

Lambeth Together Strategic Alliance Leadership Team Meeting

Friday 11th October 2019 13.00– 15.00

Civic Centre, Room 05-03

Attendees:

Alliance Leadership Team Members		
Andrew	Eyres	Lambeth CCG (Chair)
Cllr Jim	Dickson	Lambeth Council
Justin	Hayes	GP Federation
Angela	Dawe	GSTT
Sandra	Jones	Lambeth PPG Network
Adrian	McLachlan	Lambeth CCG
Cllr Ed	Davie	Lambeth Council
Graham	Gardiner	Age UK Lambeth
Therese	Fletcher	Lambeth GP Federations
Penelope	Jarret	Local Medical Committee
Ruth	Hutt	Lambeth Council
Lucy	Morrissey	Kings College Hospital
Donna	Greir	Kings College Hospital
Project Group Attendees		
Andrew	Parker	Lambeth CCG
Tom	Barrett	Lambeth Council
Jess	Roycroft	Lambeth Council
Liz	Clegg	Lambeth CCG
Apologies		
Andrew	Travers	Lambeth Council
Matthew	Patrick	SLAM
Fiona	Connolly	Lambeth Council
Annie	Hudson	Children's Services
Catherine	Pearson	Healthwatch

Summary

1. Welcome and Introductions

AE introduced the meeting and welcomed the members of the Lambeth Together Alliance Leadership team.

The minutes of the previous meeting were agreed once a change to the list of attendees has been made.

Matters Arising

Elevator Pitch

As UD is not available for this meeting, this will be picked up at the next meeting.

Lambeth Together Newsletter

The first Lambeth Together newsletter is due to go out week commencing 14th October.

PID

An outcomes developmental steering group has now been established with a focus on supporting development of the outcomes for phase one of the Neighbourhood and Wellbeing Alliance. A programme road map has been developed and will be circulated.

Some additional programme resource has been identified within the proposed SEL Lambeth place level structure. The main area we need to review the resource required is the Neighbourhood and Wellbeing Alliance. All partners have been written to, asking for them to confirm contribution.

2. Lambeth Together

High Level Summary Report

AP reported that since the creation of PCNs a lot of work has taken place at a high level on building regular engagement with them, understanding their initial development needs and supporting them to gain greater 'maturity'. Some of the key work streams currently include:

- Establishing regularly CCG-PCN meetings
- Additional Role Reimbursement Scheme
- Extended Hours
- PCN Development & Support
- Data Sharing and Infrastructure

AP spoke about future national changes that would be taking place during 2019/20.



Living Well Network Alliance

AP reported that new service proposals have been developed with people who use services and those that care for them in multi-agency project work streams and will progressively be going live over the coming months. The Single Point of Access service went live in September. It is a borough wide centralised service that directs people to offers in either the wider network or to the mental health system's simplified menu of options. There have been some issues but it is going well.

Children and Young People

AP reported on the high level CYP priorities over the recent period. In particular rolling out the Early Help pilot and establishing the locality arrangements around Childrens centres changes.

A task and finish group exploring the area of emotional health and wellbeing had been established and met several times . AP suggested having a bigger focus on this at a future meeting and making sure someone from that board was present to give an update.

Culture and Ways of Working

AP spoke about work the communications team had been doing around Lambeth Together branding and website that is now being rolled out across the system. The big push in this area needs to be to refresh, retest and make sure the engagement approach was appropriate for the next steps of the programme.

The remainder of the Lambeth Together update report was noted and no further comments were made.

3. Neighbourhood and Wellbeing Alliance

AD presented the Neighbourhood and Wellbeing Alliance update report which was previously circulated and highlighted the following; in June 2019 commissioners shared commissioning arrangements with partners setting out the proposed strategic direction for the Neighbourhood and Wellbeing Alliance. In the Neighbourhood Alliance the preferred option was option 3 which is a system wide alliance agreement with incremental and clearly paced phases going forward. That was fed back in to the system whilst trying to learn and understand what is happening elsewhere in the country.

AD further explained time has been spent discussing what the scope and approach could be in phase 1. The alliance had agreed to implement test and learn developments within specific geographical areas focussed on all people living with 3 or more medium to long term conditions with or without frailty and people living in their last years of life. This is a substantial number of people who have complex needs. The next stage is to start to do some mapping around where these people are and what are the issues and work on the engagement plan with representative groups. Some community members have been recruited and an event is being held to give the alliance members an opportunity to meet them and get their induction underway.

The alliances outcomes framework is being developed to focus on this phase 1 cohort. There is a need to design the governance as the alliance shifts from an informal partnership to a more formal arrangement. The document sets out what the high level risks are that the alliance faces.

Members commented it was good that it felt this work was coming to life. LC commented how important it was that learning from the Living Well Network Alliance wasn't lost, some contractual things need to be done and she would welcome a discussion about moving forward and getting some of these things done. TF commented that the culture of this is key. AM felt it may be helpful to set up small groups that could try and test things out over a period of weeks, AD confirmed discussions had taken place about a deep dive in certain areas. Following further discussion it was agreed it would be useful to run a stocktake of existing activity.

AD noted the need to undertake significant work engaging with local communities and the need to establish a way of working with communities and other organisations. GG commented if we really want citizen and patient engagement we really need to support organisations where that is what their task is.

The Leadership Team noted and agreed the following recommendations:

- Note and endorse the work to date on the development of the Neighbourhood and Wellbeing Alliance including the testing of the commissioning proposition with alliance partners.
- Note and agree with the Neighbourhood and Wellbeing Alliance Leadership team's decision to extend the phase one cohort beyond the red cohort to all people living with "3 or more medium-long term conditions +/- frailty and people living in their last years of life"
- To note the intention to design governance for phase one that will ensure decision-making at the right level, reduce duplication and enable progress to implementation to be made at the necessary pace

AD indicated that GSTTs preference would be to have a memorandum of understanding and not be distracted by the complexity of establishing an Alliance agreement.

AD asked partners to be clear about the commitment on resource considering the track record of all partners contributing equally isn't great. LC confirmed conversations have been taken place regarding the contributions.

ED asked that a conscious effort is made to engage with residents from all cultural backgrounds and those living with disabilities.

4. Lambeth Together draft PID

AP introduced the PID which had been previously circulated. AP highlighted proposals to change the programme governance in regards to the role of what was known as the Lambeth Together Project Team Meeting. The group have met fortnightly and the intention

was to change the nature of the way in which the group meets. In 1 part for that group it would take on more of an Executive Leadership approach and be more of a decision making and clear leadership group that will provide assurance in to this leadership group. It is proposed to keep the fortnightly cycle but one of those meetings per month will take on more of a leadership focus and the other more of a developmental and supportive role. Following a discussion, and comments on the PID this was supported.

5. CCG and system reform in SEL update

AE updated colleagues on the CCG system reform giving an update on the CCG merger conversations. AE explained that all 6 CCG have submitted an application to merge from April 2020, the application is being considered by regulators and we hope to have some feedback later this month. Alongside that has been a process engaging the six memberships of the CCGs. In Lambeth this is continuing however in the other 5 boroughs a clear decision has been taken to support the merger by each of the CCG memberships. Underpinning the merger of CCGs is the delivery of borough based arrangements and borough based governance, the approach to system design is being pushed hard in SEL to develop borough based arrangements for integration and the collaboration at a CCG level on an STP/ICS footprint. This is seen as a development towards integrated care systems that mirror the SEL 'system of systems' way of working.

AE went on to explain the organisational form that supports commissioning capabilities across the 6 CCGs. Alongside the merger conversations are conversations about doing more together with an approach that some things are SEL wide, some things are borough wide and then some functions may be managed SEL wide but with embedded resources in each borough. The work on staffing of CCGs is currently underway. The third element of work and initiatives are around responses to the Long Term Plan that the NHS is required to respond to. A timetable is set for that for everyone in the NHS to come back on an STP basis, the initial drafts are in development and are being tested before the final versions go forward. Behind all of this is PCNs being heavily promoted from the National Team.

6. Future Governance Arrangements

AP introduced the draft terms of reference for the Interim Strategic Alliance Leadership Board which had been previously circulated. For a while discussions have been taking place around bringing various governance arrangements together. This board has been meeting for just over a year now. In the commissioning world between the Council and CCG we have a Committees in Common arrangement that brings together some of our arrangements in particular around older people commissioning and commissioning for adult mental health services, a number of the same people sit on that group. Previously we have had an adjacent arrangement where this board would meet immediately after the Committees in Common. From November onwards we would like to officially align those meetings together as one. It will be called 'interim' because it is for the remainder of this year whilst we are designing the approach for 2020 and onwards; part of this new meeting arrangement will be dependent on the new delegation arrangements by a new SEL CCG to the health commissioning part of this agenda.

AP spoke to a diagram in the previously circulated paper, in particular highlighting Part A and Part B and what these mean. AP explained the frequency of when these meetings would take place. Part A and Part B do not indicate either importance or primacy; they simply indicate who should be present and able to vote. The discussion then turned to how the membership would be made up including voting and non-voting members. The aim is for the group not to be too big but to have the right voices to give the right challenge. AP finished by asking for colleagues to come back to him with any more thoughts on how and when to meet.

7. AOB

TB informed colleagues about the Lambeth Together Training Hub, which was formally known as the Community Education Provider Network. They have budget of £110,000 and are looking for bids of between £2,000 and £25,000 from organisations. More information will be circulated

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