can improve staff wellbeing, diversity and inclusion.



**Focus on innovation and improvement**

Developing our capabilities and infrastructure to lead more widespread innovation and improvement, with a focus on improvement in partnership across organisations in our system

# NHS England and Improvement's 'ICS Design Framework' of June 2021 provides more information on architecture of our systems

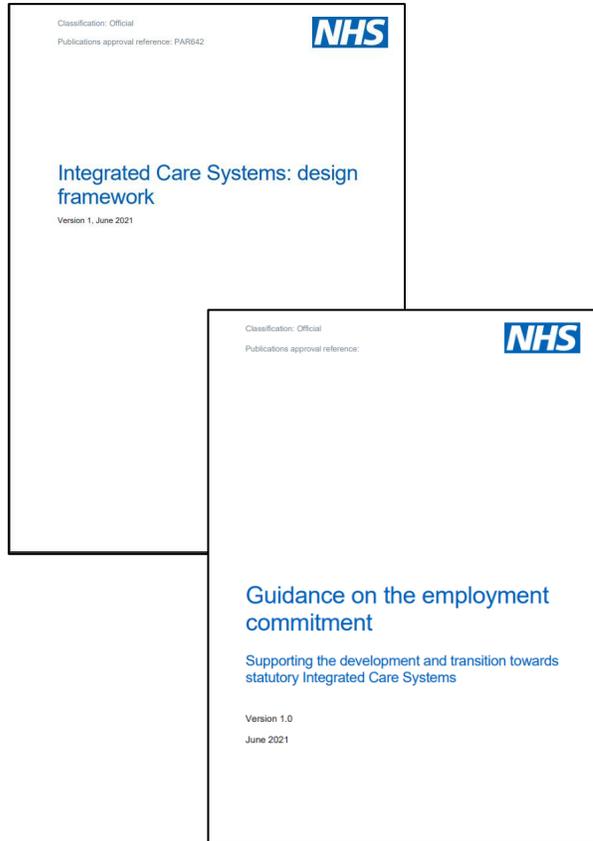


- The Design Framework describes the minimum requirements for the governance of statutory ICSs from Spring 2022 subject to legislation
- This will include a new 'partnership' of senior leaders from across the health and care system to help integrate services and improve care
- The board of the new NHS ICS body will bring together leaders from across the health and care system to oversee use of resources and plan services
- The paper also describes in more detail the role of key participants in integrated care systems including the NHS ICS body
- Finally, it provides more information on ICSs' expected roles in different areas such as supporting our workforce, developing our digital infrastructure and working with patients and the public.

# We are developing our governance and architecture in line with the framework, with the aim of supporting our new ways of working

Our ICS partnership	We will bring together senior leaders from across health and local authority services to oversee our system, support service transformation, address health inequalities and support resilient communities. The partnership will have resources to oversee key programmes of work for the ICS.
Our local care partnerships	Our local care partnerships will be at the centre of our system, bringing together leaders and staff from NHS, local authority and the voluntary sector to shape core primary, community and social care services. We will ensure that they have the resources needed to transform these services.
Our provider collaboratives	Our provider collaboratives will be a driving force for improving care across South East London. They will manage resources, benchmark performance, share best practice and work together on improvement to improve patient care, working in partnership with other parts of our system.
Our ICS NHS Body	We see this body as a connector and enabler within the system, helping to convene system partners, build consensus on strategic direction and system planning, support transformation, and support the ICS NHS Board in its role in overseeing system performance.
Supporting infrastructure	We will continue to develop key supporting infrastructure to enable system-working including intelligence on improvement opportunities, data systems to support population health and IT systems to better enable information sharing across services.

# Finally, the design framework and supporting guidance provide more information on transition for CCG and other staff



The guidance re-iterates the commitment to continuity in terms and conditions for CCG staff below board level during the closure of CCGs and transition to the new ICS NHS body:

“NHS people within the wider health and care system (below board level) affected directly by these legislative changes, including CCGs, NHS England and NHS Improvement and NHS providers, will receive an employment commitment to continuity of terms and conditions (even if not required by law) to enable all affected colleagues to be treated in a similar way despite a variety of contractual relationships. This commitment is designed to provide stability and remove uncertainty during this transition.”

# The design framework and employment guidance commit to a stable transition from CCGs to ICS NHS bodies

- NHS E/I's guidance on the employment commitment makes clear the intention:
- not to make significant changes to roles below the most senior leadership roles
- to minimise the impact of organisational change on current staff by focusing on the continuation of existing good work through the transition and not amending terms and conditions
- to offer opportunities for continued employment for all those who wish to play a part in the future.
- CCGs should: focus on day to day delivery, avoid large scale change programmes, only undertake essential change, retain and develop talent, retain terms and conditions, engage with trade unions and staff
- The employment commitment relates to transition from the CCG to the new ICS NHS body.
- The papers do not indicate any planned reductions to running cost allowances for the new ICS NHS bodies

<https://www.england.nhs.uk/wp-content/uploads/2021/06/B0724-employment-commitment-guidance-supporting-ics-v1.pdf>

# The next phases in our development

DRAFT

Over the next few months, we will need to focus attention on some of the key governance and institutional arrangements for our system, as we prepare to become an ICS with statutory responsibilities in Spring 2022.

We will pursue this work alongside and without distracting from arguably even more important parts of our development programme: developing our ICS operating model, establishing effective ways of working, building system architecture to enable subsidiarity and system working, and investing in leadership, learning and innovation.

Page 72

## Key priorities for the next 12 months

Establishing new overarching governance arrangements for our system by Autumn 2021

Completion of our immediate development workstreams on the roles of different partnerships in our system by Autumn 2021.

Develop the governance and infrastructure to support our local care partnerships and our provider collaboratives.

Establish new approaches to support clinical and professional leadership and system-wide innovation and improvement and continue building other infrastructure

Closure of our CCG and transfer of staff to a new ICS NHS body, under an employment commitment, subject to legislation, in Spring 2022.