

Stakeholder engagement report for LAS

1. Introduction

This report has been commissioned by the Chair and Chief Executive of the London Ambulance Service (LAS) with the following objective:

Developing and enhancing the engagement framework to support delivery of the LAS Service Strategy 2018-2023 by:

-Undertaking a targeted stakeholder mapping exercise identifying key organisations and influencers in the health and care sector in London and nationally to support delivery of LAS strategic priorities;

-Identifying opportunities for developing influence and fostering relationships, networks and collaboration to deliver the LAS's strategic objectives including "Mental Health" as a priority area and enhancing engagement with Sustainability and Transformation Plans (STPs) implementation;

-Identifying approaches to strategic engagement by Boards and senior managers which could be included in the future LAS engagement framework, strategy and action plan.

2. Overview of LAS strategic priorities

The LAS has a five year Strategic Plan for 2018/19-2022/23 which identified the following priorities:

- Comprehensive urgent and emergency care coordination, access, triage and treatment with multichannel access for patients

- A world class urgent and emergency response with enhanced treatment at scene and for critically ill patients a faster conveyance to hospital. Within this theme, the LAS has also prioritised the introduction of "ambulance pioneer services", a bespoke service for five patient groups e.g. urgent care response, mental health, end of life, falls and maternity.

- Collaborating with NHS, emergency services and London system partners to provide more consistent, efficient and equitable services to Londoners.

The Strategy identified that implementation was underpinned by key dependencies relating to commissioners support, including contractual mechanisms and levers which incentivise the benefits to the wider health system and support for the pioneer services once piloted, closer clinical working with partners and the development of digital solutions. The Strategy was also to be underpinned by clinical, estates, IM&T, partnerships, quality, volunteering and operational transformation enabling strategies.

The LAS Strategy was developed in the context of the NHS Five Year Forward View (2014-2019) and the initial priorities of the five London Sustainability and Transformation Plans (STPs). In January 2019, the NHS Long Term Plan was published. The LAS's Strategy will now be implemented and London's five Health and Care Partnerships (as the partnerships set up to deliver the STPs are known) will be further developed taking account of the NHS Long Term Plan. In a report on the "NHS Long Term Plan" to the March 7th 2019 meeting of the NW London Collaboration of CCGs Mark Easton, Accountable Officer, stated:

“All parts of the country are expected to produce a local version of the plan by the autumn of this year, and we will take the opportunity to ensure our strategy reflects the ambition of the NHS Plan. To this end we will be engaging with our public and partners over the coming months as we develop the next stage of our thinking”.

Health care strategy, planning and operational delivery increasingly focusses on pathways and partnership working across the health and social care system. As a first point of contact and entry into London’s health system, LAS has an overview and keen understanding of the strengths and challenges of the system. It has a key role to play in the delivery of the NHS Long Term Plan in London.

Health and social care leaders and their teams are developing partnerships, systems and pathways to deliver national, regional and local priorities developing new models of working and innovation which respond to demography, complex health needs and changing public expectations. It is in this context that LAS is developing its stakeholder engagement and partnerships to deliver its Strategy.

3. Identifying key organisations and influencers to support delivery of LAS strategic priorities

3.1 Stakeholder sub-groups

The following stakeholder sub-groups were agreed as the focus of the mapping exercise (see Appendix 1 for more details):

- London Clinical Commissioning Groups: STPs/Health and Care Partnerships(HCPs)
- London NHS providers
- London local authorities
- NHS England/NHS Improvement/Health Education England
- London Clinical Senates/Strategic Clinical Networks
- Mayor of London/Greater London Assembly
- London/national voluntary and social care sector
- London/national Patient and Public Involvement groups
- London Academic Health Sciences Centres, Partnerships and Networks
- London Clinical Leadership Academic Health Research Collaborations/Clinical Research Networks
- Others –e.g. Public Health England

Detailed findings from the mapping exercise are contained in the attached spreadsheet. It covers the above stakeholders identifying key organisations and, where appropriate, boards, committees, collaboration and co-ordination mechanisms, work streams and their chairs, vice chairs and membership. The spreadsheet complements and augments the work undertaken by LAS in developing “Insight packs” for each of the five STP/HCP areas. It also maps potential opportunities for LAS stakeholder engagement ¹ (see note 1 below).

¹ Note – The mapping has been undertaken through desk research. I have used my best endeavours to crosscheck the information. However, there may be gaps or unintended errors if websites are incomplete or have not been updated. There will also be myriad day to day working relationships between stakeholders not covered by the mapping.

The mapping exercise has identified key organisations and influencers in London and nationally. Influencers combine legitimate, expert and referent power. The mapping exercise should be read in conjunction with the “Insight packs”. It aims to build a London-wide picture in a single spreadsheet, to highlight key structures, processes and players. Reflecting on this analysis of the health and care stakeholder landscape in which it operates, will support LAS in developing its enabling strategies and pro-active plans for strategic stakeholder engagement. LAS are the sole pan-London NHS trust and are required to maintain a complex web of relationship with system partners.

LAS strategic stakeholder engagement takes place across the broad range of organisations highlighted below. Greater detail is given in the attached spreadsheet.



Diagram 1- Stakeholder sub-groups

3.2 Analysing the mapping – highlights and findings

The mapping exercise in relation to the **STPs/HCPs** has identified:

1. Governance arrangements.
2. Chairs of the partnership boards.
3. Mechanisms for provider Chairs and NEDs to engage with STPs/HCPs.
4. Chief Officers leading the STP/HCP.
5. Members of executive groups including local authority and provider CEs and the clinical lead(s).
6. SROs for the priority programmes of work and enabling work streams such as Estates.
7. Organisations involved in supporting developmental, needs assessment, health intelligence, research and evaluation for the STPs/HCPs.

8. Other London-wide or national roles held by those leading STP/HCP programmes and activities.
9. Key organisations and individuals shaping innovation in London e.g. Digital Health.
10. Chairs and Vice Chairs of the Joint Overview and Scrutiny Committees.

3.3. Drawing on the mapping exercise, Chart 1 highlights some of the key players in London's health and care system including in mental health which is a national, local and LAS priority. It details their substantive role, role in the STPs/HCPs, professional backgrounds and other roles they hold or have held in London and nationally. The spreadsheet and the Insight packs have further details.

Chart 1

Name	Role in STP/HCP	Other roles/background
North West London		
Mark Easton	AO NWL CCGs/STP lead	NWL CCG lead, Strategic Partnership Board, Healthy London Partnership Formerly Programme Director, OHSEL
Lesley Watts	Chair of Health Care Programme Board Provider Lead	Board member Imperial College Health Partners NWL provider lead, Strategic Partnership Board, Healthy London Partnership Formerly AO for East and North Herts CCG Former nurse and midwife
Dr Mohini Parmar	Clinical lead, NWL HCP	Chair, Ealing CCG Board member Imperial College Health Partners
Carolyn Downs	LA lead, NW London HCP	Chief Executive LB of Brent Formerly, CE Local Government Association, Legal Services Commission, Shropshire CC & Deputy Permanent Secretary/DG, Ministry of Justice
North London		
Helen Pettersen	North London Partners in Health and Care Convenor AO North Central London CCGs	NCL CCG lead, Strategic Partnership Board, Healthy London Partnership
Andrew Ridley <i>(Note-AR's trust relates to 4 STPs in total including NWL and SWL)</i>	Provider SRO, NL HCP	Chief Executive, Central London Community Healthcare NHS Trust Board member Imperial College Health Partners Formerly Regional Director, NHSE South England, MD NEL CSU, National Programme Director, Better Care Fund.
Dr Josephine Sauvage	Chair, Islington CCG Co-clinical Lead NL STP/HCP Co-Chair, Health and Care Cabinet	Community Paediatrician prior to training as a GP GP City Road Medical Practice
Paul Jenkins	NCL SRO Mental Health	Chief Executive, Tavistock and Portman NHS FT Formerly, CE of Rethink Mental Illness, Director of Service Development, NHS Direct and a civil servant.
Sarah Mansuralli	NCL SRO Urgent and Emergency Care	Chief Operating Officer, Camden CCG Formerly, COO Brent CCG

East London		
Jane Milligan	AO North East London Commissioning Alliance/Executive STP Lead, ELHCP	NEL CCG lead, Strategic Partnership Board, Healthy London Partnership Board Member, Peabody Trust Chartered Physiotherapist
Professor Sir Sam Everington	Chair Tower Hamlets CCG Clinical Lead, ELHCP	GP Bromley-by-Bow Partnership Member, London Clinical Senate Council Member, London Health Board Deputy Chair, Tower Hamlets Health and Wellbeing Board Associate NED, NHS Resolution BMA Council member and Vice President Advised NHS England on new care models
Rob Whiteman	Independent Chair, ELHCP	Chief Executive CIPFA Formerly CE LB of Barking and Dagenham
South East London		
Andrew Bland	Chief Officer SE London Commissioning Alliance/AO OHSEL	Chair of the OHSEL Board SEL CCG lead, Strategic Partnerships Board, Healthy London Partnership
Julie Lowe	STP Programme Director, OHSEL	Board member South London Health Innovation Network Co-chair – review of graduate management training scheme across the NHS in England
Dr Jonty Heaversedge	Chair – Southwark CCG	Medical Director for Primary Care and Digital Transformation (NHS England, London) Vice Chair, Southwark Health and Wellbeing Board
South West London		
Cheryl Coppell	Independent Chair STP/HCP	NED Hillingdon Hospitals NHS FT Trustee of the Centre for Ageing Better. Formerly CE of LB of Havering and Chair, Barking, Havering and Redbridge Independent Care Coalition
Sarah Blow	SRO SW London HCP	AO SW London Alliance of CCGs Board member South London Health Innovation Network SWL CCG lead, Strategic Partnership Board, Healthy London Partnership Formerly, Chief Officer, Bexley CCG and held senior management roles in SE London, East Sussex & Dept. of Health.
Dr Naz Jivani	SWL Clinical Lead	Chair of Kingston CCG Board member and London rep for NHS clinical commissioners. Member Council of Governors Kingston Hospital
Tonia Michaelides	SWL SRO Mental Health	MD Kingston & Richmond CCGs London wide co-sponsor of the development of the London Mental Health Dashboard and the implementation of the s136 pathway
Ged Curran	LA lead SWL HCP	Chief Executive, LB of Merton SWL borough lead, Healthy London Partnerships, Strategic Partnership Board 15 years at Merton, previously Newham, Lambeth, Waltham Forest. Lawyer by background

3.4 Governance and strategic leaders for the STPs/HCPs, including the SRO leads on issues of strategic importance to the LAS, can also be identified from the mapping exercise. The detailed mapping spreadsheet combined with the “Insight packs” gives an overview; although some gaps remain. LAS are fully engaged in UEC work streams. Participation at STP/HCP boards is generally by senior managers from the organisations which make up the partnership. These meetings therefore present an opportunity to meet a number of system leaders simultaneously as well as maintain an overview of how the primary care, digital, estates and other priority work streams which will impact on LAS’s strategy implementation. Chart 2 below summarises the various boards and who attends them. It also identifies which LAS participants either attend the meeting or have an interest in keeping abreast of the issues being addressed.

Chart 2

Health & Care Partnerships Governance, work streams and pilots	Participants from HCP/STPs	London Ambulance Service
Chairs meetings NCL STP Advisory Board East London Health and Care Assembly	SWL/ELHCP Independent Chairs of HCP Boards	Chair
ELHCP community networks non-executives pilot project ²	CCG lay members Provider NEDs	NEDs
Partnership Boards (5 HCPs) Partnership Operations Group (NWL) Quarterly executive leadership summits (NCL) Partnership Executive (EL) STP Executive Group (SEL) Leadership quartet (SWL) Provider forums	5 HCP leads/Accountable Officers Chairs of Partnership Boards (NWL, SEL, NCL) Provider CEs on HCP leaders groups/executives SROs	Chief Executive Head of Partnerships
Clinical and Quality Leadership Group (NWL) Health and Care Cabinet (NCL) Clinical Programme Board (SEL)	Clinical leads for 5 HCPs Chairs of Health and Care/Clinical committees Provider medical directors Directors of Public Health	Medical Director
Urgent and Emergency Care work programmes (5 HCPs) Primary, Social and Community Care (NWL) Health and Care Closer to Home, Adult Social Care (NCL) Community based care (SEL) Primary care (SWL)	SROs for Urgent and Emergency Care, Health and Care Closer to Home, Adult Social Care, Community Based Care, Primary Care	Director of Operations

² See <http://eastlondonhcp.nhs.uk/news/partnership-selected-as-non-executive-community-network-pilot/>

NWL One land, buildings and equipment NCL Infrastructure work stream ELHCP Estates Board SEL Estates work programme SWL Estates work programme	SROs for Estates	Director of Strategic Assets and Property
NWL One Digital & IT NCL Digital work stream EL Digital SEL Digital work programme SWL Digital (and workforce)	SROs for Digital	Chief Information Officer
Finance and Activity Modelling Group (NCL)	SROs Finance	Director of Finance and Performance
Maternity, mental health, end of life care programme boards	SROs for maternity, mental health, end of life care	Chief Quality Officer
Strategy Directors meetings	HCP/Provider - Directors of Strategy/Transformation	Director of Strategy and Stakeholder Engagement
Programme work streams and boards e.g. UEC, maternity, mental, children and young people, end of life care (detail for each HCP in the spreadsheet)	HCP Programme leads/managers	ADOs/Strategic Engagement Managers/Quality & Pioneer service leads
PPE events for HCPs	HCP communications and engagement managers	PPE/Public Education/Communications managers

3.5 The LAS has a London-wide perspective on strategy, standards and quality and a sectoral approach to operational delivery. **NHSE/NHSI London region** and other **London health bodies** also have a city wide perspective and overview. There are multiple forums in which LAS's city wide understanding of London's health care system is valued and having a "voice in the room" supports its strategic objectives. The mapping has identified forums with a pan-London systemic and multi-agency perspective. These are highlighted below with fuller details in the attached spreadsheet.

- NHSE/NHS Improvement, the Clinical Senate and Clinical Research Networks are NHS bodies with a London-wide remit and perspective. Sir David Sloman is leading NHSE/I for London in taking forward the NHS Long Term Plan and supporting system transformation across the capital. His team will also link with the national perspective in addressing issues such as how "financial incentives are aligned to the commitments in the Long Term Plan".
- The London Clinical Senate plays an important role as a multi-professional forum providing independent strategic advice to commissioners. Its website states:

"The Clinical Senate is not focused on a particular condition or patient group and takes a broader view of the totality of healthcare in London. It gives a whole systems perspective to the issues at hand, with advice that is evidence based and impartial, to create optimal health services and improve quality and outcomes across London".

- The Senate Council is chaired by Dr Mike Gill and LAS NED, Dr Mark Spencer, is Vice Chair. An LAS Consultant Paramedic serves as a Council member. There is also a clinical senate forum with a membership of some 300 health professionals “debating ideas and building consensus on issues of strategic importance”. LAS has contributed to forum events on “mental health crisis and appropriate attendance at emergency departments” and on “enhancing care in care homes”. Commissioners have asked for the senate’s advice on issues such as the “proposal by Hammersmith and Fulham CCG to reduce the opening hours of the Charing Cross and Hammersmith Hospital Urgent Care Centres” and “Advice on proposals for the reconfiguration of acute services in Sutton, Merton and Surrey Downs CCGs”. The focus on London-wide systemic issues is consistent with the LAS’s perspective. There are also local Clinical Senates which collaborate with the STPs/HCPs e.g. SW London clinical senate’s work on children and young people’s mental health.
- The Mayor of London, the London Assembly’s Health Committee and the London Health Board all have a pan-London perspective. There are other groups or partnerships which have a London wide perspective such as the Healthy London Partnership which brings together the Mayor of London, NHSE (London), Public Health England and London Councils.
- “London Councils represents London’s 32 borough councils and the City of London. It is a cross-party organisation that works on behalf of all of its member authorities regardless of political persuasion”. It runs committees, networks and forums including conferences and events. London Council’s Chair is Cllr Peter John, Leader, LB of Southwark. The Vice chair is Cllr Georgina Gould, Leader, LB of Camden. Both Cllr John and Cllr Gould chair their local Health and Wellbeing Boards.

The mapping has identified players who take a London-wide perspective through membership of a group, board or partnership. An overview is given in Chart 3, further details of these and other forums are in the attached spreadsheet.

Chart 3

Name	Organisational role/background	Participation in health and care
John O’Brien	Chief Executive, London Councils (Formerly, civil servant at DCLG and ODPM, Deputy Executive Director at IdEA).	Co-chair, London Health and Care Devolution Programme Member, London Strategic Partnership Board
Will Tuckley	Chief Executive, LB of Tower Hamlets (Formerly CE LB of Bexley and Deputy CE, LB of Croydon).	Chief Executives of London LAs, Health lead Co-chair London Health and Care Strategic Partnership Group Co-chair, London Health and Care Devolution Programme Board
Cllr Ray Puddifoot	Leader, LB of Hillingdon	London Councils, Executive Member Health and Care Member London Health Board Member, Hillingdon Health and Wellbeing Board

Cllr Peter John	Leader, LB of Southwark Chair, London Councils	Executive member Public Sector Reform & Devolution and Finance and Resources, London Councils Chair, Southwark Health and Wellbeing Board
Dr Onker Sahota	Assembly member Ealing & Hillingdon	Chair, London Health Committee GP in Ealing
Dr Tom Coffey	Senior Advisor to the Mayor of London on health policy. Lead on health care devolution.	Attends London Health Board. GP Brocklebank Group Practice, Wandsworth, GP advisor to Battersea Healthcare social enterprise Does sessions at Charing Cross A&E
Andrew Eyres	AO, Lambeth and Croydon CCGs	Chair, London CCGs Chief Officers' Group Member, London Health and Care Devolution Programme Board Co-chair, Children and Young People's Health Partnership Programme Board (Lambeth & Southwark)
Professor Yvonne Doyle	Regional Director, London, Public Health England (Note- Professor Doyle will become national Medical Director/Director Health Protection at PHE in May 2019)	Statutory Health Adviser to the Mayor of London Has advised WHO on Healthy Cities
Dr Vinod Diwakar	Medical Director, NHS England, London Region Consultant Paediatrician	Co-Chair, London Clinical Senate Forum Clinical representative, London Strategic Partnership Board
Dr Mike Gill	Chair, London Clinical Senate Council Formerly, Medical Director at Newham and BHR University Hospital NHS Trusts.	Medical Director at Health 1000: The Wellness Practice. Consultant at Barts Health.

- There are links between STP/HCPs and the **partnerships and networks supporting, researching and evaluating the drive for innovation and improvement** in health and social care services across London. These are Academic Health Sciences Centres or Partnerships based at Imperial College, UCL and Kings College, the South London Health Innovation Network, NHS Improvement (nationally and in London), Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) for NW, North and South London and their corresponding Clinical Research Networks (CRNs). The LAS is a partner of the NW London CLAHRC and associated Clinical Research Networks. However, the North Thames and South London CLAHRC and CRNs liaise with the LAS and NW CLARHC and CRN for relevant local studies. All these organisations and networks work with multiple partners across organisational boundaries and are well placed to understand systemic challenges in London's health care system. Their leaders are identified in Chart 4 below and further details of the programmes of work are given in the spreadsheet.

Chart 4

Organisation/Name	Role	Background/other roles
Imperial College Health Partners		
Professor Andrew George	Interim Chair, Imperial College Health Partners	Deputy Vice-Chancellor, Brunel University
Dr Axel Heitmuller	Managing Director, Imperial College Health Partners	Visiting Professor, Imperial Institute of Global Health Innovation
UCL Partners		
Rt Hon Professor Lord Kakkar	Chair, UCL Partners	Professor of Surgery at UCL, Consultant Surgeon at University College London Hospitals NHS Foundation Trust Director, Thrombosis Research Institute.
Dr Charlie Davie	Managing Director, UCL Partners	Consultant Neurologist, Royal Free London NHS FT Member, London Clinical Senate Council Board member-Digitalhealth.London, UCL Institute of Clinical Health, London Strategic Clinical Network Neuroscience Board
Kings Health Partners Academic Health Sciences Centre		
Professor Ed Byrne	Chair, Kings Health Partners Joint Board	President and Principal Kings College London
Professor Sir Robert Lechler	Executive Director, Kings Health Partners	Senior Vice President Health, Kings College London President, Academy of Medical Sciences
Health Innovation Network South London		
Professor Richard Baker	Chair, Health Innovation Board	Strategic advisor, speaker and author on healthcare and life sciences. Acted as workstream champion in the Accelerated Access Review. Has advised government on new healthcare tech.
Zoe Elliott/Tara Donnelly	Zoe Lelliott is Acting Chief Executive, Health Innovation Network. (Tara Donnelly, the CE is currently Interim Chief Digital Officer for NHSE).	TD – trustee Nuffield Trust
NW London Collaboration for Leadership in Applied Health Research and Care (CLAHRC)	Professor Derek Bell, Director	Professor Acute Medicine, Imperial College President, Royal College of Physicians of Edinburgh
NW London Clinical Research Network (CRN)	Dr Robina Coker, Clinical Lead	Consultant, Hammersmith Hospital, Imperial College Healthcare NHS Trust and Hon. Senior Lecturer, Respiratory Medicine, Imperial College
North London CLAHRC	Professor Rosalind Raine, Director	Director (Head of Applied Research and Prof of Healthcare Evaluation, UCL.

North London CRN	Clinical Leads – David Wheeler & Margaret Johnson	DW - Professor of Kidney Medicine, UCL & Consultant Nephrologist, Royal Free Hospitals NHS FT MJ - Professor of HIV Medicine, UCL and Consultant in Respiratory Medicine, Royal Free Hospitals NHS FT
South London CLAHRC	Professor Sir Graham Thornicroft, Director	Consultant Psychiatrist, South London & Maudsley NHS FT Professor of Community Psychiatry, Kings College London
South London CRN	Clinical Leads - Andrew Sheenan, Dr Kosh Agarwal,	AS - Clinical Director, Professor of Obstetrics KCL/Consultant Obstetrician GSTT KA - Clinical Director, Consultant Hepatologist, Kings College Hospital

The mapping exercise has identified the chairs and vice chairs of local authority boards and committees which have a statutory role in relation to health i.e. Health and Wellbeing Boards (HWBs) and Health Overview and Scrutiny Committees (HOSCs). These are predominantly borough based (or occasionally cover two or three boroughs). Joint Health and Overview and Scrutiny Committees (JHOSCs) mirror the footprint of the STPs/HCPs which they scrutinise with the exception of North East London which has two joint committees, one for inner NE London and one for outer NE London and SW London which includes Surrey . LAS senior managers attend HOSCs in relation to a specific proposal or issue under scrutiny. The chairs and vice chairs of JHOSCs are generally more widely engaged in health and social care either as Chair or members of their borough based HOSC. Some HWB chairs and members are also engaged in London Councils.

Chart 5 below gives an overview of the chairs and vice chairs of the JHOSCs. All other details on HWBs and HOSCs are covered in the attached spreadsheet.

Chart 5

Joint Health Overview and Scrutiny Committee	Chair	Vice Chair
NW London JHOSC	Cllr Mel Collins, LB Hounslow	Cllr Lorraine Dean, City of Westminster
North Central London JHOSC	Cllr Alison Kelly, LB Camden	Vice Chairs - Cllr Pippa Connor, LB Haringey, Cllr Tricia Clarke, LB of Islington
Inner NE London JHOSC	A new chair and vice chair were elected at the February 2019 meeting (minutes not yet available)	
Outer NE London JHOSC	Cllr Eileen Keller, LB Barking & Dagenham	
Our Healthier SE London JHOSC	Cllr Judith Ellis, LB Bromley	Cllr Philip Normal, LB of Lambeth
SW London and Surrey JHOSC	Cllr Anita Schaper, RB Kingston,	Cllr Ian Lewer, LB Wandsworth

- The mapping exercise has gathered information on all the **Healthwatch** organisations. These are borough based and representatives sit on HWBs and are involved in STPs/HCPs supporting community engagement. London STPs/HCPs have been innovative in their approach to community and stakeholder engagement. For example, working with local Healthwatch organisations and its Patient and Public Engagement Steering Group, SWL STP/HCP has run “an extensive grassroots engagement programme” reaching some 5,000 “seldom heard people” across 6 boroughs. SW London partnership events have been shortlisted for the national HSJ value award. North London Partners in Healthcare ran a series of engagement events on Urgent and Emergency Care including a Citizens Reference Group with Healthwatch. Some Healthwatch organisations sit on STP/HCP committees e.g. the board of OHSEL and the SW London partnership board. Some Overview and Scrutiny Committees have co-opted Healthwatch nominees.
- The LAS Patient’s Forum is already actively engaged in contributing to the LAS PPI events as well as raising issues with the Chair and CE in meetings and at the Board. Its role is well established with LAS senior managers and its PPE team.
- The mapping includes some of the main voluntary organisations in London. Detailed mapping of organisations in individual boroughs, with the exception of voluntary sector or volunteer co-ordination bodies, was beyond the scope of this exercise. These co-ordinating bodies can act as a channel of communication to the local voluntary sector.

4. Fostering relationships, networks and collaboration to increase engagement and influence

The mapping exercise has identified overlapping “stakeholder sub-groups”. These are summarised in the diagram below.

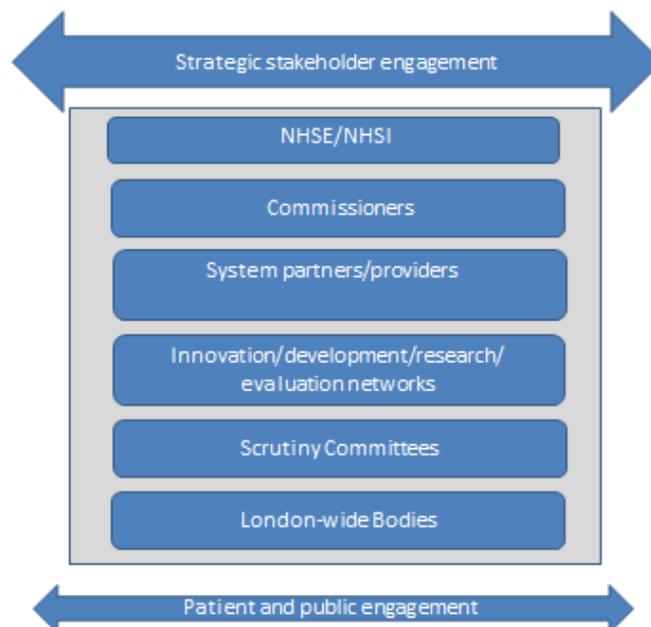


Diagram 2 - LAS Strategic stakeholder engagement

Opportunities and approaches to enhancing engagement, increasing influence and fostering relationships, networks and collaboration are explored for each sub-group. Patient and public engagement (PPE) is a cross-cutting issue for all strategic engagement.

4.1 Commissioners: HCPs/STPs

- HCPs are well established with a lead or convenor of the partnership who is also the AO for the local commissioning alliance. CCGs retain their statutory/legal responsibilities. The partnerships were set up to deliver the STP. Each HCP/STP has a governance structure at board, executive, clinical and programme levels. HCP/STPs have brokered additional funding from national initiatives designed to support innovation on priority issues e.g. children and young people’s mental health “trailblazer” funding in SW London, digital health “One London”, community network pilot for non-executives in NE London. Over the next six months, the HCP/STPs will steer the integration of the NHS Long Term Plan into local strategies and planning building on existing priorities identified in each HCP/STP
- 2019/20 is a “transitional year” for health service strategy and planning. STPs/HCPs will be setting up additional engagement opportunities as they refresh and update their local plans in the light of the NHS Long Term Plan. Enhanced LAS engagement at this stage is consistent with LAS’s strategic objectives. For example, following evaluation, LAS pioneer services pilots will be poised to make the case to become long term approaches. Appropriate LAS engagement in mental health, maternity, children and young people, older people’s and end of life work streams will be important. Dissemination of the impact of the pilot findings across the STPs/HCPs and developing relationships with system partners to embed future delivery will be centre stage. HCP/STPs also have digital and estates programmes of work which mirror LAS strategic priorities. For example, see East London Strategic Estates Plan (October 2018)³. CCGs remain the statutory bodies for commissioning; CFOs for the commissioning alliances are leading programmes of work across the STP/HCP footprints.
- Chart 1, p.7 outlined from the mapping exercise opportunities for LAS engagement in the HCP/STPs. In conjunction with the “Insight packs”, it can be used to review LAS engagement and consider whether all channels are being fully utilised. This will be a useful exercise as LAS has been asked to submit a “Statement of Intent” for 2019/20 engagement with HCP/STPs.

4.2 Opportunities for engagement and approaches to building collaboration

The following offer opportunities for engagement:

- ✓ Appointment of independent chairs: getting to know these appointees, briefing them on LAS’s strategy through engagement at boards and other networks
- ✓ Initiatives to expand the participation of NEDs in HCP/STPs e.g. follow up to the East London community network of NEDs initiative or similar activities in other HCP/STPs

³ http://eastlondonhcp.nhs.uk/wp-content/uploads/2018/10/18_10_NEL-ELHCP-Strategic-Estates-plan.pdf

- ✓ The Head of Partnerships and his team develop “gathering and exchange” of intelligence internally and externally on the match between LAS and HCP/STP objectives and initiatives facilitating timely interventions such as:
 - Meeting HCP/STP SROs responsible for programmes of work which cover LAS strategic priorities
 - Reviewing HCP/STP programmes of work for synergies with planned development of LAS “pioneer services” or “enabling strategies”
 - Enhancing involvement in partnership boards for HCP/STPs over next six months as the local submissions following the publication of the NHS Long Term are developed.
 - Keeping abreast of the work of the clinical leadership groups for HCP/STPs for synergies with planned development of LAS “pioneer services” or “enabling strategies”.
 - Facilitating strategic engagement in the HCP/STPs by identifying where the Board, CE and senior leaders can best support strategic objectives e.g. through attending stakeholder events as HCP/STPs refresh their plans.

- ✓ Develop opportunities for cross organisational learning between commissioners and LAS staff or internally for key LAS staff engaged in delivering the strategy. Illustrative examples of this approach could include: “organisational raids”, “joint learning sets or days”, “day in the life” exchange or exposure visits, “shared learning opportunities”, “podcasts on pioneer services”, “NED workshops” (sharing case studies of pan London change which LAS NEDs have led with participants reflecting together on relevance for LAS Strategy implementation).

- ✓ Facilitate exchange between HCP engagement and communication managers and the LAS PPI team on methods of PPE e.g. on the role of PPE steering groups in the HCP/STP or the use of “whose shoes”.

4.3 System partners/providers

The mapping exercise gives an overview of how providers are participating in the HCP/STPs (see Chart 1). Some hospitals are grouped together as a single entity (e.g. Royal Free London, Barts Health) or have entered into a strategic partnership, collaborative or federation (e.g. South London partnership) or set up a collective voice e.g. the Cavendish Square Group of mental health providers.

Some London providers deliver services in several areas and have contracts with more than one commissioner. Like LAS they therefore relate to more than one STP/HCP (albeit sometimes outside London). These include Central London Community Healthcare NHS Trust, Central and NW London NHS Trust, East London NHS FT.

LAS relate to its fellow providers, inter alia, through pathways, innovation networks, HCP/STP meetings and events. Opportunities to enhance engagement, collaboration and partnerships are outlined below:

4.4 Opportunities for engagement and collaboration

- ✓ Exchange on approaches to stakeholder engagement with Chairs and CE of providers relating to more than one STP/HCPs;

- ✓ Maintaining a dialogue with CEs who are provider leads in HCP/STP “leadership/executive groups”
- ✓ Participating in provider groups/confederations relating to HCP/STPs to explore areas of common interest across systems and pathways e.g. mental health, older people’s frailty and falls
- ✓ Developing relationships with provider partnerships or with individual trusts to develop delivery models and partnerships, and, where appropriate, joint business cases for service development or funding proposals for national or charitable sources.
- ✓ Keeping abreast of developing primary care models in line with the NHS Long Term plan. Explore how the enhanced primary care teams will impact the wider health system.
- ✓ Set up a “exchange hub” day with Directors of Strategy from across London acute, mental health and community trusts for “blue skies thinking” on the opportunities in taking forward the “NHS Long Term Plan”
- ✓ Explore tariff development approaches which incentivise “avoiding admission”. Identify system partners thinking about this issue to exchange ideas.
- ✓ Engage with other London providers to maximise joint inputs to systems and pathway redesign and development of local health and care plans.

4.5 Innovation, review, evaluation and research support to STPs/HCPs

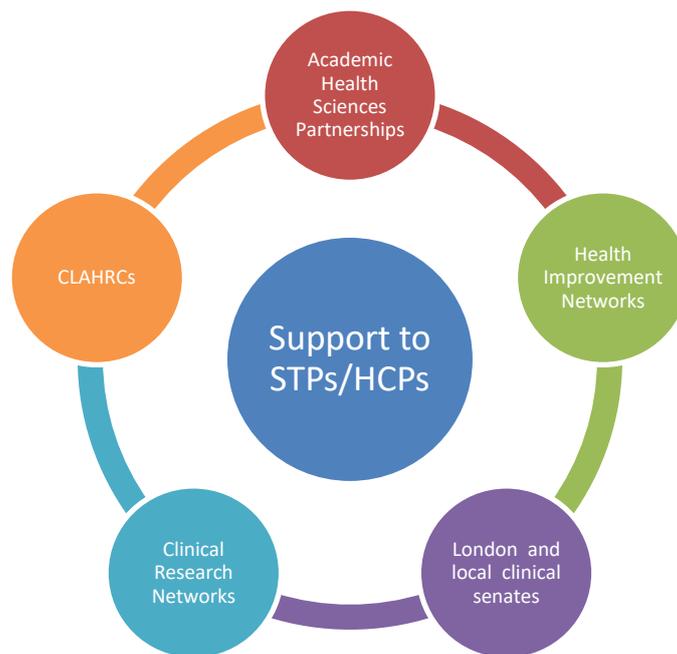


Diagram 3 – Support to STPs/HCPs

The above partnerships and networks work across organisational and professional boundaries. They either work across London or London and the Shires or across more than one “sector”. The perspective of their senior leaders is therefore close to that of LAS Board members and senior leaders. LAS is already engaged with them but there are potential advantages in exploring opportunities to expand collaboration as LAS implements its Strategy and work with HCP/STPs:

- The South London Health Innovation Network (SLHIN) spans SE and SW London. It is described as a:

“.....membership organisation, driving lasting improvements in patient and population health outcomes by spreading the adoption of innovation into practice across the health system and capitalising on teaching and research strengths. Its diverse membership includes all healthcare providers (community, acute, mental health and primary care), commissioners, local authorities and higher education providers” (SLHIN website)

LAS are one of 55 member organisations. The SLHIN’s (substantive) AO is a leader in Digital Health. The HIN is working on both mental health and Digital. The SRO for SWL STP/HCP and OHSEL STP Director both sit on its board.

- The Academic Health Science Partnerships are also boundary spanners with strong academic bases and teams with experience of issues which LAS is addressing. Imperial College Health Partners covers NW London. Imperial collaborates with nine Trusts, seven CCGs and two HEIs. UCL Partners covers NC and NE London (and reaches into Essex, Hertfordshire and Bedfordshire). It collaborates with 21 Trusts, 20 CCGs, ten HEIs, North Thames CLAHRC and its associated CRN. Kings Health Partners (KHP) cover South London. Kings College, two acute (GSTT and Kings) and one mental health trust (SLAM) collaborate together. KHP works with SLHIN, St George’s, University of London, St George’s NHS FT, OHSEL, S. London CLAHRC and CRN. LAS are not identified as a partner in these collaborations on the websites. The health science partnerships have been collaborating with HCPs on the STPs, for example, Imperial’s work on population health intelligence has informed the NWL HCP/STP work on improving the physical and mental health of children and young people.
- The CLAHRCs have a multiplicity of partners including strong academic, third sector and industry partners as well as providers and CCGs. LAS is a partner of the NW London CLAHRC and its associated CRN. The NWL CLAHRC has three cross cutting themes which relate to LAS strategy implementation – collaborative learning and partnerships, patient and public engagement and involvement and public health and information intelligence.
- The Clinical Senates have given independent advice to HCP/STPs and CCGs on a number of key issues both at a London and local level e.g. London clinical senate advice to NWL CCG on UCC s and SWL clinical senate work on mental health for children and young people. The Senate forum brings stakeholders together across organisational and professional boundaries. It has addressed issues of strategic importance to LAS. For example, in February 2019, LAS’s mental health paramedic lead contributed to a forum entitled “What more does London need to do to enable people in mental health crisis to appropriately attend emergency departments?”

4.6 Opportunities for engagement

- ✓ Developing links with a North London academic health sciences partnership.
- ✓ Developing the relationship with the SLHIN e.g. on pioneer services and digital. Strengthening LAS links with the wider South London health care system through engagement with the SLHIN. If, for example, the HIN seeks nominations from members to its Board, could LAS nominate a senior leader or NED?
- ✓ Developing research, evaluation and cross organisational and system learning in relation to LAS pioneer services and redesigned pathways. Working with the CLAHRCs/CRNs not only in NW London but also in North and South Thames could be fruitful particularly where innovations link into the HCP/STP priorities.
- ✓ Maximising opportunities for LAS staff to become members of the London Clinical Senate forums at both London-wide and local level.
- ✓ Maximising opportunities to promote LAS strategic intentions consistently when making presentations and participating in external forums, networks and conferences e.g. clinical senate forums.
- ✓ Addressing multiple priorities through innovative approaches to attract additional funding. One illustrative example might be children and young people, urgent and emergency care and primary care are priorities across all five HCP/STPs. The academic health sciences partnerships, innovation network and clinical senates have strengths in patient and public engagement, digital health and innovation. The national strategy, LAS strategy and the new ambulance service specification prioritise “integrated urgent care”. The London Assembly Health Committee report highlighted issues in health seeking behaviour amongst young Londoners aged 18-24 years and gaps in their knowledge on urgent and emergency care services⁴. Could an innovative pilot approach to engagement with young people be achieved in partnership with an Academic Health Sciences Centre, innovation network or local clinical senate possibly attracting sources of innovation or charitable funding?

⁴ <https://www.london.gov.uk/sites/default/files/lasfindingsreportfinal.pdf>

4.7 Other London stakeholders

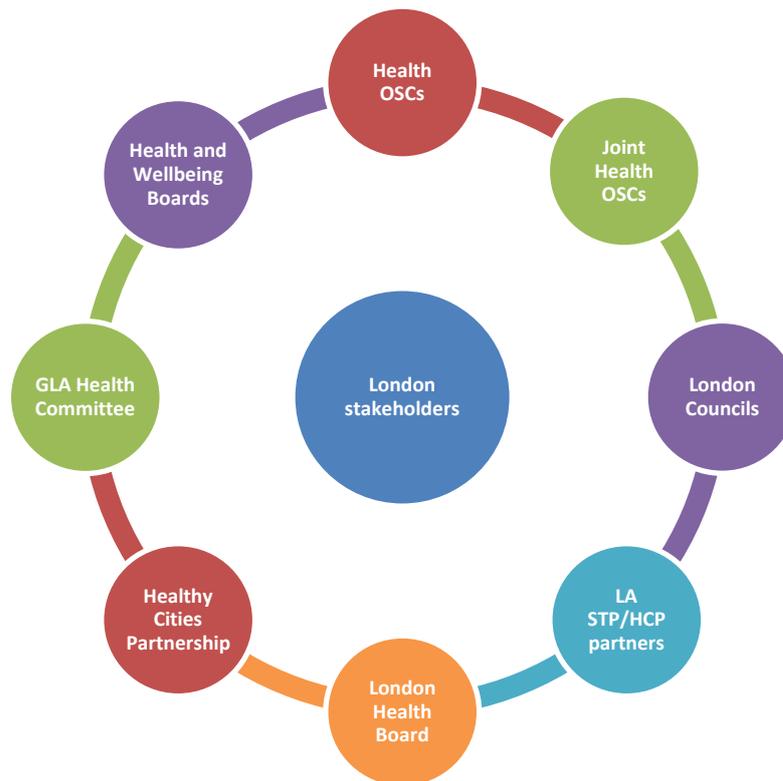


Diagram 4 – London stakeholders

The mapping exercise has identified other London stakeholders. LAs have a statutory role in relationship to health through the Health and Wellbeing Boards and Health Overview and Scrutiny Committees as well as working jointly with CCGs in the Health and Care Partnerships. Although the Mayor of London does not have direct powers in relation to health, he does seek to “influence” as Chair of the London Health Board and works in partnership with NHSE, PHE and London Councils through the Healthy Cities Partnership. The London Assembly Health Committee published its report “Supporting London’s Ambulance Services” in December 2018.

-The Joint O&S committees are briefed on the HCP/STPs. The mapping has identified the majority of members of the joint OSCs are the Chairs and Vice Chairs of the Health O&SCs. At borough level there are a range of scrutiny arrangements. Some boroughs have an overarching OSC with Health Scrutiny Panel or Commission, others have Adult Social Care and Health OSC or Health and wellbeing Scrutiny Committees. When LAS is required to present to the Overview and Scrutiny committees, this offers an opportunity to keep Councillors updated on strategy implementation, service development and innovation.

-Health and Wellbeing Boards (HWBs) are a formal committee of the local authority. They have a statutory duty, with CCGs, to undertake a joint strategic needs assessment and develop a health and wellbeing strategy but otherwise limited formal powers. They are usually chaired by a senior local authority Councillor and have LA, CCG and Healthwatch representation including the DPH. Few HWBs have included provider representatives although they have the discretion to do so. Some London HWBs have included the police and/or fire brigade. HWBs for Harrow, Ealing,

Camden, Islington, Kingston, Sutton, Southwark, Bexley, Greenwich are chaired by Council leaders, others by Cabinet Members or Portfolio leads for Health or Health and Adult Social Care. HWB JSNAs map demographic trends, health statistics such as morbidity and mortality, social determinants of health and identify gaps and priorities for local action. Their analysis may be helpful in informing LAS strategy implementation e.g. on the pioneer services. Subsequent HWB strategies may address themes of importance to LAS e.g. community safety, young people, issues such as frailty and falls for older people. These may offer opportunities for collaboration with system partners or dialogue with the public health community.

- Mayor of London and London-wide boards, committees and partnership

The Mayor of London chairs the London Health Board which is a non-statutory group comprising leaders of London LAs and senior representatives from the health sector. A London-wide perspective is also taken through the Healthy London Partnership between the Mayor, NHSE, PHE and London Councils. Engagement with these pan-London groups and partnerships where opportunities arise is consistent with Theme 3 of the LAS strategy.

4.8 Opportunities for engagement

- ✓ Maximise the opportunities when developing reports for JHOSCs and HOSCs to set the context of the LAS strategic priorities and progress on Strategy implementation.
- ✓ Some meetings e.g. SW London and Surrey JHOSC are available on line to review after the meeting. <http://www.merton.tv/2019/01/south-west-london-and-surrey-joint-health-overview-and-scrutiny-committee-30-january-2019/>. This provides a useful way of keeping abreast of the committee's deliberations including presentations on the STPs/HCPs.
- ✓ Reviewing JSNAs and Health and Wellbeing Strategies to identify public health data and intelligence which can inform the implementation of the LAS strategy or priorities to which LAS could contribute or could enter into partnerships with other stakeholders to target.
- ✓ Developing relationships between the LAS partnership office and pan-London groups and partnerships e.g. Healthy London Partnership, London Councils where an overview across London is beneficial or where LAS is looking for a pan-London perspective on areas of its services which interface with LAs e.g. care homes, responding to falls and developing responses which keep older people safely at home.

5. Future approaches to strategic stakeholder engagement

There are excellent examples of LAS stakeholder engagement e.g. pan London engagement on the pioneer services through "Whose shoes?" events, live streaming of the annual meeting. Strategic engagement was undertaken during the development of the LAS Strategy and welcomed across a range of stakeholders. LAS is brokering different approaches to stakeholder engagement to develop greater understanding of its role across London and its important contribution to meeting national, regional and local goals. There are encouraging signs this is

already happening in its work with system partners on the Urgent and Emergency Care pathways which has received positive feedback from HCP/STP colleagues.

To build on this momentum and continue to deepen stakeholder engagement with the sub-groups identified in this report, the following options are suggested for consideration:

- The development of an overarching “LAS engagement and partnership strategy” (or an “LAS Statement of Engagement and Partnership principles”) together with a stand-alone PPE strategy aligned with the LAS’s overall Strategy for 2018-2023 and associated enabling strategies.

Or

- The development of a single “Stakeholder Engagement Strategy” with three separate action plans for strategic engagement, partnerships and patient and public engagement.

Appendix 1

Stakeholder Sub-group-London Clinical Commissioning Groups /Health and Care Partnerships
Brent CCG
NW London CCGs/STP - North West London Health and Care Partnership
NC London CCGs/STP - North London Partners in Health and Care
NE London CCGs/STP- East London Health and Care Partnership
SE London CCGs/STP - Our Healthier South East London
SW London CCGs/STP - South West London Health and Care Partnership
London wide CCG co-ordination e.g. London Clinical Commissioning Council
Stakeholder Sub-group-NHS Providers
London NHS FTs and Acute Trusts (Boards/SLTs)
London Mental Health and Community FTs and NHS Trusts (Boards/SLTs)
Ambulance Trusts (Boards/SLTs)
Stakeholder sub-group-Local Authorities
London Local Authorities (Cllrs, Cabinet Members, OVSC, SLTs)
London Health and Wellbeing Boards
London Councils
Local Government Association
Stakeholder Sub-group-NHS England/NHS Improvement
NHS England (NHSE)
NHS Improvement (NHSI)
NHSE/NHSI London Region
Health Education England/HEE London
London Clinical Senates/Strategic Clinical Network
Stakeholder sub-group-Mayor of London/GLA
Mayor of London
London Assembly members
London Health Board
London Health and Care Strategic Partnership
Healthy London Partnership (with NHSE,PHE, London Councils)
Stakeholder Sub-group- voluntary and social care sector
Mental Health
Older people
Carers
Children and Young People
Maternity
People with disabilities
People with Learning Difficulties
Homeless people

Drug and Alcohol support
Voluntary sector co-ordination
Volunteer centres/volunteering
Residential care
Hospices
Stakeholder Sub-group-Patient and Public Involvement Groups
LAS Patients' Forum
Healthwatch/London Healthwatch organisations
London Clinical Senate Patient and Public Voice Group
Patient advocacy organisations/groups
Stakeholder Sub-group: Others
Department of Health and Social Care
Public Health England – PHE London
London MPs
Select committees/APPGs (e.g. Health, London)
London Universities, Colleges and Schools
London Academic Health Sciences Networks
London CLAHRCs/Clinical Research Networks