

LAMBETH TOGETHER STRATEGIC BOARD

Date: **Wednesday 29 September 2021**

Time: **1.00 pm**

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

Members of the Committee

Dr Dianne Aitken, Lambeth CCG
Sarah Austin, Guys' and St Thomas' Trust
Councillor Lucy Caldicott, LB Lambeth
Fiona Connolly, LB Lambeth
Amanda Coyle, Lambeth Together (Neighbourhood & Wellbeing Delivery Alliance)
Natalie Creary, Black Thrive
Councillor Edward Davie, LB Lambeth
Councillor Jim Dickson, LB Lambeth
Andrew Eyres, Lambeth Clinical Commissioning Collaborative Board
Therese Fletcher, GP Federations
Sue Gallagher, Lambeth CCG
Graham Gardiner, Age UK Lambeth
Peter Hesketh, LB Lambeth
Ruth Hutt, Lambeth Public Health
Penelope Jarrett, Lambeth LMC
Sandra Jones, Lambeth Patient Participation Group Network
Merlin Joseph, LB Lambeth
James Lowell, South London and the Maudsley NHS Foundation Trust
Julie Lowe, Kings College Hospital Foundation Trust
Adrian McLachlan, NHS SEL CCG, Lambeth Living Well Network Alliance
Raj Mitra, Lambeth Children and Young People Alliance
Edward Odoi, CCG
Abi Onaboye, LB Lambeth
Andrew Parker, NHS SE London CCG
Catherine Pearson, Healthwatch Lambeth
Sabrina Philips, Lambeth Living Well Network Alliance
George Vegrhese, GP & Primary Care Clinical Cabinet

Further Information

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

AGENDA

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Lambeth Together Strategic Board

Wednesday, 29 September 2021

1 p.m. to 3.45 p.m.

Microsoft Teams meeting

AGENDA

Agenda Item No. and Time	Agenda Item Reference and Title	Attachment / Supporting Information	Agenda Item Lead
1 p.m.	<u>Public Forum</u>		
60 mins	<p>Introductions</p> <p>Kia Oval Covid vaccination video</p> <p>Brief notices – Covid -19 response</p> <p>Questions from the public</p> <p>Please use link to join the Public Forum - Click here to join the meeting.</p>	<p>Video</p> <p>Presentation</p>	<p>Cllr Jim Dickson</p> <p>Ruth Hutt/ Andrew Eyres</p>
<u>Meeting in Public</u>			
2 p.m.	<u>Part A</u>		
1.	Introductions Welcome, Introductions and apologies		
2.	Declarations of Interest Members are asked to declare any interests on items included in this agenda		Andrew Eyres
3.	Minutes of the Meetings 21 July 2021 Review matters arising	Paper Enc	Andrew Eyres
4. 2:10 p.m.	Lambeth Living Well Network Alliance Board members are asked to note progress and next steps for LLWNA. <ul style="list-style-type: none"> • Patient/System stories 	Enc	Sabrina Phillips / Guy Swindle

Agenda Item No. and Time	Agenda Item Reference and Title	Attachment / Supporting Information	Agenda Item Lead
	<ul style="list-style-type: none"> Progress Update 		
5. 2:55 p.m.	King's Strategy 2021-26: Strong Roots, Global Reach Board members are asked to note the Kings Healthcare NHS Foundation Trust Strategy.	Presentation Enc	Roxanne Smith
6. 3:25 p.m.	Lambeth Together – Developing our partnership working arrangements Board members are asked to note the updates in the overarching report. <ul style="list-style-type: none"> Lambeth Together Governance Review – Update SEL Integrated Care System (ICS) – Update and next steps Lambeth Together Assurance Sub-Group Update including accompanying report Lambeth Equality, Diversity and Inclusion (EDI) Group Report 	Paper Enc	Sophie Taylor Andrew Eyres Sue Gallagher/ Brian Reynolds Di Aitken/ Juliet Amoa
7. 3:45 p.m.	AOB / Date of Next Meeting / Close Date of next meeting 24 November 2021 - 1.00pm – 5.00pm		Andrew Eyres

Lambeth Together Strategic Board

Wednesday 21 July 2021 2:00 – 5:00pm

Microsoft Teams Meeting

Members

Cabinet Member for Health and Social Care (job-share)	Cllr Jim Dickson
GP Governing Body Member NHS SEL CCG, (clinical lead Neighbourhood & Wellbeing Delivery Alliance)	Dr Di Aitken
Cabinet Member for Health and Social Care (job-share)	Cllr Lucy Caldicott
Cabinet Member for Children and Young People	Cllr Ed Davie
Strategic Director, Integrated Health & Care NHS SEL 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
Borough Lay Member	Sue Gallagher
Chief Operating Officer, South London and Maudsley NHS Trust	James Lowell
CEO Healthwatch Lambeth	Catherine Pearson
Lambeth Patient Participation Group Network	Sandra Jones

In attendance

Programme Director, Lambeth Together (Neighbourhood and Delivery Alliance)	Amanda Coyle
NHS SEL CCG Communications and Engagement Lead (Lambeth)	Catherine Flynn
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
Director of Integrated Commissioning (Adults), Lambeth CCG and Lambeth Council	Jane Bowie
Director, Adult Social Care – Lambeth Council	Richard Outram
Associate Director Community Health and Engagement	Juliet Amoa
GP Partner, Waterloo Health Centre, Clinical Director-North Lambeth PCN	George Verghese
GP, Lambeth GP Federation	Dr Justin Hayes
Lead Commissioner - Sexual Health London Borough of Lambeth	Jennifer Reiter
Programme Lead - Sexual Health Programme of Change London Borough of Lambeth	Teresa Battison
Engagement Lead -Sexual Health Programme of Change	Vikki Pearce
Service Manager -Sexual Health and HIV service Kings College Hospital	Maureen Salmon

Apologies

GP Borough Clinical lead, clinical lead Children and Young People Alliance)	Dr Raj Mitra
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1. Welcome, introductions, and apologies

Andrew Eyres as meeting Chair welcomed attendees to the meeting.

Apologies were noted from Dr Raj Mitra.

Andrew Eyres noted that there had been a question regarding the standard for publishing the questions and responses from previous public Forums. It was confirmed that the Board will be adopting a 20-working day turn around for this going forward.

2. Declarations of Interest

There were none not already listed on the Register of Interests

NOTED

3. Minutes of the meeting of 26 May 2021

The minutes of 26 May 2021 were agreed as an accurate record. Andrew Eyres noted that he welcomed comments on the style of minutes for ongoing use.

AGREED

4. Patient/System stories

Primary Care Access

Dr Adrian McLachlan introduced this item on the experience of Primary Care through the corona virus pandemic and briefly highlighted the headline findings of the Annual GP Patient Survey. It was noted that there had been improvements nationally in regard to the overall experience of patients and the ease of access to GP services. It was also noted that GP practices would be drilling down into the local figures.

Waterloo Health Centre – GP Experience

Dr George Verghese reported to members on the current experience of practice teams including the variety of challenges faced by practice staff and the typical pressures that the system remained under. Dr Verghese shared some key messages from the Practice team;

- Contact your GP is more than walking to your GP reception and booking an appointment
- Contacting your GP is about contacting the General Practice team (more than a doctor or a nurse)
- Your GP team may be contacting you with an increase in proactive and health promotion workstreams – vaccinations, linkworking, care coordination, multiple long term condition management
- Practices are working more efficiently than ever. Making every contact count and making sure that patients needs are streamed to the most effective professional/service.
- We are busier than ever. Practice teams are offering more appointments than prior to pandemic.

Covid Management Services – Lambeth GP Federation

Dr Justin Hayes spoke to members regarding the work of the Lambeth GP Federation and the work they had undertaken in the past 18 months and were progressing for the future:

The Lambeth GP Federation have helped to implement the following during the past 18 months:

- Hot Covid-19 Clinics
- Hot Home Visiting Service
- Hot Transport Service
- Domiciliary Phlebotomy – Shielding patients
- Community Denosumab
- Covid-19 Frontline Testing
- Remote Monitoring – ARC Health
- Oximeter/Doctaly Project
- Flexible Workforce
- Covid-19 Vaccination Programme

Work has started on looking at the year ahead and plans include:

- GP Access Hubs
- Covid Management Services
- Nursing Homes APMS
- Lambeth Clinical Effectiveness Group linked to SEL CEG
- Elton John Aids Foundation
- Public Health Improvement Services
- Online Consultations
- Denosumab Outreach
- Covid Vaccine including Booster/Flue Campaign
- Winter Pressures
- GP Federation Flexible Workforce
- PCN Development Programme – Year 3
- Lambeth Together Training Hub – Host (CIC)
- Resilience Support to Member Practices

Patient Experience – Healthwatch

Catherine Pearson spoke to members regarding the work of Healthwatch Lambeth:

- It was noted that the number of requests for help with complaints to GP practices has fallen off. This seems to follow the view that patients were supportive of their GP practices
- Very good feedback from a transgender patient on how easy it was to register with their GP
- The national survey shows however that 10-15 % of patients are not reporting a good service. Healthwatch asked to have a practice to help review this with them.
- Some patients have said that they feel that telephone consultations are rushed, and they do not feel listened to. Work needs to be done to make telephone consultations easier and more comfortable to take, especially for those who are not digitally minded or may not feel comfortable taking these calls

Dr Adrian McLachlan asked for questions and comments from members:

- There is still a lot of work to do in general practice about how their reception services respond to people and how their telephone systems respond to patient calls.
- We do have to celebrate the improvements that have been made and the fact that we have been able to improve. Telephone consultations have been in use for a decade now in some practices and staff have been trained in how to deal with these in a positive manner
- Councillor Jim Dickson noted that the Lambeth Together partners are very grateful for the work that has been done within Primary Care on behalf of Lambeth residents, and particularly around the vaccination drive. It has been truly amazing and has been appreciated by all of the Lambeth residents
- Catherine Pearson noted that at a South East London level a review of GP websites was underway to see how patients are informed how to book appointments, The results should be ready in September.
- Sadru Kheraj noted that the social prescribing support especially during the first lock down was invaluable and we have in fact increased our offer. We have also been working with the NWDA to look at community engagement and build up our support network for patients.

Andrew Eyres thanked all presenters and contributors to the discussion which recognised the vital role that General Practice had continued to play in the borough throughout the period of the pandemic breadth and the innovation and adaptability shown to continue to respond to the needs of residents

NOTED

5. Deep Dive - Sexual Health Change Programme

Jennifer Reiter, Teresa Battison, Vikki Pearce, and Maureen Salmon spoke to members regarding the Sexual Health Programme of Change. The following points were highlighted:

- In scope for the Programme of Change:
 - Integrated sexual health services at GSTT, KCH and LGT
 - Sexual Health London e-service
 - Primary care system interface and impacts
- There have been many changes during the contract period
- The initial driver for the programme of change was the forthcoming end of the 3 trust, 5 year contract and the need to review the changes that have occurred during the contract, the Covid-19 pandemic has been the other key driver, we undertook a covid impact assessment and the results will help to inform the review of the contracts.
- Looking forward to creating a new normal and not just going back to pre-pandemic work
- Looking at ICS development and the structural changes to the health and care system over the next year
- Linking in with the government's strategic agenda – reaching Zero new HIV infections by 2030
- There are several workstreams within the programme for change including Activity and Financial analysis as well as stakeholder engagement which is titled the Future Insights Partnership Project
- The Future Insights Partnership Project will be completed in three phases
 - Discovery (February – July)
 - Shaping the future (July – November)

- Rapid co-design (November – March)
- Having come to the end of phase 1 we can see that overall patients give 4.28 stars out of 5 as an average rating. Sexual health service staff are caring, friendly and professional and the vast majority of people are very positive about the staff and report high quality care
- Across all of the research strands, access continues to be the biggest single problem, with finding the appropriate service and difficulty in finding consistent and trustworthy information being other problems highlighted
- The summary and next steps include:
 - Working to improve access is a continuing priority for services
 - A system level solution is proposed
 - Whilst the proposal is for a digital solution, there will always be people who won't use a digital access route
 - An SEL platform may help people to find the care they need closer to home

Questions and comments were invited. The following was noted:

- Sue Gallagher asked, the EDI data that was used to complete the initial survey and how much further work is needed to complete the EDI data. It was noted that not all participants completed the demographic portion of the survey, however, males and people from Black and Minority Ethnic Groups were engaged through specific services that worked in those areas.
- Sue asked as to the extent to which the survey incorporated school age service users and if those views differed from other service users. It was confirmed that there was an under 18 category but that school age children were not explicitly approached
- Dr Penelope Jarrett noted that GP practices have seen an increase in activity in this area during the pandemic and it was important to capture this data. It was noted that this is a really important point and at times GP data is omitted from these surveys. It would also be good to look at the increase in activity in the same way as within specialist sexual health services.
- Dr Penelope Jarrett asked about tracking patients referred by GPs to sexual health services. It was noted that this question would be responded to outside of the meeting.
- Dr Adrian McLachlan asked, how much is the change in sexually transmitted infections during the 2018/19 pandemic built into future capacity planning. It was noted that our online services for STI testing and simple management of STIs has seen a marked increase in usage, with lower volumes but with an increase in complex cases within clinics, so that capacity has been utilised.
- Cllr Jim Dickson noted that it is hoped that there will be a south east London-wide service. It was confirmed that Lambeth, Southwark and Lewisham are already working together and are in a good position to take this forward.

Cllr Jim Dickson commended the team for their work and noted that within Lambeth the service provided was excellent.

Andrew Eyres thanked presenters for a very clear and professional and informative presentation and looked forward to hearing how the work was progressing.

Members noted the progress to date on the Future Insights Partnership Project and the broader programme of change work and welcomed an update at a future meeting.

NOTED

6. Lambeth Together – Developing our Partnership

Andrew Parker reported to members. The following points were highlighted:

- Reviewing our pledge to adequately address our inequalities is being looked at within a specific piece of work and will be reported on as part of the future EDI work.
- Developing our approach to public involvement. It was noted that earlier in the meeting, there had been a good discussion regarding public involvement and have an understanding of what the next steps will be in this area
- Extending the membership of the board. We will be formally writing to each delivery alliance to ask for a nomination from their area of work to be one of three voluntary sector representatives on the Lambeth Together Strategic board. In addition to this we will also be contacting each of the trusts and the clinical cabinet to confirm their nominees to the Board.

Lambeth Together Assurance Sub-Group Report

Brian Reynolds reported to members on the work of the Assurance group. The following points were highlighted:

- The group will provide the Lambeth Together Strategic Board with dedicated focus on oversight and assurance including a focus on the Lambeth Covid-19 recovery plan and how this is being implemented.
- The first meeting of the group has now taken place with good attendance
- Recommendation to agree the Terms of Reference with a view to review in 6 months

RESOLVED

Lambeth Together Equality, Diversity and Inclusion (EDI) Group Report

Dr Dianne Aitken and Juliet Amoa reported to members. The following points were highlighted:

- The group members have met with the South East London NHS Anchors Network in relation to retention and recruitment
- Working group discussion has been around moving ahead in Lambeth, embracing the commitment of local politicians and work in progress. It was decided that there should be a Lambeth Together recruitment audit for NHS band 8 & above and equivalent staff across all partnership organisations
- A task and finish group to be implemented to focus on the metrics and data needed to measure and support Alliance objectives on health/care inequalities
- Two EDI development workshops have been completed
- As part of the workshops the Lambeth Together Pledge was looked at. It was noted that the pledge is a good place to start, but that is what should be focussed on the following recommendations were put forward:
 - The current Lambeth Together should assertively embrace EDI.
 - The use of the Cultural Web should be continued to advance Lambeth Together's ambitions
 - The refreshed pledge to be signed off by the Lambeth Together Strategic Board after final engagement with programme partners

- Lambeth Together may look at setting up its own reciprocal mentoring programme

Questions and comments were invited from members on all items included in item 6.

- Dr Penelope Jarrett noted on EDI that it was important to have data and metrics and to understand the remit of the audit mentioned in the presentation.
- Cllr Lucy Caldicott asked if it was assumed that the purpose of the EDI group is to reduce health inequalities or is it more linked to internal culture change. It was noted that culture change is needed to make the changes, and this is the start. Ultimately it is about how our services are accessed and delivered.
- Sue Gallagher recognised the importance of anchor institutions in reaching out to recruit people in the local communities and to help us build a suitably diverse and mixed workforce.

Andrew Eyres welcomed to update and recognised that there remained a lot of work to be done. The proposals outlined in the recommendations are an important starting point.

Action EDI Group to attend September LTSB with refreshed pledge.

RESOLVED

7. SEL Integrated care System (ICS) – Update and next steps

Andrew Eyres reported to members. The following points were highlighted:

- The white paper has now been put before parliament and will be reviewed over the summer
- The white paper commits to a more strategic and less transactional approach
- Work has been done on clarifying our priorities and principles for how we want to work together as an integrated system
- System working, pooling our knowledge and insight, making collective decisions, allocating and using resources differently, and a partnership model for transforming our services
- Work ongoing looking at how we want to work in place and in the collaborative and also as a single system of systems
- The timetable remains the same, with attention focussed on some of the key governance and institutional arrangements for our systems over the next few months
- Place arrangements like Lambeth Together are at the forefront of the thinking

Andrew Eyres asked for comments and questions.

- Dr Penelope Jarrett noted that it was reassuring to know that Lambeth through Andrew's role is part of the SEL decision making.
- Dr Jarrett asked about resourcing. It was confirmed that there are no formal savings targets mentioned in the guidance associated with organisational change with the move to ICS addition there is an employment guarantee available to CCG staff.

However, there may well be some significant wider financial challenges ahead for the heat and care system as a result of the pandemic.

NOTED

8. AOB/Date of Next Meeting/Close

Councillor Ed Davie stated that he will be focusing his time on Children's Social Care and Education and Councillor Jess Lee will take a lead on health issues and will attend the Lambeth Together Strategic Board going forward. Councillor Davie thanked all members for their support over the past few years. Andrew Eyres thanked Councillor Ed Davie for his extensive leadership to improve and health and reduce health inequality in Lambeth including as a member the Lambeth Together Strategic Board.

Action to invite Cllr Jess Leigh to future LTSB Meetings

Andrew Eyres noted that Tom Barrett – Lambeth Together Programme Lead has moved onto a role within Public Health and the Covid response. Taking Tom's position will be Sophie Taylor who will make a fantastic addition to the Lambeth Together Programme. It was also noted that at the recent Lambeth Council Staff Awards, Sophie has been awarded the inspiring leadership award. Amongst the other winners were the Public Health Team as team of the year and also the Kings College Hospital discharge team received a special recognition ward for the work that they have done over the past year.

The next Lambeth Together Strategic Board will take place on Wednesday 29th September 1 – 5pm.

Item Number	Matter Arising	Responsible	Position
1	Questions and responses from the Public Forum to be published on the Lambeth Together Website within 20 working days of the meeting	Sophie Taylor / Cheryl Smith	Completed
6a	Invite trusts and clinical cabinet to confirm LTSB representation	Andrew Eyres	In Progress
6a	Delivery Alliances to consider VCS LTSB members	Alliance Leads	Completed
6b	EDI group to attend September meeting with update and refreshed pledge	Sophie Taylor / Cheryl Smith	Completed
8	Cllr Jess Leigh to be invited to future LTSB Meetings	Cheryl Smith / Democratic Services	Completed

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Lambeth Living Well Network Alliance

An update for Lambeth
Together Strategic Board
29th September 2021

Welcome and Outline

- Introduction – Overview, Successes and Challenges
- Culturally Appropriate Peer Support Advocacy (CAPSA) - update
- Community Development – new roles, new approaches
- System story - providing support during the pandemic
- [Alliance Progress Report 2021](#) now available



- **Kept services open** – through the use of bubbles, rotas, PPE, social distancing and telephone and online support where possible
- **Supported partners to receive Covid vaccinations** – ensuring that all Alliance staff were prioritised for vaccination
- **Agreed a refreshed approach to Risk Share** – focusing on those in complex care, forensics, autism and over 55s
- **Living Well Centre South West moved** - into a newly refurbished Gracefield Gardens

- Delivered a pan Alliance **workforce development programme** – including compassionate care, mentoring, anti-racism and system leadership
- We helped more people to move on more quickly; **reducing the number of in-patient beds** used from an average of 85.7 beds per month in 2019/20 to 74.5 beds per month in 2020/21.
- **Lambeth Talking Therapies** exceeded their access and recovery targets
- Developed and introduced a new **Complex Needs pathway** (was Personality Disorder pathway)

- **Covid 19** – continuing to deliver services safely whilst dealing with rising demand – learning to live with it
- **Inequalities** – Covid deepened existing inequality; hitting racialised and deprived communities hardest
- **Money** – uncertainty over funding and significant additional spend during the unprecedented pandemic were somewhat offset by additional, welcome funding for mental health
- **Staffing** – structural challenges remain in filling certain clinical and professional posts – increased use of VCS and peers, job redesign, career paths and ‘grow your own’ amongst other approaches being tried

Culturally Appropriate Peer Support Advocacy (CAPSA)

- The aim is to design a service which provides support to members of the Black community who have mental health needs through peer support.
- The peer support service will be focused on striving for recovery, acknowledging the inherent challenges of racism for Black communities within traditional mental health services.

Design Process

- Pre-discovery – define the goals and indicators success
- Discover – generate insights of the unmet needs, gaps and opportunities
- Define – make sense of the data
- Develop – identify appropriate training content for peer support and advocacy
- Deliver – launch a CAPSA offer



Community Development

New roles, Staying Well, strengthening working with GPs and the community

Role	WTE	Band	Comments
'Community Reablement Worker'	5.5	VCS	VCS workers with extra skills' - Focus on social prescription/ Community Navigation/ rehab exploring community rehab options and keeping people close to their communities and offering an alternative option to statutory services. Includes peer workers with a % of the workforce being recruited from those with a lived experience
		Peer Workers/ Non Pay	
'Mind and Body Workers'	1.0	3	A service embeded within the LWCs supporting and working closely with primary care to provide a medication type service with first class physical health care support (linked to line 1 above) and ability to link to primary care to offer support to those who can be 'mantained' within PC/ shared care arrangement. workign to keep peopel in well/ stable and within thier communities
	1.0	6	
	0.5	Consultant	
	1.0	Peer Support Worker	
'Transitions Lead'	2.0	4	People (e.g. youth worker) to work across system with CAMHS to improve understanding, communications and pathway
		Non Pay	
Dual diagnosis	2.0	6	People with expertise and experience in dual diagnosis working in and across LWCs
Physician's and Healthcare Assistants	1.8	6	2 Physician's Assitants and 2 Physical Healthcare Assistants - to oversee high quality physical health, SMI healthchecks etc across the LWCs and Primary Care
	2.0	3	
Mental Health Practitioners	1.0	7	Jointly funded by the Alliance (SLaM) and Primary Care Networks (PCNs) these posts will be based in GP surgeries and work closely with Alliance services
	5.0	6	
	16.8		

System Story

Providing mental health support during the pandemic

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Report to: Lambeth Together Strategic Board

29 September 2021

Report Title	King's Strategy 2021-26: Strong Roots, Global Reach
Authors	Roxanne Smith – Director of Strategy, King's College Hospital NHS Foundation Trust
Summary	The purpose of this paper is to update on and to consider the development of the King's Healthcare strategy.
Recommendation(s)	<p>The Lambeth Together Strategic Board is asked to;</p> <ol style="list-style-type: none"> 1. Note the Kings Healthcare NHS Foundation Trust Strategy. 2. Consider aspects of the strategy, including <ol style="list-style-type: none"> a) Are there particular aspects of the strategy that are interesting or important to you? b) How can we work with you to achieve our ambition for more co-production? Particularly thinking about use of digital, improving our services etc. c) We are eager to strengthen our local relationships and to be a good partner, what could we do better? Are there opportunities for us to work together on the anchor agenda? d) How can we make the biggest contribution to population health, and addressing health inequalities in Lambeth?

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Strong Roots, Global Reach

King's Strategy 2021-2026



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We are a unique Trust, defined by the richness of our diversity

- We are one of the largest and busiest teaching Trusts in the country.
- Our 13,500 people in **Team King's** represent a multitude of cultures, religions, sexualities, abilities, and backgrounds.
- We serve a **changing, highly diverse, and mobile population** with significant health needs.
- We have **such diversity in our communities and populations** that include some of the most deprived and affluent areas in London, and have some of the youngest and oldest populations.
- The services we deliver reflect these diverse needs, from aiming to deliver excellence in our local hospitals and building our **Strong Roots** in the community, alongside access to world-leading specialist services and cutting-edge research which give us **Global Reach**.
- We will need to work together with our partners **to improve population health, tackle inequalities and deliver financially sustainable health services**.
- The **COVID-19 pandemic** has had a significant impact on Team King's and our patients – shaping some of the priorities for our strategy.



Our strategy has been shaped by the views and priorities of over 4,500 people



Our strategy has also been driven by 3 key strategic drivers: our local population, the impact of the COVID-19 pandemic and the way we work with our partners

Population drivers

King's serves a changing, highly diverse and mobile population.

- The proportion of our population who are BAME ranges from **19% (Bromley) to over 40% (Lambeth)**.
- Southwark and Lambeth rank amongst the **most deprived local authority areas** in the country. **One in five children** across SE London live in low-income homes.
- **Life expectancy** in our boroughs **is below the London average**, and can vary up to **nine years** between most and least deprived areas.
- Historically, poor health and mortality have been driven by **high blood pressure, poor mental health, obesity, smoking and alcohol consumption**. **Poor air quality** is a leading environmental factor.
- In Bromley, the proportion of people aged 65+ is expected to increase to **19% by 2027**.

Impact of the pandemic

The COVID-19 pandemic has had a significant impact on Team King's and our patients.

- The pandemic has exposed and exacerbated **longstanding health inequalities**.
- Prior to the pandemic, SE London already had too many people on waiting lists for too long, but the **pandemic has significantly worsened this backlog**.
- Tackling the backlog of elective care and the demands on diagnostic services will require a **local system-level response**.
- The pandemic has **increased the pace of innovation and the role of technology**.
- And, the pandemic has increased the profile of **life sciences and research**. King's has participated in trialling treatments for COVID-19, supported vaccine development, delivered care through virtual wards, and helped people to better understand recovery from Long COVID.

Partnership working

We will need to work together to improve population health, tackle inequalities and deliver financially sustainable health services

- King's has historically collaborated in a range of **place-based, regional, national and international partnerships**.
- We are a key member in **King's Health Partners, Specialised Services Networks** and across **clinical networks** locally and regionally.
- To improve **population health and tackle inequalities**, we need to work together across the SE London **integrated care system** and our **place-based partnerships** – One Bromley, Lambeth Together and Partnership Southwark.
- **Opportunities to align patient pathways** and, use collective depth in service provision, research, innovation and education, will allow us to make **best use of local resources**, and maximise productivity and efficiency of services.

KING'S STRATEGY 2021-26 | HOW WE BUILT OUR STRATEGY

THEMES: WHAT WE HEARD FROM YOU

BASED ON WORKSHOPS, SURVEYS + DISCUSSIONS WE'VE HAD WITH 4,500 STAFF, PATIENTS, PUBLIC + PARTNERS



KING'S HAS A VERY CLEAR IDENTITY that is BUILT ON A LONG HISTORY OF EXCELLENT CLINICAL CARE, SAFETY, + PATIENT-FOCUSED SERVICES.



WE HAVE AN INTERNATIONAL, WORLD-RENNOWNED REPUTATION AS A LEADING HEALTHCARE ORGANISATION, BOTH FOR DELIVERING HEALTHCARE + FOR OUR ACADEMIC RESEARCH.



WE ARE INNOVATIVE, ADOPTING NEW TECHNOLOGIES + DEVICES, + CREATING NEW TECHNIQUES. WE ARE A STRONG TEACHING + LEARNING ORGANISATION.



WE WANT TO COLLABORATE MORE WITH PARTNERS. OTHER HOSPITALS, UNIVERSITIES, KING'S HEALTH PARTNERS - IN ORDER TO DELIVER THE BEST CARE.



WE HAVE BOLD HEARTS + CURIOUS MINDS. WE ARE A FAMILY, BUILT ON FRIENDLINESS, KINDNESS, COMPASSION.



TEAM KING'S IS A COMMUNITY WITHIN ITSELF. WE ARE DIVERSE + MULTICULTURAL + WE SERVE A VERY DIVERSE + MULTICULTURAL LOCAL POPULATION; AS WELL AS PATIENTS ACROSS THE COUNTRY + INTERNATIONALLY.



IN RECENT YEARS, WE'VE HAD CHALLENGES WITH FINANCIAL DIFFICULTIES + AGEING ESTATES



WE HAVE A RESPONSIBILITY TO OUR COMMUNITIES TO DO MORE FOR THEM: PROMOTING LOCAL ECONOMY, EMPLOYMENT + COMMUNITY ENGAGEMENT.



WE WANT TO SHOUT MORE ABOUT OUR ACHIEVEMENTS + THE GOOD THINGS WE'VE DONE...

"WE WANT TO BE...
BOLD"

OUR *Vision* at KING'S is to BE...

B RILLIANT PEOPLE
O USTANDING CARE
L EADERS in RESEARCH, INNOVATION + EDUCATION
D IVERSITY, EQUALITY + INCLUSION at the HEART of EVERYTHING WE DO

THE LETTERS OF BOLD SET THE FRAMEWORK FOR OUR STRATEGY...



DIGITALLY-ENABLED

PERSON-CENTRED *Ambitions*

B RILLIANT PEOPLE

WE ATTRACT, RETAIN + DEVELOP PASSIONATE + TALENTED PEOPLE, CREATING AN ENVIRONMENT WHERE THEY CAN THRIVE



TEAM KING'S

O USTANDING CARE

WE DELIVER EXCELLENT HEALTH OUTCOMES FOR OUR PATIENTS, + THEY ALWAYS FEEL SAFE, CARED FOR + LISTENED TO.



Values
AT KING'S, WE ARE A KIND, RESPECTFUL TEAM...

KIND

WE SHOW COMPASSION + UNDERSTANDING + BRING A POSITIVE ATTITUDE TO OUR WORK



RESPECTFUL

WE PROMOTE EQUALITY, ARE INCLUSIVE + HONEST, SPEAKING UP WHEN NEEDED



TEAM

WE SUPPORT EACH OTHER, COMMUNICATE OPENLY, + PUT OUR PATIENTS AT THE CENTRE



L EADERS in RESEARCH, INNOVATION + EDUCATION

WE CONTINUE TO DEVELOP + DELIVER WORLD-CLASS RESEARCH, INNOVATION + EDUCATION - PROVIDING THE BEST TEACHING, + BRINGING NEW TREATMENTS + TECHNOLOGIES TO PATIENTS



D IVERSITY, EQUALITY + INCLUSION at the HEART of EVERYTHING WE DO

WE PROUDLY CHAMPION DIVERSITY + INCLUSION AT KING'S, + ACT DECISIVELY TO DELIVER MORE EQUITABLE EXPERIENCES + OUTCOMES FOR OUR PATIENTS + PEOPLE



SUSTAINABILITY

OUR *Vision* at KING'S is to BE...

B RILLIANT PEOPLE

O UTSTANDING CARE

L EADERS in RESEARCH, INNOVATION
+ EDUCATION

D IVERSITY, EQUALITY + INCLUSION at the
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OUR VALUES

AT KING'S WE ARE A KIND, RESPECTFUL TEAM



King's College Hospital
NHS Foundation Trust



KIND

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UNDERSTANDING + BRING A POSITIVE
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INCLUSIVE + HONEST, SPEAKING UP
WHEN NEEDED



TEAM

WE SUPPORT EACH OTHER,
COMMUNICATE OPENLY + PUT
OUR PATIENTS AT THE CENTRE

BRILLIANT PEOPLE

We attract, retain and develop passionate and talented staff, creating an environment where they can thrive

We have prioritised five actions to achieve our ambition for brilliant people:

Belonging to King's: We will be an inclusive organisation where everyone feels welcome and part of Team King's. We will embrace diversity, value difference and ensure equity of opportunity for everyone.

Being our best: We will strive to be our best, demonstrating our values in everything we do.

Looking after our people: We will be kind and caring, we will prioritise and invest in the holistic health and wellbeing of our people.

Inspiring leadership: We will be a clinically-led organisation with visible and high quality leadership.

Ensuring our people thrive: We will support the personal growth, education and development of our current and future workforce to meet our people and patient's needs.

OUTSTANDING CARE

We deliver excellent health outcomes for our patients, and they always feel safe, cared for and listened to



We have prioritised five actions to achieve our ambition for outstanding care:

Putting patients first: We will provide effective, person-centred care – improving patient outcomes and experience.

Providing the best services: We will build on our clinical strengths and focus investment on the areas that will have the biggest impact on our communities and populations.

Improving population health by working together: We will work with health system partners to improve the health of our communities.

Delivering sustainable care: We will achieve financial stability and sustainability, maximising productivity and efficiency to deliver the best care.

Being a listening and learning organisation: We will embed improvement in everything we do, delivering safe and effective care.

LEADERS IN RESEARCH, INNOVATION & EDUCATION

We continue to develop and deliver world-class research, innovation and education - providing the best teaching, and bringing new treatments and technologies to patients



We have prioritised five actions to achieve our ambition to be leaders in research, innovation and education:

Investing in digital transformation: We will invest in digital and data innovation to improve patient care and deliver better services.

Making our research more inclusive to improve population health: We will increase participation of our diverse South East London communities and populations in research, contributing to better health outcomes.

Building partnerships and networks: We will grow our industry partnerships and academic networks.

Being future-focused and growing our innovation culture: We will be at the forefront of research and innovation – understanding what works, and adopting and spreading it.

Teaching the leaders of tomorrow and supporting lifelong learning: We will deliver high quality education and training throughout our peoples' careers.

DIVERSITY, EQUALITY & INCLUSION AT THE HEART OF EVERYTHING WE DO

We proudly champion diversity and inclusion at King's, and act decisively to deliver more equitable experiences and outcomes for our patients and people

We have prioritised four actions to achieve our ambition to put diversity, equality and inclusion at the heart of everything we do:

Leading the way by developing our culture and skill: We will build a culture that champions diversity, equality and inclusion. Supporting and developing our people to provide compassionate and culturally competent care to our patients and each other.

Being an anchor in the community: We will take our social and environmental responsibility seriously, addressing the socioeconomic determinants of health.

Tackling health inequalities: We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes.

Building community partnerships: We will improve the reach of our organisation and grow our standing in the community through local partnerships.

Summary of our Strategy

OUR VALUES

AT KING'S WE ARE A KIND, RESPECTFUL TEAM



KIND

WE SHOW COMPASSION +
UNDERSTANDING + BRING A POSITIVE
ATTITUDE TO OUR WORK



RESPECTFUL

WE PROMOTE EQUALITY, ARE
INCLUSIVE + HONEST, SPEAKING UP
WHEN NEEDED



TEAM

WE SUPPORT EACH OTHER,
COMMUNICATE OPENLY + PUT
OUR PATIENTS AT THE CENTRE

Actions

Putting patients first:

We will provide effective, person-centred care – improving patient outcomes and experience.

Providing the best services:

We will build on our clinical strengths and focus investment on the areas that will have the biggest impact on our communities and populations.

Improving population health by working together:

We will work with health system partners to improve the health of our communities.

Delivering sustainable care:

We will achieve financial stability and sustainability, maximising productivity and efficiency to deliver the best care.

Being a listening and learning organisation:

We will embed improvement in everything we do, delivering safe and effective care.

Outstanding Care

We deliver excellent health outcomes for our patients, and they always feel safe, cared for and listened to

Our vision is for King's to be
BOLD

Leaders in Research, Innovation and Education

We continue to develop and deliver world-class research, innovation and education - providing the best teaching, and bringing new treatments and technologies to patients

Actions

Investing in digital transformation:

We will invest in digital and data innovation to improve patient care and deliver better services.

Making our research more inclusive to improve population health:

We will increase participation of our diverse South East London communities and populations in research, contributing to better health outcomes.

Building partnerships and networks:

We will grow our industry partnerships and academic networks.

Being future-focused and growing our innovation culture:

We will be at the forefront of research and innovation – understanding what works, and adopting and spreading it.

Teaching the leaders of tomorrow and supporting lifelong learning:

We will deliver high quality education and training throughout our people's careers.

Golden threads – our cross-cutting strategic themes



Person-centred – listening to and learning from all of our people (staff and patients) to create a positive environment and deliver the best care



Digitally-enabled – embracing and integrating digital technology and clinical data to improve the quality of care we deliver, and make our services more accessible



Sustainability – maintaining our focus on financial stability and sustainability through more efficient and productive services and building a new focus on becoming more environmentally sustainable through delivering our 'Green Plan'



Team King's – working as 'one Trust' across our sites, and as a good partner in our local integrated care system and beyond

B

Brilliant People

We attract, retain and develop passionate and talented people, creating an environment where they can thrive

Actions

Belonging to King's: We will be an inclusive organisation where everyone feels welcome and part of Team King's. We will embrace diversity, value difference and ensure equity of opportunity for everyone.

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Ensuring our people thrive: We will support the personal growth, education and development of our current and future teams to meet our people's and patients' needs.

Strong Roots,
Global Reach

Diversity, Equality and Inclusion at the heart of everything we do

We proudly champion diversity and inclusion at King's, and act decisively to deliver more equitable experiences and outcomes for our patients and people

Actions

Leading the way by developing our culture and skill: We will build a culture that champions diversity, equality and inclusion. Supporting and developing our people to provide compassionate and culturally competent care to our patients and each other.

Tackling health inequalities: We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes.

Being an anchor in the community: We will take our social and environmental responsibility seriously, addressing the socioeconomic determinants of health.

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Questions for discussion

- Are there particular aspects of the strategy that are interesting or important to you?
- How can we work with you to achieve our ambition for more co-production? Particularly thinking about use of digital, improving our services etc.
- We are eager to strengthen our local relationships and to be a good partner, what could we do better? Are there opportunities for us to work together on the anchor agenda?
- How can we make the biggest contribution to population health, and addressing health inequalities in Lambeth?

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Report to: Lambeth Together Strategic Board

29 September 2021

Report Title	6. Lambeth Together - Developing our Partnership
Authors	<p>Andrew Parker – Director of Primary Care and Transformation, NHS South East London</p> <p>Brian Reynolds – Associate Director Health and Care Planning and Intelligence, NHS South East London</p> <p>Sue Gallagher – Governing Body Lay Member, NHS South East London CCG</p> <p>Cllr Jim Dickson – Cabinet Member and Health and Wellbeing Board Chair, Lambeth Council</p> <p>Dr Dianne Aitken – Governing Body Member & Assistant Clinical Chair, NHS South East London</p> <p>Juliet Amoa – Associate Director Community Health and Engagement, Adult Social Care, Lambeth Council</p> <p>Sophie Taylor – Programme Lead, Lambeth Together</p>
Summary	The purpose of this paper is to update the Strategic Board on Lambeth Together partnership developments, including local partnership governance arrangements, within the transition to SE London Integrated Care System, and reporting from the Lambeth Together Assurance Group and Equalities, Diversity and Inclusion Group.
Recommendation(s)	<p>The Lambeth Together Strategic Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the continued progress of the Lambeth Together governance review recommendations. 2. Note the activity to date in developing our Lambeth Together arrangements to take forward Place-Based arrangements for Lambeth within the developing SE London ICS, as well as next steps. 3. Note the update from the Lambeth Together Assurance Group and associated Integrated Assurance Report. 4. 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.

1.0 Lambeth Together Partnership Governance Developments

- 1.1 The Board will recall it previously (May 2021) approved eight 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:

- 1.2 ***Lambeth Together partnership governance arrangements – progress of recommendations below:***

Action	Status	Progress	Lead
1. That the priorities and ways of working for the board be agreed and note that further priorities for partnership development, including our work to address inequalities, will be identified over the coming period	Complete	Agreed at May LTSB.	Lambeth Together Board
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	In Progress	Juliet Amoa and Di Aitken presenting to Lambeth Together Strategic Board on next steps, on September 29 th .	Juliet Amoa / Di Aitken
3. That the number of VCS providers on the Board increases from 1 to 3 - That each Alliance identify one VCS Provider representative from each Alliance (ie x3)	In Progress	Partnership to confirm with Living Well and Children's Alliances the commitments for these roles to assist them in their 'recruitment'	Sabrina Phillips, Amanda Coyle, Daniel Stoten
4. That reconfirmation be sought from partner Foundation Trusts and from Clinical Cabinet for Primary Care leadership that they have the appropriate representation at both Board, Executive and within Delivery Alliances	Complete	Appropriate representation confirmed.	Sophie Taylor
5. That each Delivery Alliance reviews their membership to ensure appropriate clinical input	In Progress	In progress	Sabrina Phillips, Amanda Coyle, Daniel Stoten
6. Agree that further consideration be given to inclusion of pharmacy and/or other primary care practitioners in Lambeth Together arrangements	In Progress	Discussion as part of developing clinical leadership in Lambeth Together - to be agreed	Sophie Taylor

7. 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	In Progress	Workshop session has taken place. Confirmation on specific engagement arrangements to be determined.	Sophie Taylor
8. That the Assurance arrangement be agreed	Complete	New assurance arrangements across the system have been established.	Brian Reynolds

2.0 SE London Integrated Care System (ICS) – Lambeth Place-Based arrangements Update and Next Steps

- 2.1 In SE London, workstreams have been in operation over the last few months, designing the emerging SEL ICS model and reporting into both the SEL ICS Executive and SEL ICS Programme Board.
- 2.2 In Lambeth, through our Lambeth Together Strategic Board and associated governance arrangements, as partners we have been operating in anticipation of the development of the Integrated Care Systems (ICS) for some time. As a result, our arrangements are well placed for adaptation to meet the requirements to enable us to operate as a shadow Local Care partnership with SEL ICS.
- 2.3 The Lambeth Together Strategic Board has been formally operating since April 2020. The Strategic Board developed from our Lambeth Together Alliance Leadership Team arrangements which were in operation from April 2018.
- 2.4 The Lambeth Together Strategic Board has met in public and operated through its Terms of Reference as a Local Care Partnership (LCP) in Part A, alongside operating its delegation from SEL CCG as a Borough Based Board (BBB) through its Part B arrangements incorporating a Committee in Common with LB Lambeth. During the spring of 2021 the Strategic Board undertook a governance review, including of membership and representation, in anticipation of the developing ICS requirements. As such we are well placed to act as a shadow Committee of the ICB whilst recognising it will be important that together we take forward our partnership development as we transition to the new ICS arrangements
- 2.5 In addition to an established Lambeth Together Partnership Board, we have an established weekly meeting of the Lambeth Together Executive Group – comprising key partnership executive leads and local stakeholders. This includes nominees from GSTT, Kings, SLAM and Lambeth Living Well Network Alliance, London Borough of Lambeth (Adults/ Children and Public Health), SEL CCG borough leads, Primary Care (PCN CD Lead, GP Federation Lead, LMC) along with VCS, Healthwatch, and our Delivery Alliance programme leads. The Executive Group is chaired by our executive lead, the Strategic Director for Health and Care. During the Covid-19 pandemic, that group has overseen the local health and care response and the development of the Lambeth Together Borough Recovery Plan, alongside the broader Lambeth Together transformation work enacted through our Delivery Alliances and key programmes.
- 2.6 In Lambeth, we consider that we have well developed arrangements and effective working relationships in place, and we remain ambitious to further develop our transformation agenda. We will continue to build on our experience and learning to date, including the success of our partnership working in our collaborative response to the challenges of Covid 19. Partners consider it is important that the implementation of our transformation plans is not negatively impacted by organisational change, albeit recognising that there remains much more to do both in terms of progressing how we work together across all our teams and in ensuring the impacts and outcomes of our transformation deliver benefit in terms of improved health outcomes and reduced health inequalities for local people.
- 2.7 It is intended that Local Care Partnerships (LCP) consider and agree the process through which key agreements can be made to comply with this national guidance and SE London ICS requirements, initially through their local partnership discussions and provide a proposed approach to SE London. Implementation should then follow

through October and November to ensure that arrangements are in place for the effective shadow operation by the end of Quarter 3 2021/22.

3.0 Lambeth Together Assurance Group

3.1 The Lambeth Together Assurance Group met on 14 September 2021. This is the second meeting of this new bi-monthly Integrated Assurance and Oversight Group working to support the Lambeth Together Strategic Board. The group offers a unique opportunity to provide a dedicated space and focus for shared oversight of the health and care system within Lambeth. The session was well attended from representatives across the partnership and enjoyed a positive discussion within a richly packed meeting.

3.2 The group reviewed those actions that had been closed and received updates and agreed progress for two ongoing actions.

- The first of these related to plans to further develop equalities metrics through the work of the EDI group which Dr Di Aitken and Juliet Amoa are leading on.
- The second related to the development of regular progress reports produced in a way that clearly and succinctly communicates to the public and stakeholders their aims and how it is working to meet these. The well-received Lambeth Together Living Well Network Alliance Progress Report was provided as an example of this already in place, and each Alliance area was asked to consider this and to bring back updates on the plans to produce a similar progress report to this group in the future.

3.3 This Assurance Group is constituted to add value to Lambeth Together by bringing together partners to receive and discuss areas of joint importance and how these can be better understood and improved. The two areas of focus the group discussed this time were Adults Social Care Transformation, and the NHS South-East London CCG quality functions.

- Adults Social Care Transformation: Members received a presentation from Hannah Franks from Adult Social Care and Graham Gardiner from Age UK on the 'Front Door Re-design and community preventative offer'. The Group discussed the importance of this work for people's independence, how people's experience of the services is measured, and how awareness of processes can be shared as widely as possible to improve the quality of experience for those supported by the service and of partners involved in different aspects of care navigation and provision.
- NHS South-East London CCG Quality Team: Lisa Clarkson and Sulaimon Quadri outlined the quality function and its links with boroughs to support and provide assurance on quality matters across service areas in SEL CCG. The sharing of quality alerts and learning was discussed by the group, and how a summary of key themes and lessons learned could be included for the group going forward. The group agreed this would be helpful to receive particularly in relation to the importance of embedding quality in all that we do, from assurance, critical review and to quality improvement.

3.4.1 The group also received the latest bi-monthly Lambeth Together Integrated Assurance Report, covering the full range of Lambeth Together programmes and Lambeth's delegated and integrated health and care responsibilities. Brian Reynolds presented the report for review, and noted that all sections of the report had been updated since the previous report in July. The full report is included as an annex to the LTSB board

papers on the Lambeth Together, Council, and CCG websites. This report provides an integrated overview covering:

- 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, including Dashboard
- 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

Lambeth health and care integrated assurance areas have also been updated, as follows;

- Adult Social Care and Older Persons
- Public Health
- Children's Commissioning
- Primary and Community Care
- Medicines Management
- Planned and Unplanned Care
- Adults Mental Health

Also included within this integrated report are updates for Quality, Risk and Finance. The financial position reports for both Lambeth borough (NHS South East London CCG) covering April to July 2021, and for the Lambeth Council Adult Social Care summary position over the same period. More details on this and other areas are available in 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 and will be regularly reviewed and discussed at the Assurance Group.

3.5 The Assurance Group also discussed and supported a number of areas to how we approach assurance:

- the importance of focussing on particular focus areas at each meeting, such as Adult Social Care, and Quality at the September meeting. As part of this the group also received the proposed forward plan of items for the year ahead
- supporting the value that can be added through doing so as a partnership

- members further supported the need to show how we are improving patient experience and giving due weight to all aspects of the Quadruple Aim
- asking each Delivery Alliance area to highlight through their regular programme updates key issues and any risks to be aware of, and for this group to consider areas of risk that sit across a number of areas.

3.6 The group will next meet on 9th November 2021, and a report will be presented back to the November Lambeth Together Strategic Board.

4.0 Lambeth Together Equalities, Diversity and Inclusion Group

4.1 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 Delivery Alliance leads and partners in the programme to focus on how we address health inequalities with a whole systems approach.

4.2 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 have started the work on data and will present to the board our progress. The Lambeth Together Pledge has been reviewed which we will present to the Board for sign off. We are exploring a reverse mentoring programme that we would like to socialise with the board.

5.0 Conclusion

We continue to develop our partnership arrangements as discussed and work through our Delivery Alliances, enabling programmes and Lambeth Together Executive Group and Strategic Board.