Mind & Body Programme

Engagement Report

January 2019
Introduction

As outlined in the **Mind & Body Patient and Public Engagement Strategy**, published in January 2018, the Mind & Body Programme remains committed to engaging patients, service users, their families and carers, staff and the wider communities we serve in the development and implementation of the Programme. Engagement goes beyond just communicating information to the populations we serve - it is a continuous process of working together with people with lived experience, staff and other key stakeholders, to design, develop and deliver, high quality integrated care in a way that best meets their needs. The Programme has employed a variety of methods of engagement and a range of mechanisms to ensure genuine and meaningful engagement. Our approach to engagement is underpinned by the values highlighted in the diagram below, informed by the 4PI national involvement standards and best practice models for coproduction.

Our approach to engagement encompasses the following principles: “Inform” - sharing information and encouraging understanding and interest, “consult” – creating a process where views are actively sought, “involve” – facilitating a two-way dynamic where views and sought and used to shape decisions, and “co-design” - working in partnership from the very beginning of a project. We have used “engagement” in this document as a catch all term for all the different intensities described.

![Engagement Diagram](image)
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Executive Summary

This report follows on from our initial progress report published in January 2017 and outlines the engagement that has occurred over the past two years as part of Programme implementation. It details our engagement with both patients, service users, carers and families as well as health and care staff across Lambeth and Southwark. The chapters that follow provide an update on the Mind & Body Expert Advisory Group, and wider engagement events with a range of local people and staff, in particular the Mind & Body Champions Network. We have conducted a thematic analysis of the discussions across several engagement meetings and events, through which we identified four emergent key themes. Several priorities for different levels of the system have been identified across these themes and the Programme will continue to work with our stakeholders to ensure they are central to setting direction and developing the Programme’s activities.

Our engagement has emphasised that within the UK healthcare system, mental and physical health are often seen as separate entities leading to fragmented care for patients. Healthcare professionals can be unaware that patients might have multiple co-existing physical and mental health conditions, or they might not feel confident to support all a patient’s needs, and thus not provide the full treatment required. Improving the NHS approach to physical and mental health care can improve patient outcomes and the care they receive. More than 420 patients, service users, public and staff attended several events to discuss how to improve mind and body care. Much of what we have heard can be grouped into a set of recurring themes:

➢ A whole organisation approach is needed for physical and mental health care where staff at all levels and across all professions engage in and understand their role in providing integrated mind and body care.

➢ Care should be patient centred. Healthcare professionals should consider the whole person rather disease specialisms when providing care and treatment including biopsychosocial factors.

➢ Focus on preventative healthcare to promote health and wellbeing as well as treatment of illness.

➢ Improve cultural awareness with patients, healthcare professionals and organisations around mental and physical health interaction to support the provision of mind and body care.

➢ Improving partnerships between organisations such as the NHS, social care, non-statutory and statutory support services to increase awareness of services, and share resources and knowledge of local community mind and body assets.

➢ Raise awareness of comorbid physical and mental health, its prevalence, and its consequence on health and wellbeing.

➢ Improve staff training particularly in regards to recognition of mental and physical health conditions/symptoms, and increasing knowledge and improving referral and support pathways for physical and mental health.
➢ Improve staff wellbeing specifically in regards to organisational, job, personal and emotional demands.

➢ A need to better respond to patient feedback, personal preference and including a patient or service user’s wider support network e.g. carers, families.

➢ Improving access to care, and accessible and simple-to-understand resources, information and support for patients.

_Priority areas for action as identified through our engagement_

➢ Share patient information more widely with other healthcare professionals and other departments

➢ Change approaches to care so that it considers the whole person including biopsychosocial factors and switches from treatment focused to preventative care

➢ Raise awareness of culture and comorbidity between physical and mental health

➢ Improve partnerships between national and local organisations

➢ Take into consideration patients’ preferences so they have an active role in their care which also involves their wider social network
Mechanisms for Engagement

1. The Mind & Body Expert Advisory Group
In January 2018, the Programme established a Mind & Body Expert Advisory Group (EAG), made up of 19 people with lived experience of both mental and physical health illness as either a patient, service user or carer. The group’s core focus has been to ensure the views of patients, services users, carers and families drive and shape the focus and direction of Mind & Body Programme projects and implementation strategy.

The objectives of the group are to:

- share the experiences and views of patients, service users, carers and family members on mental and physical health services and joined up care;
- advise on and be involved in the co-design and implementation of Mind & Body initiatives, funding bids and research; and,
- identify areas of priority for the Mind & Body Programme, including areas of good and poor performance and experience.

The group meets quarterly and to date has contributed to the development of various Mind & Body projects and initiatives. These include:

- Integrating Mental & Physical Healthcare: Research, Training & Services (IMPARTS) - routine screening for depression and anxiety in physical health services and holistic care pathway development.
- Three Dimensions for Long-term Conditions: clinical service delivering biopsychosocial care through embedded psychiatry, psychology and social support within 3 care pathways across King’s College Hospital and Guy’s & St Thomas’ hospitals.
- Compass: a new online platform that offers people with long term conditions cognitive behavioural therapy and support specific to their condition.
- Education and Training: a broad programme of learning and development for all staff to improve their skills and confidence to deliver mind and body care.
- Integrating Mental and Physical Health Systems projects: several projects working to improve the physical health and wellbeing of people with severe mental illness.

Members of the group have also co-presented with the Programme at wider engagement events such as the Southwark & Lambeth Strategic Partnership and Lambeth Patient Participation Group Network meetings, attended monthly King’s College Hospital Mental Health Board meetings, and participated in education and training including the e-learning and IMPARTS Massive Open Online Course.

To ensure the patient, service user and carer voice is represented in our Programme governance, two (rotating) members of the EAG sit on the Mind & Body Programme Board to ensure that people with lived experience constructively feed back on the progress and forward plan of the Programme, and share their experience to inform these plans. In this way, we aim to reinforce that the patient is
always at the centre of what the Programme is trying to achieve, from Board to ward. We have sought feedback from members who have attended and based on their feedback, we continue to iterate the role of EAG members on this Board to ensure as impactful and meaningful as possible.

We have also asked members what they liked and disliked about being part of the EAG, how involved they felt in the Programme’s activities, how engagement could be improved and what areas future engagement work should be focussed. As a result, we have formalised the process for EAG involvement in Programme Board meetings, created more opportunities for EAG members to present at forums and training sessions over the next year and share their story to inform development of strategy and funding bids. Throughout the next year, we will continue to seek feedback from EAG members and respond to suggestions for improvements.

### Feedback from EAG members:

#### What they liked:

“It gives an opportunity to learn what is happening in relation to the Mind & Body strategy and also to be able to contribute to the discussion.”

“Being able to have a voice, see what work is happening within health and contribute to its delivery, the fact that I am passionate about body-mind work, meeting different people, challenging thoughts and perspectives.”

“The chance to learn from the experience of other members as well as find out more about the programme.”

“The opportunity to discover more information about the mind and body relationship and ways that I am able to contribute my experience in this valuable area of work and development.”

“Information and ideas”

“Stimulating and meaningful”

“It was a great experience and an exemplar example of involvement of service users”

#### Ways to Improve:

“Enable greater participation from involvement users to give talks/presentations etc, be more involved in guidelines, service delivery.”

“Perhaps the EAG needs to be more proactive in identifying opportunities to support the Mind and Body Programme.”

“I think the members of the group need to be more active throughout KHP in supporting the Mind and Body programme.”

“I do enjoy being part of the Advisory Group and feel that it is well facilitated however I would like to be able to ‘do’ more on the Mind & Body Programme e.g. the opportunity to be involved in training and education regarding physical and mental health”

### Suggestions of topics for future discussion:

- Medication
- Education and training for patients and staff
• Women’s health
• Neurological diseases
• Homelessness
• Nutrition, exercise, the ageing process, ways to improve psychological wellbeing and creating a positive mental attitude. Exploring the gap and limitations between science and pseudoscience.

Will we aim to explore these areas in future EAG meetings and wider engagement events and seminars patients, servicer users and professionals. We will also keep the EAG informed on new developments or existing networks on these areas of interest.

2. Wider engagement events
The Programme has attended several community engagement events aimed at engaging local people and staff in the work of the Programme and developing the Programme’s understanding of specific health areas, parts of the system or population groups. To support adoption of mind and body throughout the system and engage people in tangible solutions, we have worked with many of these groups to collate feedback, develop resources, and involve them in training offered through the Programme. Many of these events are highlighted in Table 1 and feedback has been captured in the thematic analysis. Figure 1 illustrates the numbers of people we have engaged with as outlines in Table 1.

Much of our wider engagement has focussed on the Programme’s expanding remit in primary care and social care across Southwark and Lambeth. We have held a series of meetings with primary care, social care and voluntary and community sector colleagues, in addition to engaging with local carers groups, Lambeth Patient Participation Group Network and Southwark GPs at the Protected Learning Time event.

To highlight, in April 2018, we co-hosted the Southwark and Lambeth Strategic Partnership People’s Assembly which focussed on the topic of mind and body. The Southwark and Lambeth Strategic Partnership comprises the Lambeth and Southwark Clinical Commissioning Groups, Lambeth and Southwark Local Authorities, GP Federations, South London and the Maudsley NHS Foundation Trust, King’s College Hospital NHS Foundation Trust and Guy’s and St Thomas’ NHS Foundation Trust, King’s Health Partners and local people. Members of the Partnership are working together to help improve the value and experience of care for people in Lambeth and Southwark. The Partnership wants to ensure that local people using or working in health and social care services are involved and can influence priorities. The People’s Assembly is an open public meeting, available to members of the public as people who work or volunteer in health and social care locally. It is an opportunity for local people to hear from the Strategic Partnership and contribute to its future plans.

Billie, EAG member, shared her personal mind and body journey, and we asked attendees for their ideas about how we can work together to join up physical and mental health care, and what they could do to help make joined up physical and mental health care a reality.
3. Champions Network for health and care professionals

The Mind & Body Champions Network is an initiative that aims to recruit staff to upskill in the delivery of, and become engaged advocates for, integrating mental and physical healthcare. The Network was launched in November 2017 and now has close to 550 Champions. To help us design and deliver a range of support for Champions which they felt was constructive, relevant and impactful, we asked what was important to them and what support they wanted from the Network. Through facilitated discussion, we sought to establish areas of interest and direction for the Network, helpful ways to raise awareness for mind and body, improve understanding of the relationship between mental and physical health and encourage cross-organisational working.

Using their feedback, we developed our offer for Champions:

- Monthly newsletter which includes blogs from professionals delivering mind and body care, updates about the Programme, stories from Champions and advertisement of education and training, seminars and events.
- Developing a guide on ‘What you can do as a Champion’ which sets out a four-stage framework
- Development of resources, leaflets and learning materials
- Networking events (launch event in November 2017 and staff health and wellbeing event in April 2018)
- Subject-specific Focus Groups aimed at exploring topics of interest to Champions (staff health and wellbeing in August 2018 and children and young people’s health in November 2018)

Our engagement has primarily focussed on constructive and tangible ways the Programme can support Champions and their teams to deliver mind and body care.

To ensure ongoing relevance of the Network, we conducted a specific feedback survey from Champions at the 1-year birthday of the Network to establish what Champions liked about the network, what they have found helpful, what would they change or improve on and how involved do they feel in the network and Programme, as well as, where the network should focus future engagement work with Champions.
### Feedback from Champions:

**What they liked:**

“The fact that I am part of the development of a movement and project, that will hopefully make a difference to patients’ experience.”

“Improving attitudes to mental health and feeling more confident in opening up these conversations with patients and my team.”

“I like being able to linkwork with other colleagues from various fields.”

“I like the ethos of it - I think it is important to raise the profile of a mind-body approach to healthcare. And I appreciate the focus on us looking after our own mental health.”

**What was helpful:**

- Found the newsletters, e-learning, meetings and links to courses helpful
- Regular engagement

**Ways to Improve:**

- “Varying times of focus group meetings to increase ability for people to attend”
- “Having more sessions in Croydon area”
- “Being more focussed on individual team needs”

**Suggestions for future engagement:**

- Children and young people’s health
- Staff health and wellbeing
- Education and training
- Forming links with primary care through the network
4. Process and Participants

At each engagement event a staff member from the Mind & Body Programme took written notes which were later analysed using thematic analysis (Braun & Clarke, 2016) by the main researcher. Two other researchers were involved in the analysis whereby the process was reviewed, and emerging themes were discussed and finalised jointly between all researchers. The process of thematic analysis allows us to look in detail at the participants' perceptions, feelings and experiences, and identify implicit and explicit ideas and meaning within the data, forming themes. A theme represents a level of patterned response or meaning from the data that is related to the research question.

Summary of events held and number of attendees

Please note this table does not reflect all meetings and informal engagements we have held with individual teams and staff groups as many of these were not designed to obtain feedback.

Table 1: Mind & Body Engagement Events

<table>
<thead>
<tr>
<th>Event</th>
<th>Attendees</th>
<th>Participants involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mind &amp; Body Engagement Event 23rd February 2017</td>
<td>33</td>
<td>Patients, service users and carers</td>
</tr>
<tr>
<td>Mind &amp; Body Engagement Event July 17th 2017</td>
<td>55</td>
<td>Staff from across King’s Health Partners</td>
</tr>
<tr>
<td>Consultation with two South London and Maudsley involvement groups</td>
<td>18</td>
<td>South London and Maudsley service users</td>
</tr>
<tr>
<td>Consultation with two South London and Maudsley involvement groups</td>
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<td>18</td>
<td>South London and Maudsley service users</td>
</tr>
<tr>
<td>Mind &amp; Body (EAG) Meeting 5th February 2018</td>
<td>22</td>
<td>Patients, service users and carers</td>
</tr>
<tr>
<td>GP Protected Learning Time Event 15th February 2018</td>
<td>35</td>
<td>General Practice staff from across Southwark</td>
</tr>
<tr>
<td>Southwark and Lambeth Strategic Partnership People’s Assembly 17th</td>
<td>112</td>
<td>Patients, service users, carers, staff from Southwark &amp; Lambeth</td>
</tr>
<tr>
<td>Southwark Carers Hub 25th May 2018</td>
<td>9</td>
<td>Carers and staff from the hub</td>
</tr>
<tr>
<td>South London and Maudsley Members Seminar 12th July 2018</td>
<td>40</td>
<td>Local organisations, staff from King’s Health Partners, patients, service users and carers</td>
</tr>
<tr>
<td>Mind &amp; Body (EAG) Meeting 26th July 2018</td>
<td>11</td>
<td>Patients, service users and carers</td>
</tr>
</tbody>
</table>
5. Key Findings

Models of Care Delivery

All participants highlighted various approaches which could be used to improve mind and body care. To be able to achieve integrated mind and body care the whole organisation (NHS) needs to adopt a patient centred approach, taking into consideration the “whole person” when providing care, support and treatment.

➢ “… deliver whole person care – structured around the person rather than the person running around the systems”
➢ “We want to ensure the whole person is treated, with many alternative therapies practice. Unfortunately, the physical and mental health needs are thought of as different and separate”

The biopsychosocial model supports the whole person/patient centred approach to care. For example, social relationships, living arrangements, work/education status can have a significant impact on mental and physical health including treatment and recovery which healthcare professionals need to take into consideration.

➢ “Ability of those involved in a person’s care to identify warning or worrying signs of bio-psychosocial issues”
➢ “Over focus on medical model – lack of focus on spirituality and other issues; e.g. housing, prevention, social/multicultural context”

Patients additionally discussed a need for care to be preventative and not solely treatment based.

➢ “The focus is often on treatment rather than prevention. The medical model is not the only solution…”

Taking a more preventative approach to physical and mental health care could reduce the likelihood of developing an illness, further improving long term patient outcomes. Furthermore, healthcare professionals should consider the culture that the patient identifies with and take this into consideration when providing care. For many patients, their culture has an influence on their beliefs, values and views, potentially impacting their mental and physical health and how they manage it.

➢ “Must include spiritual wellbeing within the considerations – perhaps ask a question about faith/religion”
➢ “Need to ensure cultural differences are considered when describing ‘what mental health is’ – needs to be considerate how different ages, cultures and religious beliefs might view mental health.”
➢ “Understand different cultural groups (cultural awareness training)”
Thus, it is important to increase cultural awareness at an individual, organisational and national level keeping up to date with changes in society’s attitudes and taking into consideration of any social disadvantages when providing mind and body care.

**Partnerships & cross-sector collaboration**

Currently, healthcare within the NHS is fragmented in that services and departments are run independently resulting in disjointed and delayed care and treatment for many patients. All participants agreed that there needs to be better partnerships and cross-sector collaboration between organisations and services so that resources can be shared and utilized by patients.

➢ “In addition to mental and physical health, wider social needs of people are not considered enough.”

➢ “Joining up the health and social care system in an alliance for people who live and work in Lambeth.”

Furthermore, it was noted that relationships between NHS organisations and local charities should be improved to share local knowledge, information and resources more widely with public, patients, service users and staff. By sharing resources, resources will increase and be more widely available for all therefore leading to improved mind and body care.

➢ “The community and voluntary sector and patient and public partners can support the ambitions as equal partners....”

➢ “The value of the voluntary sector and the community is under-utilised and not properly valued by health and social care sector colleagues”

Participants agreed that having a communications or patient record system where all healthcare professionals from across the trust and services can access the patients’ data.

➢ “Patient record sharing is key

➢ “Build a system to identify all and coordinate all issues and share information. Linking with social care given likely impact on health”

**Sharing patient information** with relevant healthcare professionals is pivotal to mind and body care as it allows staff to understand the whole patient journey without the patient having to retell their story several times which in some circumstances could be distressing. Furthermore, healthcare professionals would then be able to take into consideration the patient’s physical and mental health when providing and discussing care and treatment options.

**Organisational: awareness, skills & engagement**

**Raising awareness of comorbidities** was a particular concern for all participants.

➢ “Raise awareness of the interaction between mental and physical health, provide people with information on what to look for and how to get help for depression and anxiety in the context of a physical condition. “

Healthcare professionals and local communities need better awareness of comorbidities between physical and mental health to be able to provide mind and body care for patient. From an organisational perspective, staff highlighted ways in which mind and body care could be improved. The most prominent theme discussed was Staff Training specifically in improving staff knowledge and recognition of mental and physical health conditions/symptoms encouraging them to consider provide both mind and body care to patients.

➢ “People working in long term condition areas should have general mental health knowledge and skills”
“Mental health workers need to have prevention/screening health knowledge (health behaviours i.e. smoking, breathlessness might mean lung cancer, etc)”

All participants expressed experiencing difficulty and frustration at current referral and support pathways which are often unclear, inconsistent or ineffective.

➢ “Cross-diagnostic support and clearer patient pathways between services is important”
➢ “Be aware of resources...so you can signpost”
➢ “No clear pathway for mental health”
➢ “concern that referrals would not be timely”

Discussions around how to improve this highlighted that referral and support pathways should be clear and defined for both patients and healthcare professionals ensuring appropriate and effective care is given. Issues around Employee wellbeing specifically regarding job demands including physical, emotional, organisational (namely time pressure and staffing levels) and personal demands were particular concerns of staff which affect the mind and body care they provide.

➢ “Clinicians need more time, so that they have capacity to explore and appreciate the people’s holistic needs.”

The wide variety of job demands that staff experience within the healthcare environment can impact employee’s own wellbeing and performance. Job demands need to be managed effectively to enable staff to provide mind and body care as well as to promote a healthy workforce.

**Patient-centred Care**

Whilst there were many topics that were discussed in terms of how to improve mind and body care the most dominant theme was to do this via a patient’s perspective, improving the patient experience. The importance of improving care through patient feedback and ensuring that patient preference is taken into consideration pivotal for mind and body care. This will enable patients to have an active role in their care and help healthcare professionals to provide the best care to the person’s individual needs.

➢ “connecting with people, services and organisations that are meaningful to people”
➢ “People should be encouraged to take ownership of their own health and wellbeing. ... This will require trust between people and clinician, facilitated by open and honest dialogue”

Improving patient mind and body care by including the patients wider support network is a particular concern for all participants.

➢ “Extended family members, relatives or carers can be trained to recognise mental health issues.”
➢ “Involve carers perspectives in patient care and provide education and training to carers on their rights and about caring for someone with both mental health and physical health issues”

A key aspect of treatment and recovery is support so whilst including the patient’s wider social network is important, it is vital that friends, family/ or carers can also access support and information to be able to support the patient effectively.
Figure 1: Key themes from Mind & Body Programme engagement

- **Models of Care Delivery:**
  - Whole organisation,
  - Preventative,
  - Integrated physical and mental, Patient centred

- **Organisational:**
  - Staff wellbeing
  - Staff training
  - Referral pathways and support

- **Patient-centred Care:**
  - Improving care,
  - Patient having proactive role in care,
  - Patient feedback,
  - Cultural awareness,
  - Access to information which is user friendly

- **Partnerships & cross-sector collaboration:**
  - Knowledge,
  - Resources, Patient information, Raising awareness of comorbidity, Partnerships
6. Priority areas for action as identified through our engagement

From the data, considerations at varying levels can be made as all themes are interlinked, improving even just one of them will have a positive impact on mind and body care for patients, service users, carers, staff, organisations and society.

<table>
<thead>
<tr>
<th>Key Themes</th>
<th>System</th>
<th>Mind &amp; Body Programme</th>
<th>Team/individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Models of Care Delivery</td>
<td>Change approaches to care so that it is patient centred, considers the whole person and changes from solely treatment to preventative care</td>
<td>Provide support for clinical teams to design and adopt routine screening for mental and physical health needs and bio-psychosocial models of care delivery</td>
<td>Make incremental improvements to day-to-day clinical care including asking patients about mind and body needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Develop clinical skills and confidence in providing mind and body care</td>
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</tbody>
</table>
| Partnerships & cross-sector collaboration | Patients want their information shared more widely with other healthcare professionals and across department

                                     Progress ambition to safe & secure system-wide record sharing | Join up with services that are already promoting mind and body care and share knowledge of this

                                     Improve partnerships between organisations and local networks, charitable organisations | Develop clinical skills and confidence in providing mind and body care |
| Organisational                    | Organisations should make information and documentation about referral and support pathways clear and available and ensure that staff are updated with any changes

                                     Incorporate integrated physical and mental health care into under-grad & post-grad education for healthcare professionals.

                                     Organisation to provide regular training on: mind and body care, recognition of physical and mental health symptoms, how to use referral pathways effectively, employee wellbeing | Raise awareness of comorbidity with physical and mental health conditions through increasing training and knowledge

                                     Provide tools & resources to support routine identification of mind and body needs | Healthcare professional can use both mental and physical health screening tools instead of just one or the other

                                     Explore the best way for staff to manage demands and to improve their wellbeing |
**Patient-centred Care**

Ensure that health professionals take into consider the patients preference when providing and discussing care

Include the wider social network of the patient as well as multidisciplinary teams where patients may also receive support from nurses, OTs, voluntary sector, local communities, family members and carers

Allow for longer appointments so both physical and mental health can be addressed and enable staff to provide effective mind and body care

**Use patient feedback to improve mind and body care**

Provide user friendly support resources which have different languages, simple text and no jargon

Patients should be given information immediately for support in mind and body care

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**7. Next steps**

Engagement and involvement of local people receiving services and working in health and care services is crucial for the Programme to achieve our ambition to improve the integration of mental and physical health and care across our locality.

The Mind & Body Programme will continue to build our understanding around these emergent themes and anchor the priority actions within Programme’s aims and activities. We will work with our key stakeholders, including the Mind & Body Programme and Operational Boards and Champion’s Network, to support the implementation of the Programme and individual/team priorities. Working in partnership with King’s Health Partners Mental Health Boards, Informatics Groups and Service Directorates, as well as the Southwark and Lambeth Strategic Partnership, the Programme will continue to drive forward key system priorities.

The Programme will continue to seek out new opportunities to engage members of the EAG and the wider local community in the development of the Programme, particularly in regards to education and training, speaking opportunities and specific involvement on project development.

**8. Authors**

Eliza Hinchliffe and Kate Lillywhite. With thanks to Hannah Iannelli and Chris Attoe.