



Lambeth together & Integrated Health and Care

Assurance Report July 2021

Lambeth Together Strategic Board 21 July 2021

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*Denotes updated since last report, a full refresh will be available for the next bi-monthly report



1. Executive summary

1.1 Introduction

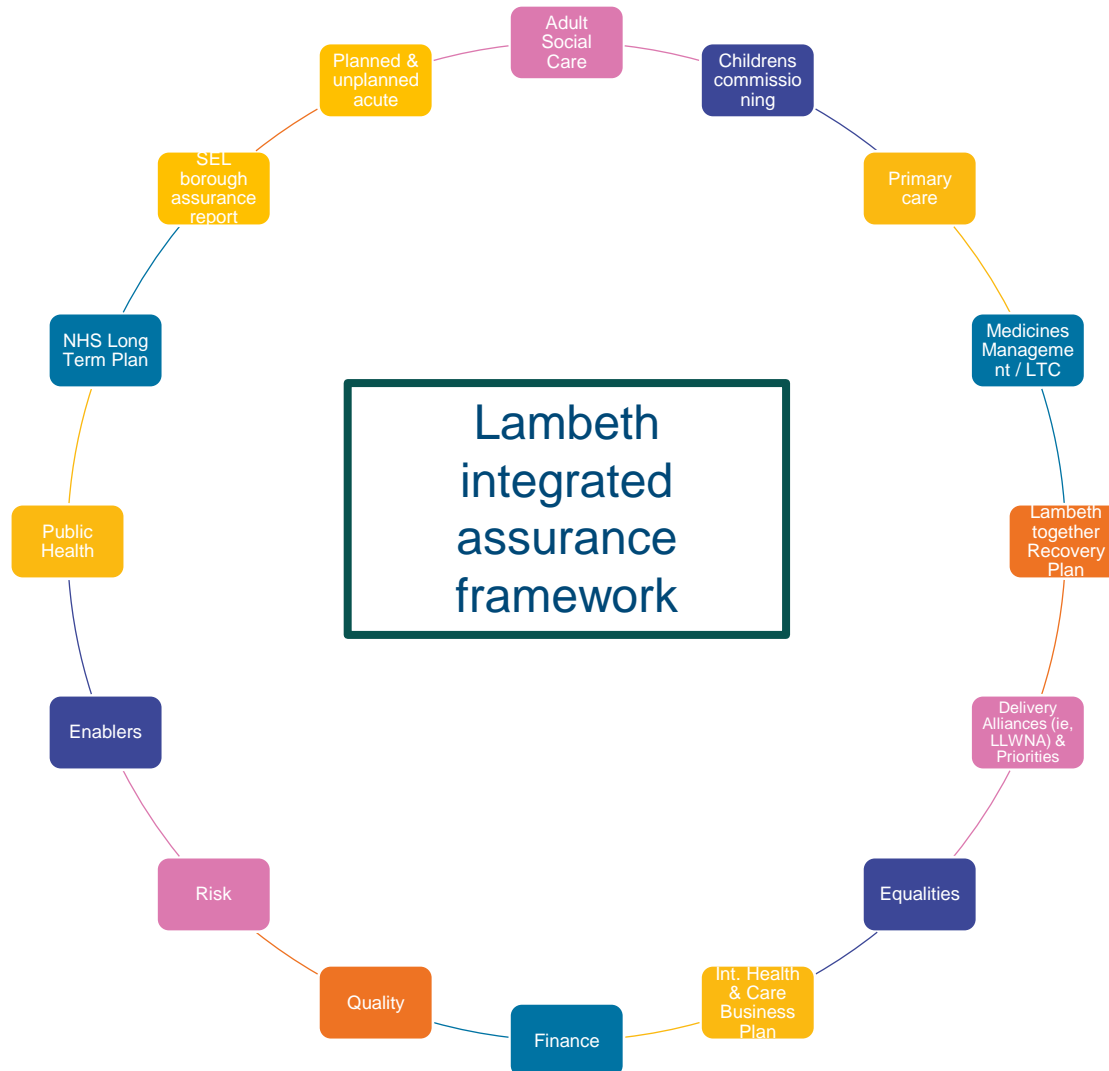


- This report provides in one place an integrated summary of assurance across **Lambeth together** and **Lambeth integrated health and care** arrangements.
- This report does not seek to duplicate, but to draw upon existing assurance, performance or quality reporting arrangements, such as those within alliance and programmes boards
- This report's format and flow is structured along the lines of the LTSB, with a focus on **Lambeth Together delivery alliance and programmes**, and a focus on **Lambeth's integrated health and care responsibilities**.
- The report will be adapted over time, particularly in relation to the **development of equalities and outcome measures**. It will also reflect any changes to SEL CCG priorities, key policy changes and the development of the NHS planning guidance for 2021/22, and will also seek to report on progress against our programmes and the new integrated health and care business plan for 2021/22
- **A new assurance group** reporting directly to the Lambeth Together Strategic Board has been established, and met in early July and will meet bi-monthly. This will provide dedicated oversight and assurance on behalf of the board. Further details on these arrangements are described in the accompanying cover note and terms of reference.

1.2 Source material:



- An extensive range of material exists to provide assurance for Lambeth together and Lambeth's integrated health and care arrangements. These are used to update each section of this integrated report.
- As such, there is some variety in the number and look of assurance measures, and the period to which it relates, although every effort is made to use the most current and visual information available.






2. Lambeth together programme highlights

2.1 Lambeth Together Programme Highlights



Director / lead	Andrew Parker, Director of Primary Care Development
Management Lead	Interim support arrangements - Brian Reynolds, Associate Director Health & Care Planning & Intelligence and Paul Fawcett, LBL
Data source / period	Bi-monthly programme highlight reports x 7 / Enabler reports, July 2021 Lambeth Together Recovery Plan available here: https://lambethtogether.net/lambeth-together-draft-borough-covid-19-recovery-plan/

Lambeth Together alliance and programme summary highlight reports are enclosed in the following pages. These reports are produced every other month and provide a summary of key developments for each Lambeth together area, covering both the delivery alliances (highlighted with a red box ) and key recovery plan priority programmes and supporting and enabling workstreams.

- Programme and recovery plan status
- Activity milestones and deliverables, including the Lambeth Living Well Network Alliance dashboard in section 2.3
- Enabling factors
- Alliance/recovery plan priority risks
- Alliance/recovery plan priority issues

Lambeth Together programme and borough recovery plan highlight report



This report represents the continued evolution and development of a structured approach to providing oversight, assurance and awareness of the range of transformation and delivery activity being undertaken in the integrated (i.e. delivered by multiple rather than single players) health and care system in Lambeth.

SRO	Andrew Eyres	Programme Lead	Temporarily vacant (Paul Fawcett supporting)	Period	May - June 2021	Overall status
Vision	To improve health and wellbeing and reduce inequality for people in Lambeth					Delivery across the alliance and recovery plan priorities has been good despite Covid-19 pressures and clear plans are in place for activity in the next period
Programme Description	Lambeth Together is a partnership of NHS, Council and voluntary sector organisations working together with local people and stakeholders to help our residents maintain their health and wellbeing and provide more joined up local health and care. This is a programme for the delivery of the Covid-19 borough recovery plan, a range of delivery alliances (Living Well Network Alliance, Neighbourhood and Wellbeing Delivery Alliance, Children and Young People) and putting in place the enabling factors for an integrated approach to health and care at borough-level.					

Programme/recovery plan status 1/2

Programme/ Alliance	Overall RAG		DoT ↑→↓	Commentary
	Last Period	This Period		
Programme management	A	A	→	Work is continuing to bring together the previous Lambeth Together Alliance-focussed programme management and the delivery of the borough recovery with implications for the reporting and assurance framework. The newly implemented assurance committee has been stood up. The programme has started to implement changes recommended by the governance review and presented to Management Board in June.
Living Well Network Alliance	A	G	↑	We are delivering against our agreed Business Plan. Key service developments include: Staying Well, CAPSA, CAIPM, Primary Care MH Practitioners and continued development of the Alliance model using CMH transformation monies. We are completing the move of our LWC SW into Gracefield Gardens in August. We are going to market from September to recommission several £Ms of supported living and related contracts.
Neighbourhood and Wellbeing Delivery Alliance	A	A	→	At the start of Q1 (21/22), our workstreams began to resume after a period of reduced activity due to the second wave of the pandemic and vaccine roll out. Workstreams have resumed to full activity, where programme plans, monthly meetings and 'kick off' meetings (to identify priority areas, data requirements & next steps) have taken place. Loneliness Test & Learn project has accelerated at speed with interventions to commence at the start of Q2.

Red box denotes Delivery Alliance

↑	Better RAG than previous period	G	No deviation, plan is on track
→	Same RAG as previous period	A	Deviation is likely. Mitigation is being planned to remain on track
↓	Worse RAG than previous period	R	Deviation has occurred. Mitigation not planned or insufficient.



Programme/recovery plan status 2/2

Programme/ Alliance	Overall RAG		DoT ↑→↓	Commentary
	Last Period	This Period		
Children and Young People	G	G	→	Establishment of the Children and Young People's integrated commissioning and delivery alliance board and associated workstreams. We are in the formation stages of this work at present with some of the workstreams further along than others.
Learning disabilities and autism and people with continuing complex needs	-	-		Learning Disability and Autism related complex need: programme is working with individuals, families and system partners to keep people safe through the current second and any future wave off Covid transmission: minimise any disproportionate impact of Covid on people on this population cohort; maximise as far as possible opportunities to realise their potential by promoting independence, participation and engagement with supportive services and the wider community.
Staying Healthy	A	A	→	The Staying Healthy commissioned services include weight management, stop smoking, and NHS Health Checks programmes. These services have been disrupted during the Covid-19 pandemic but have now remobilised with a remote or digital offer, however activity is yet to reach the same levels as previous years'.
Sexual Health	A	A	→	Due to the impact of Covid, any service improvement plans in Quarter 4 will have to be temporarily suspended. Sexual health services will focus on seeing extremely vulnerable patients and those with emergency needs.
Homelessness	-	-		The purpose of the Homelessness Next Steps and Recovery Plan is to continue to deliver on our strategic priorities, whilst building lessons learned during the response to the Covid-19 crisis and to provide a framework to address the specific challenges that we are experiencing as a result of the lockdown and ongoing health emergency.
Assurance		A		Assurance is an integral part of Lambeth Together. The first new bi-monthly Lambeth Together Assurance Group met on 06 July, and considered its terms of reference, membership and positively considered its role and approach to oversight and assurance of Lambeth Together and place based integrated health and care.
Equalities, diversity and inclusion		A		Lambeth Together Equalities Group was formed to check and critique the health system in Lambeth. The group meets monthly and recently delivered a Board-level EDI development programme. Task and finish work is under development focussing on system-wide recruitment and retention and data.
Communication and engagement	A	A	→	Communications and engagement – focus has been COVID-19 vaccination

↑	Better RAG than previous period	G	No deviation, plan is on track
→	Same RAG as previous period	A	Deviation is likely. Mitigation is being planned to remain on track
↓	Worse RAG than previous period	R	Deviation has occurred. Mitigation not planned or insufficient.



Activity, milestones and deliverables 1/3

Programme	Activities, milestones and deliverables achieved this period	Activities, milestones and deliverables not completed	Activities, milestones and deliverables for next period
Programme management	<ul style="list-style-type: none"> LTSB and LTEG supported Deep dive completed New assurance board stood up Health and Wellbeing bus launched 	<ul style="list-style-type: none"> Determine approach to delivery on enabling opportunities 	<ul style="list-style-type: none"> Determine approach to delivery on enabling opportunities Recruit new programme manager
Living Well Network Alliance	<ul style="list-style-type: none"> Successful recruitment to the Primary Care Psychiatrist Lead roles Dr Michalis Kyrtasous and Dr Hayley Skarda who will work alongside the Primary care MH lead (Nandi Mukhopadhyay) to build relationship with Alliance and Primary Care. The Alliance Workforce Development Programme continued with Compassionate Champions training on the 23rd June and 3 lunch time sessions of Anti-racism training delivered throughout June by Black Thrive Programme Director Nathalie Creary. These are well received courses. Alliance partners co-facilitated SLaM strategy refresh Lambeth Engagement event on the 29th June, 2021. Funding agreed for the Primary Care Mental Health Practitioners that will help us bridge the gap between primary and secondary care 	<ul style="list-style-type: none"> Continued issues in admin screening along with key staff departures mean that despite continued Saturday working the screening backlog has only fallen slightly 	<ul style="list-style-type: none"> Production of the Alliance Report Continue meetings with Alliance partners and Forensic services over reviewing risk share Continue community development programme and look to recruit into relevant posts Share IAPT quarterly report with Black Thrive
Neighbourhood and Wellbeing Delivery Alliance	<ul style="list-style-type: none"> Prevention - The six H&WB Hubs agreed. Business Cases produced. End of Life Care - Vision and outcome measures agreed /Collation of dashboard by practice underway Training organised for Primary Care staff by ACP Consortium within Protected Learning Time (PLT) Quality in Care Homes - New primary care contracts launched for all Nursing homes for older people Monthly multidisciplinary group meetings to co-ordinate support to care homes including named geriatrician aligned to each home. Outpatients (Chronic Pain) - Kick off meeting held Apr '21, multidisciplinary attendees Community services mapping commenced Multiple long-term conditions (mLTC) - Develop MLTC neighbourhood project outline for joint virtual clinics 	<ul style="list-style-type: none"> Quality in Care Homes Continued learning from other areas including Southwark on developing MDT support model Continue work to on digital standards for accreditation for homes including enabling access to CMC, nhs.net email and other preferred NHS digital programmes. Commence trial of the Safe Steps falls prevention app ACP consortium to attend community team meetings and offer training to staff. Draft and agree outcome measures at the next programme meeting in July 	<ul style="list-style-type: none"> Prevention - Loneliness project: Interventions and support plans to commence with specified cohort End of Life Care Jun-Sep: Clinical Leads to work with and support 25% of practices re CMC support Quality in Care Homes - Continued learning from other areas including Southwark on developing MDT support model Outpatients (Chronic Pain) - Finalise mapping of current local pain services in Lambeth, waiting times and current referral pathways. Multiple long-term conditions (mLTC) Project set-up – working groups, comms, finance etc

Red box denotes Delivery Alliance



Activity, milestones and deliverables 2/3

Red box denotes Delivery Alliance

Programme	Activities, milestones and deliverables achieved this period	Activities, milestones and deliverables not completed	Activities, milestones and deliverables for next period
Children and Young People	<ul style="list-style-type: none"> Community Health Chairs re-confirmed – representatives from Evelina and Primary Care will lead this. Board meeting took place in late June, with positive discussion regarding emotional health and wellbeing needs assessment. Emotional Health and Wellbeing needs assessment nearing final stages of governance. Lead role graded and soon will be out to recruitment 		<ul style="list-style-type: none"> Agree objectives for the emotional health and wellbeing workstream Finalise agenda for first community health meeting and establish by end September 2021. Programme work to get the Early years group on track. Progress with recruitment to lead post. First emotional health and wellbeing workstream meeting booked in (late July)
Learning disabilities and autism and people with continuing complex needs	<ul style="list-style-type: none"> Covid- 19 vaccinations: 90% of people with LD living in residential care, 78% in supported living and 68% as a total have received first dose Targeted work with GP practices to bring up annual LD health check uptake to 78% in 2020/21 Mobilisation of two new providers creating new opportunities in care market for those transitioning from hospital setting 	<ul style="list-style-type: none"> Covid-19 vaccinations - Ramp up of engagement with families, community groups and care providers and roll out of targeted interventions to reach approx. 450 unvaccinated people (32%) 	<ul style="list-style-type: none"> Covid-19 vaccinations: Pilot of in reach vaccination service to supported living providers and pop-up clinics in the community, roll out of vaccination passes Lambeth Healthwatch to deliver engagement sessions to understand covid-19 vaccination hesitancy among vulnerable groups and offer information, reassurance and signposting
Staying healthy	<ul style="list-style-type: none"> Adult weight management service re-mobilised in Q1 2021/22 after being put on hold due to Covid redeployment and those on the waiting list have been invited to begin the programme. Ongoing input provided into NHSE Pharmacy Smoking Cessation pilot steering group. North Lambeth PCN and GSTT partners re-engaged to re-start pilot health and wellbeing project. 	<ul style="list-style-type: none"> 1. LARC demand and capacity audit (paused) 	<ul style="list-style-type: none"> Recommence LARC demand and capacity audit 1. Finalise plan for Phase 2 'Shaping the future' of the Future Insights Partnership Project to inform Phase 3: Rapid Co-design' 2. Scope and define data inputs required for the activity and financial analyses
Sexual health	<ul style="list-style-type: none"> Online STI testing extended to symptomatic residents who are low risk, therefore not seen in clinic. E-service now includes hormonal contraception LSL Covid Impact Analysis for Sexual Health services, focusing on vulnerable groups and access points 	<ul style="list-style-type: none"> Seek approval to extend stop smoking contracts for up to an additional year (2022/23). Work with weight management provider and partners to develop and pilot new model of provision using additional PHE funding 	<ul style="list-style-type: none"> Full review of Covid impact on services North Lambeth PCN pilot health and wellbeing project begins Full re-mobilisation of pharmacy stop smoking service Working with GP Federation to support practices to remobilise NHS Health Checks GSTT to trial face to face delivery of weight management service and stop smoking in line with Covid guidance.



Activity, milestones and deliverables 3/3

Programme	Activities, milestones and deliverables achieved this period	Activities, milestones and deliverables not completed	Activities, milestones and deliverables for next period
Homelessness and rough sleepers	<ul style="list-style-type: none"> Significantly reduced rough sleeping in Lambeth since “everyone in” and managed to resettled the vast majority of rough sleepers. Vaccination programme rollout for all hostel residents, staff and rough sleepers. 60% of residents in supported housing vaccinated. Option appraisal completed for mediation and floating support service to enable tenancy sustainment. Recruited pathway manager, bidding officers and project officer. RSI Year 4 grant confirmed £1.35m. Two new hostels and housing first schemes now operational. Submitted bid for accommodation for Offenders being released NFA. 		<ul style="list-style-type: none"> Submit business case for recommissioning floating support contract. Media campaign encouraging residents to approach Housing Needs for assistance if they are struggling to meet their housing costs. Explore innovative ways to identifying households likely to be homeless or threatened with homelessness through data. Further recruitment to finance and payments officers for YP pathway, project officer for rough sleeping. Draft bid for Lambeth Made Safer out of borough support accommodation for young people. Moving forward with recommissioning of Young Persons Supported Housing Pathway.
Communication and engagement	<ul style="list-style-type: none"> Maintaining clinically verified up-to-date information resources on CCG website and cascaded through all channels Sharing key messages and info on access to vaccines across stakeholders and channels with support to partners to convey accurate messaging and to engage specific groups – incl regular vcs mailout, local media Stakeholder updates - Bitesize Bulletins, member/MP briefings, Stakeholder Advisory Grp, responses to enquiries 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Communications support to Mass vaccination event at the Oval Launch of ‘spot the bus’ competition for Lambeth Country Show weekend (public health-led) Health and wellbeing bus livery and launch event for bus Linking with Beacon Project, Youth Council and others to support increased uptake among multi ethnic communities and younger people in Lambeth over the summer Support to promote walk-ins/pop-ups (LVS, mobile, pharmacy).
Equality, Diversity and Inclusion	<ul style="list-style-type: none"> Second EDI development workshop held June 23rd Met with SEL NHS Anchors Network 4 recommendations made 	<ul style="list-style-type: none"> Development of response to BAME Covid impact report (Fenton Recommendations) 	<ul style="list-style-type: none"> Develop a T and F group on the Metrics captured Further consideration of the pledge.
Assurance	<ul style="list-style-type: none"> First meeting of new Lambeth Together Assurance Group 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Continued development of integrated assurance report.



Enabling factors

Enabling Factor (see here for more detail)	What are the implications for programme activity across the range of enabling factors?
System leadership Driving improvement, innovation and transformation of services	<ul style="list-style-type: none"> LT Executive group provides good opportunity for regular discussion and progression of the programme. Governance review has flagged system leadership development requirement once membership and engagement approach has been settled, utilising local care partnership funding from SEL CCG. The EDI working group has delivered two of its Board development sessions. Resourcing of alliance (e.g. data and communications activity) or system-level (e.g. EDI group and population health management task and finish groups) activity continues to be a challenge and will require system leadership.
Asset-based places Engaging communities to support integrated health and social care	<ul style="list-style-type: none"> Housing are exploring opportunities to work with key partners across the borough, including community groups, DWP and health to enable us to reach the right people at the right time. The Future Insights Partnership Project, a project sitting within the Programme of Change, runs throughout 21/22. This engagement project is working with citizens, service users and stakeholders across LSL to understand experience of changes to sexual health provision within the last 4-5 years.
Population approach incl. data and information sharing Identifying and managing the health and care risks of the local population	<ul style="list-style-type: none"> Population health management working group continues, with the second system wide meeting held in June (programme lead: Amanda Coyle) and has agreed outputs. Next steps include: <ul style="list-style-type: none"> Explore wider senior management clarity of PHM approach including access to partner resources Continued engagement with PCN Clinical leads – Clinical cabinet discussion in the autumn
Integrated workforce Health and social care professionals collaborating to provide care and support to individuals	<ul style="list-style-type: none"> Workforce development has been identified as potential area of collaboration with local academic institutions. SEL hosts a quarterly Sexual Health Improvement and Innovation Steering Group and a separate Clinical Advisory Group. These meetings bring together NHS service staff as well as community and voluntary sector sexual health providers to discuss opportunities and challenges.
Innovation, technology and digital Developing new ways of doing things and addressing digital exclusion	<ul style="list-style-type: none"> The Health and Wellbeing bus has been launched across many communities in the borough Additional developments to come include the digital queuing service Qudini and improved telephony systems. The SHL e-service continues to prove popular with residents and provides uncomplicated STI testing and treatment and contraception A key priority is to integrate operational housing staff across the alliance, including within the MASH, Health and Living Well Centre.
Joint commissioning Health and social care organisations collaborating and sharing responsibility for integrated care services	<ul style="list-style-type: none"> Joint commissioning is core business of the Lambeth health and care system already albeit with different levels of maturity in different areas. There is strong engagement in Lambeth Together across the system. While joint commissioning is strong there remain opportunities to develop more mature joint corporate/enabling functions and better working across non-core health and care parts of the system (e.g. children's social care, education, housing). Public health would like to take a whole system approach and is seeking CCG input and funding into the e-service.



Alliance/recovery plan priority risks 1/2

RISKS		Impact			
Likelihood		Minor (1)	Significant (2)	Serious (4)	Major (8)
	Very Likely (4)	4	8	16	32
	Likely (3)	3	6	12	24
	Unlikely (2)	2	4	8	16
	Very Unlikely (1)	1	2	4	8

Summary of Top Risks

Risks where assurance is weakest – risk score is after mitigation

Lead	Prog.	Area	Risk Description	Risk Score	Actions / Assurance
DO	LDA	Operational	Levels of covid-19 vaccination among people with LDA may not be high enough to provide protection if prevalence of covid-19 increases	12	Targeted work with supported living providers to reach those most vulnerable is being ramped up Interventions already being offered – GP led vax service,
DO	LDA & PCCN	Demand	People with challenging behaviour who are due for discharge in 2020/21 after being sectioned experience delays to discharge – main risk is provider market unable to accommodate their support	16	Work closely with key providers that will be providing support to a number of people due to be discharged to ensure they are safe and well resourced. Consider use of Community Discharge Grant for individuals that will benefit
AC/DS/SP	NWD A/CY P/LWNA	Workforce	Covid & continuing competing pressures for partners and stakeholders	12	
AC	NWD A	Workforce	Gap in diversity on Leadership Group board – no representation from disability groups	12	Leadership Group members finalised and agreed among partners with full representation including DASL.
JA	EDI	Operational	Kevin Fenton recommendation report not completed	12	Need to enable all members of the group to access the report.
JR	SH	Workforce	Data Analyst does not have capacity to lead on the LSL activity and financial analysis for sexual health clinical services.	8	Commissioners have begun working with Data Analyst on related work to inform the activity and financial analysis. Commissioners creating project plan for this work.



Alliance/recovery plan priority risks 2/2

RISKS		Impact			
Likelihood		Minor (1)	Significant (2)	Serious (4)	Major (8)
	Very Likely (4)	4	8	16	32
	Likely (3)	3	6	12	24
	Unlikely (2)	2	4	8	16
	Very Unlikely (1)	1	2	4	8

Summary of Top Risks					
Risks where assurance is weakest – risk score is after mitigation					
Lead	Prog.	Area	Risk Description	Risk Score	Actions / Assurance
SP	LWNA	Finance	Recovery Plan fails to deliver required savings leaving a significant cost pressure for the Alliance	12	Assurance Group driving plan. Programme Manager in place. Additional roles identified to help deliver savings in complex placements and transforming care. Procurement of block placements framework agreement increases ability to reduce contract values. £482k net placement savings in 2020/21 (equivalent to c.£750k in a full year).
SP	LWNA	Finance	Budget pressures lead to service closures and/or possible risk to the Alliance	12	Delivering savings in placements, identifying new savings and exploring what a break even budget would look like. All to be monitored by AMT, F&P and ALT on a monthly basis.
SP	LWNA	Finance	Failure to agree new risk share	12	Ongoing work in AMT, F&P and ALT to identify cohorts to track to represent a contained risk share
SP	LWNA	Finance	We fail to find savings to meet the estimated Lambeth revenue pressure from Douglas Bennett House.	12	A workshop with key clinical stakeholders has been held to discuss how this financial gap would be filled, which provisionally identified £5m of savings – although when probabilities were applied this left a gap of c. £0.5m. The Finance and Performance Group will be reviewing DBH proposed savings in more detail.
LG	Hless	Operatio n al	Furlough scheme ending in September 2021, 28,000 people in the borough furloughed (11.6% of the working population).	12	Working with the DWP to try and identified households who's economic circumstances have changed to provide targeted interventions.



Alliance/recovery plan priority issues

Issue severity	Description	Issue Severity	Description
Critical	Issue will stop project progress.	Medium	Issue impacts the project, but could be mitigated to avoid an impact on budget, schedule or scope.
High	Issue will likely impact budget, schedule or scope.	Low	Issue is low impact and/or low effort to resolve.

Summary of Top Issues

Ref	Prog.	Area	Issue Description	Impact	Actions
1	LDA & PCCN	Demand	Potential to exacerbate health inequalities - re prevalence of key long term physical and mental health conditions due to 'missed' opportunities to prevention, identification and early intervention through uptake of LD health screens.	Med.	Action plan currently being developed for full roll out during Q4 2020-21 to include communication and engagement with population cohort; quality improvement programme and support with General Practice and health partners; action to improve data capture including interface between primary and secondary care.
2	LDA	Demand	JCVI advice now recommends covid vaccination for all people aged 16+ on the LD GP register	Med.	GP led roll out of vaccinations to those on the LD register has begun. Community and family engagement will be ramped up
3	Staying Healthy	Operational	Reduced activity and capacity at pharmacy stop smoking service	Med.	Specialist service engaging additional clients
4	Sexual Health	Financial	Some difficulty in agreeing extension year funding envelope with 1 of the 3 NHS clinical providers	Med.	Regular meetings with provider. Escalation route in use in council and trust. Communication is frequent
5	Sexual Health	Financial	Agenda for Change Pay award impact on sexual health NHS trust contracts.	High	Liaising with relevant Directors and Finance Leads in LSL boroughs and CCG. Liaising with London Sexual Health Programme Director to try to take a London approach to agreeing application of pay award.
6	Sexual Health	Financial	London Sexual Health Programme makes decisions on payment/funding that can impact on local LSL decisions on our contracts, sometimes which are already agreed.	High	LSL commissioners keep clear audit trails of local decision and as far as possible, London Programme decisions and communicate these to commissioning and finance staff and Trust finance and contract staff



Strategic/system risks and issues (work in progress)

Likelihood		Impact			
		Minor (1)	Significant (2)	Serious (4)	Major (8)
	Very Likely (4)	4	8	16	32
	Likely (3)	3	6	12	24
	Unlikely (2)	2	4	8	16
	Very Unlikely (1)	1	2	4	8

Draft Top Programme Risks (where assurance is weakest)			
Ref	Risk Description	Risk Score	Actions / Assurance
	The financial position of one or more partners, or one or more alliance, results in an inability to deliver programme outcomes		[needs completing]
	Organisational change and churn threatens the development of relationships, trust and leadership in the system		[needs completing]
	System leadership is not focussed and short-term demands are prioritised over Lambeth Together work		[needs completing]
	Failure to effectively engage including with Lambeth's diverse communities		[needs completing]
	Covid-19 results in the redirection of resource away from Lambeth Together activity		[needs completing]

Issue severity	Description	Issue Severity	Description
Critical	Issue will stop programme progress.	Medium	Issue impacts the programme, but could be mitigated to avoid an impact on budget, schedule or scope.
High	Issue will likely impact budget, schedule or scope.	Low	Issue is low impact and/or low effort to resolve.

Top Programme Issues			
Ref	Issue Description	Impact	Actions
	Workstream resourcing		

2.2 Equalities indicators



Equalities

- Reducing inequalities is fundamental to our ways of working and ambitions as described within Lambeth Together's work, delivery alliances, Recovery Plan and programme approaches.
- There are a number of key equalities indicators already included within this report, for instance Severe Mental Illness physical health checks, Adults with Learning Disabilities health checks, and public health indicators, but the equalities and diversity group and each alliance and programme area, together with the newly established assurance group will be considering what existing or new indicators would help inform this report and its assurance.
- The Lambeth Together Equalities Diversity and Inclusion programme is also considering how data and indicators can support the EDI programme and delivery alliances through the development of a shared measurement tool, and the establishment of recruitment and data working groups.

2.3 Alliance Dashboard Highlights



Director / lead

Sabrina Philips, Alliance Director, Lambeth Living Well Network Alliance

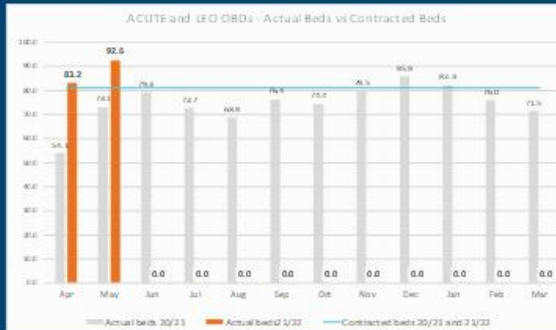
Management Lead

Guy Swindle, Deputy Director, Lambeth Living Well Network Alliance

Data source / period

Lambeth Living Well Network Alliance Performance Dashboard, Month 02 May 2021

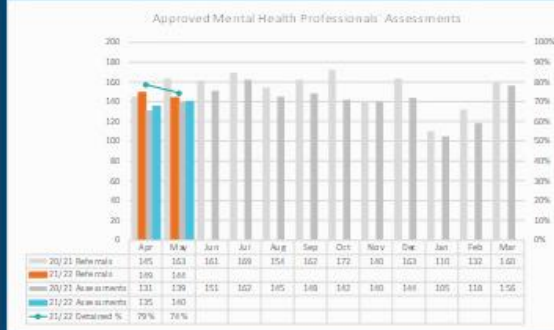
In-patient Beds (Acute)



Key Indicators	Actual	Change
Number of beds used in month	92.6	▲ 14%
Number of private occupied bed days (OBDs) used in month	137	
Number discharged with length of stay >100 days/ >200 days	1/1	

Narrative: Acute OBDs (Lambeth CCG registered patients only) significantly over contracted level. Private overspill OBDs in M2 exceeded 20/21 peak in M12 of 116. For second consecutive month, only 2 long-stay patients discharged this month.

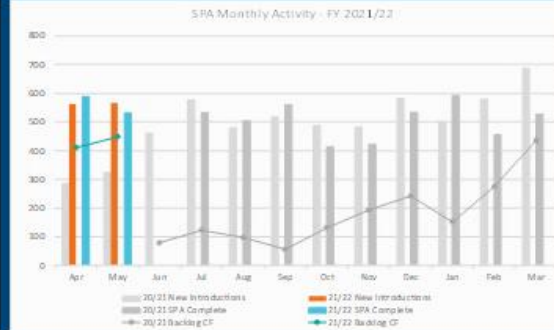
Crisis Pathway



Key Indicators	M2	Change
St Thomas A&E Referrals	344	▲ 10%
AMHP referrals	144	▼ -3%
AMHP assessments	140	▲ 4%
AMHP detentions	104	▼ -2%

Narrative: Mixed picture in M2. A&E Liaison numbers were up by 30, AMHP referrals down by 5, assessments up by 5 leading to 2 fewer detentions.

Single Point of Access



Key Indicators	M2	Change
Number of introductions waiting for referral (backlog)	448	▲ 9%
Introductions processed in M2, average wait (in days)	23.5	▲ 9%
Introductions still waiting at end of M2, maximum wait (in days)	79	▲ 76%

Narrative: SPA backlog grew in M2 despite overtime focused on admin screening. New staff et to take effect on backlog despite no real change in new introductions received. 33 introductions completed in M2 had waited longer than M1 maximum of 45 days.

Living Well Centre Activity



Key Indicators	M2	Change
Short Term Support - Total Referrals	182	0%
Short Term Support - Total Caseloads	779	▲ 3%
Focused Support - Total Referrals	49	▲ 81%
Focused Support - Total Caseloads	931	▼ -1%

Narrative: Caseloads relatively stable in both STS and FS although significantly more referrals to FS in M2. This follows very few referrals in FS-SW in M12 (7) and M1 (3).

Equalities



Narrative:	Contrasting the proportion of White and BAME referrals from different sources with the GLA housing-led 2021 18-65 population estimate for Lambeth.
	Self referrers tend to be white, while GP and IAPT referrals skew BAME, closely corresponding to the all source average.
	Referrals from the Police/criminal justice system, community (local authority, voluntary, housing etc.) and other clinical sources all skew heavily towards the BAME communities.

Finance and Risk

2021/22 Informal Forecasts	M2 Full-Yr Forecast	Change from M12
Main overspend areas (>£100k over budget)	Overspend £000s	£000s
Complex Placements (SLAM - IPSA)	1,789	▼ - 59
Acute Beds	1,025	▲ 399
Residential Care (LCL) - incl. £156k contribution to block budget.	993	-
Community Support (LCL) - includes Extra Care	448	▼ - 156
PICU Beds	407	▼ - 232
Nursing Care (LCL) - actual income less than forecast	384	▲ 69
Low Intensity Team (SLAM)	271	▲ 6
Supported Living - included Shared Lives	226	▼ - 87
Community Forensic Team (SLAM)	214	▼ - 48
Home Treatment Team	170	▲ 97
Extra Care	104	New

Key Risks

Finance Pressures - savings plan and risk share being agreed
Covid-19 - contingency plans in place to keep services open
SPA Backlogs - staff issues have led to increased backlogs
DBH - Alliance implications if SLAM fails to find savings to meet increased costs of Douglas Bennett House



The other delivery alliances will continue to report progress against key activities and priority areas through the Lambeth Together Programme Highlight Reports in section 2.2. Over time, as with the LWNA, the other delivery alliance will be developing outcome monitoring dashboards and these will be included here in section 2.3.



3. Integrated Health and Care assurance summary

3.1 Adult Social Care

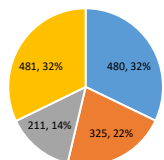


Director / lead	Fiona Connolly, Executive Director Adult Social Care
Management Lead	Richard Outram, Deputy Director Adult Social Care
Data source / period	Melissa Murphy, Service Improvement Lead – Adults and Health, London Borough of Lambeth. June 2021

Overall Contact/Referrals completed by all teams

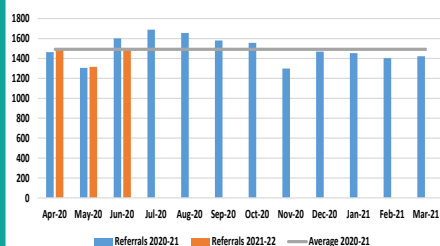
- A total of 1,497 Contact/referrals in June.
- Increase of 181 (14%) from previous month.
- 256 (17%) were raised as Safeguarding Concerns. This is a 2% increase from the previous month.

Contact/Referrals- June 2021



■ Initial Contact Team
■ Hospital Teams
■ Safeguarding Team (MASH Referrals)
■ Other Teams

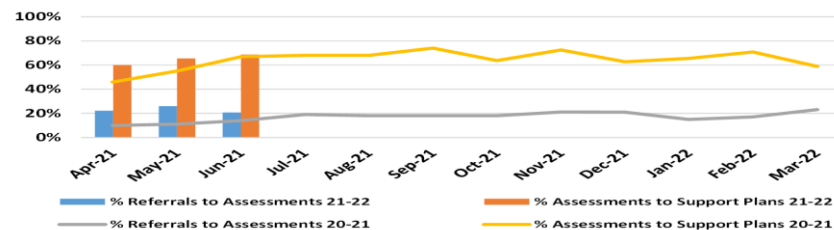
Contact/Referrals completed by all ASC Teams 2021-22



Overall Contact/Referral and Assessment Conversion Rates

- Conversion rates from contact-referrals to assessments has decreased in June from 26% to 21%.
- Conversion rates for Assessments to support plans have increased from 66% to 69% in June.

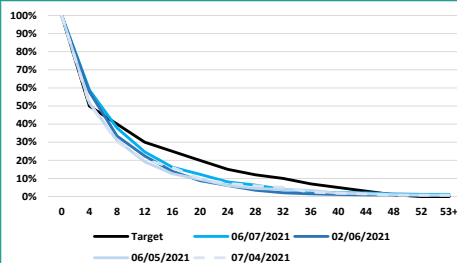
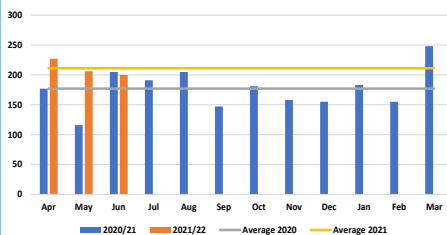
Referral and Assessment Conversion Rates for adult social Care - 2021-22



Safeguarding Information

- The number of cases started in June have decreased from the previous month and is now slightly below the same period in the previous year.
- There are 4 (1%) cases open for 12 months or more. An increase from the previous month.

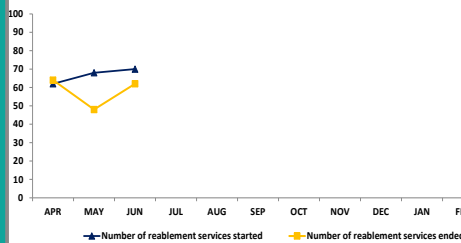
Safeguarding Concerns Started



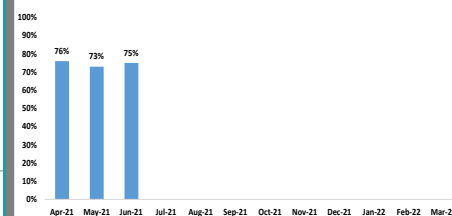
Reablement

- The numbers of reablement services provided in June have increased and returned to similar activity levels before the Covid-19 pandemic.
- The outcome of people completing reablement at a reduced level or no support has remained steady this financial year with 75% achieved in June 2021. (total of 57 people completing reablement)

Reablement Services Started and Ended - 2021-22



Percentage of people who have completed reablement that has resulted in no formal support or support at a reduced level.



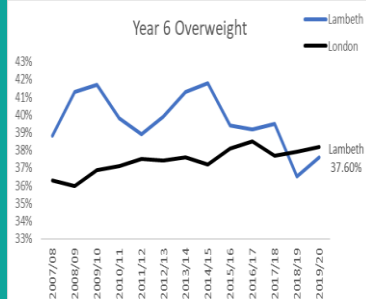
3.2 Public Health



Director / lead	Ruth Hutt, Director of Public Health
Management Lead	Ruth Hutt, Director of Public Health
Data source / period	Vince Wakfer Head of Business and Performance Public Health Data: Fingertips and Service Monitoring

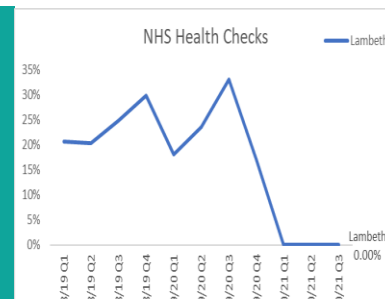
Year 6: prevalence of overweight

For 2020/21, national data collection has been impacted by the Covid pandemic. Services have continued virtually, and are currently in process of undertaking 2021/22 NCMP for 10% of Lambeth schools. This lower participation, due to Covid, may impact on data quality for future reporting.



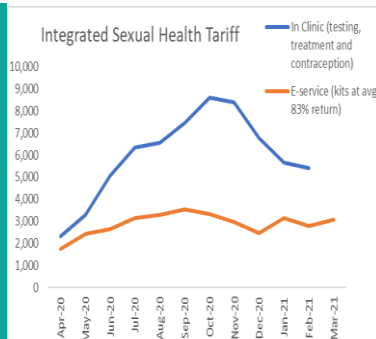
NHS Health Checks

NHS Health Checks were severely impacted by COVID19 but remobilisation and alternative arrangements were developed. All possible activity to focus on high CVD and diabetes risk, and targeted at BAME, with opportunistic HC by telephone or video call where capacity allows.



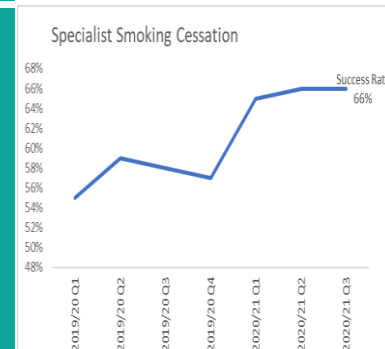
In Clinic and E-Service STI Testing & Treatment and Contraception

STI testing has increased since introduction of SHL e-service in Jan 2018. Online STI tests now available to symptomatic people due to Covid, with likely even higher rates of STI testing in 2021. As always, our local sexual health services at GSTT and KCH also test for STIs.



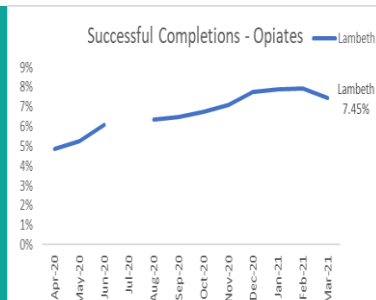
Success Rate at Smoking Cessation Services

Stop Smoking services were paused during first wave of COVID-19 but have now resumed via a remote (telephone) or digital (online) service. Increasing numbers of smokers looking to quit are accessing our digital stop smoking services and quit rates remain very high.



Successful completion of drug (opiate) treatment

The Lambeth Drug & Alcohol Treatment consortium also operate an open-door policy to clients, allowing for the exit and re-entry to treatment programmes. Throughout 2020-21, the consortium have continued to facilitate the provision of community based treatment and support via Lorraine Hewitt House, and preserved service user access to opioid substitution treatments and needle exchange via Pharmacy and GP Shared Care.



Successful completion of alcohol treatment

Alcohol treatment completions remain better than the regional and national average. According to the Global Drug Survey, 48% of people increased their drinking during lockdown. In addition to preserving access to community based treatment and support programmes throughout lockdown, in 2020-21 Lambeth's digital site Drink Coach saw 3,355 users complete an audit to assess their current level of alcohol consumption and receive brief advice, a 114% increase on the previous year.



3.2 Public Health (Covid)



Director / lead	Ruth Hutt, Director of Public Health
Management Lead	Ruth Hutt, Director of Public Health
Data source / period	Data: Local Contact Tracing

Covid Contact Tracing

- 49 cases received in this week (ending 14th May), this is the slight increase on cases from previous week but remains low
- Trend to a lower completion rate has continued but a single case makes this difference due to small numbers
- The caseload included 5 international travellers, 2 remain open at the advice of Intl travellers team - both had a door knock, 2 completed including a VUI at LCRC request, 1 was reached but not completed.
- Three cases reached but not completed 2 confirmed that they were self-isolating, and one was part of household where the spouse who had also tested positive did complete. One was uncooperative.
- There have been 10 referrals to specialist team this week (25% of actionable), This often assists in informing local situations and enables Specialist team to advise schools, workplaces or neighbouring DPH informed if the case attends an out of borough school.
 - There have been 3 referrals of cases to the Stay Home Safely service during this week
 - Anecdotally, age range of cases decreasing, few elderly in our caseload - one this week (85yrs) thought due to prior infection

01 03 2021 - 02 May 2021

772

Total

3.36

Contacts per case

0

Uncontactable

91

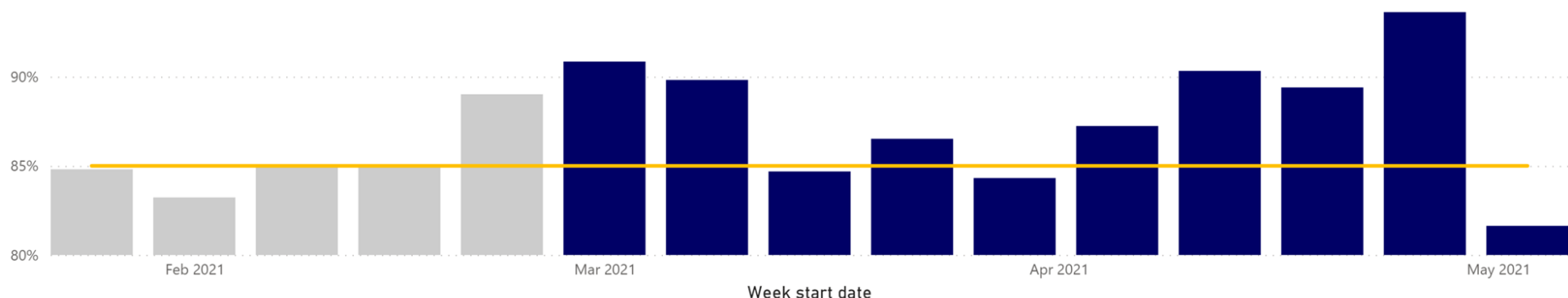
Failed

88%

cases_completed_%

Number of CTAS cases

date_filter ● 5 weeks Pre - Local Zero ● Lambeth - Local Zero ● contact_tracing_min



3.3 Childrens Commissioning



Director / lead	Abi Onaboye, Director of Children's Commissioning and Community Safety
Management Lead	Dan Stoten, Integrated Associate Director - Children's Commissioning
Data source / period	SLaM 4 boroughs Community Performance Report March 2021, Lambeth Council Pentana May 2021, SEL Borough Based Report May 2021

Overweight and obese children Year 6

- Lambeth's performance is similar to the London average, although data quality across other London areas has been poor. Services have continued virtually, and are currently in process of undertaking 2021/22 National Child Measurement Programme for 10% of Lambeth schools. This lower participation is a result of Covid pandemic. Data (February 2021) indicates Lambeth's rate has risen to 37.6% in 2019/20 from 36.5% in 2018/19.

Mental Health

- Average waiting time for CYP to access first CAMHs assessment appointment Service within the Trust (Face to Face, Video, Phone)



- Average wait time for second appointment (treatment)



Eating Disorder Service

- Referrals received (includes all referrals received by SLaM from referring GP (in borough) and includes referrals which were rejected when reviewed by the service.

2019/2 0 Q1	2019/2 0 Q2	2019/2 0 Q3	2019/2 0 Q4	2020/2 1 Q1	2020/2 1 Q2	2020/2 1 Q3	2020/2 1 Q4
14	9	17	14	13	14	31	19

Childhood immunisations in primary care

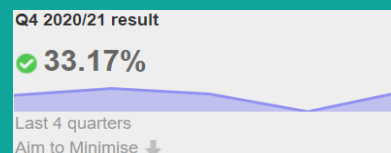
- The borough performance has in Quarter 3 2020/21 across a number of the six-in-one vaccination rates (compared with the London average)
 - Children receiving DTaP/IPV/Hib % at 12 months: 83.8% (London average 85.8%)
 - Children receiving DTaP/IPV/Hib % at 24 months: 90.5% (89.9%)
 - Children receiving DTaP/IPV/Hib % at 5 years: 89.3% (91.4%)
- MMR performance for Quarter 3 2020/21 (compared with the London average).
 - Children receiving MMR1 at 24 months: 78.7% (82.3% London)
 - Children receiving MMR1 at 5 years: 86.1% (88.8%)
 - Children receiving MMR2 at 5 years: 77.9% (74.1%)

Maternity

- There is typically a delay in the service provider (Evelina London) gathering this data and figures for recent months Jan– Mar are slightly lower as a result. A refresh will be requested mid year. It is anticipated that the annual figure will show a slight increase. Prevalence of breast-feeding at 6-8 weeks from birth: 2020/21 73% against target of 70%, and 69.3% in 2019/20.

Domestic Violence

- The proportion of cases heard at MARAC which were repeat cases has increased to 33% in Q4 2020/21 from 23% in Q3. SafeLives sets the best practice national repeat target at 28-40%: this recognises that nationally, victims of domestic abuse will experience multiple incidents before finding safety – accordingly our target is set at 34% and in Q4 we returned to within this target range.



2018/1 9 Q4	2019/2 0 Q1	2019/2 0 Q2	2019/2 0 Q3	2019/2 0 Q4	2020/2 1 Q1	2020/2 1 Q2	2020/2 1 Q3
33.33%	35.51%	29.45%	30.56%	31.06%	34.44%	31.47%	22.65%

3.4 Primary and Community Care



Director / lead	Andrew Parker, Director of Primary Care Development
Management Lead	Garry Money, Associate Director Primary and Community Care
Data source / period	NHS South East London CCG non-acute performance report April 2021

Learning Disability and Autism

- The learning disabilities (LD) health check scheme is one of several GP enhanced services in the Quality and Outcomes Framework (QOF). Enhanced services are voluntary reward programmes covering primary medical services; one of their main aims is to reduce the burden on secondary care services.
- The NHS Long Term Plan states that the Learning Disability Annual Health Check target for 2020/21 is 67%. Lambeth has historically performed higher than this, and at year end the Latest figures, after adjustments, show Lambeth has achieved a target of 78% which exceeded the 2019/20 achievement of 71%.
- Against the backdrop of the everchanging challenges of the past year as a result of the pandemic this is good news for Practices and for people with learning disabilities.
- Planning is currently underway to ensure we maintain this momentum for 2021/22 in tandem with ongoing activity to maximise uptake of Covid-19 vaccination amongst patients on GP clinical LD register.

Covid Vaccinations – primary care

- Primary Care LVS and pop-up clinic sites have contributed greatly to the successful borough Covid-19 vaccination delivery programme. Snapshot figures using NIMS Dashboard data as at 04 May indicates that over 121k vaccinations have been administered by Lambeth PCNs.
- Work is continuing via the dedicated Lambeth Vaccine Hesitancy Group on a wide range of initiatives to increase uptake across the boroughs diverse population e.g. mobile units, grassroots community champions, and targeted work with vulnerable patient groups such as those living with Severe Mental Illness, Homelessness or Learning Difficulties.

CQC Ratings – May 2021

- Of the 41 Practices within Lambeth, CQC has rated them as
 - 38 overall rated Good
 - 2 overall rated Requires Improvement
 - 1 is brand new and yet to be rated.
- As a result of the pandemic CQC have not been carrying out any inspections (whether on site or virtually) over the last year. However, CQC is now beginning to resume site inspections and will be prioritising inspecting the 'Requires Improvement' GP practices.
- Further detail is available online at [Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Flu

- Outturn figures for 2020/21 are still begin finalised and are expected by early June, and will be included once approved. The latest reported figures against the main categories are:
 - 65 years and over: 64.7%
 - Aged 16-65 and at risk: 41.9%
 - All pregnant women: 38.4%
 - Children 2years old: 44.2%
 - Children 3 years old: 45.9%
- The targets were previously 55% but ambitions were increased nationally to 75% across all eligible groups

- As some of the primary care measures are included elsewhere ie, SMI physical health checks contained within the Adult Mental Health chapter, these are not duplicated here.
- Over time indicators will be reviewed, for instance to develop measures related to outcomes, equalities and to staff wellbeing.

3.5 Medicines Management / Long Term Conditions



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Vanessa Burgess, Chief Pharmacist, Associate Director Integrated Commissioning (Long Term Conditions)
Data source / period	Medicines Management (Lambeth), NHS South East London CCG non-acute performance report May 2021

Medicines Management schemes

- Reporting on this is currently in development, and will include:
 - Providing updates by way of data reporting via primary care information against key metrics for medicines optimisation, LTC optimisation, anticipatory care and relevant parts of the premium specification.
 - Written updates for any exceptions.
 - Narrative on broader system developments, eg. Pharmacy workforce planning, community pharmacy integration, digital solutions for prescribing and medicines.
- This will be coordinated together with what needs to be reported via the Alliance, as well as Lambeth Together board.

3.6 Planned and Unplanned Care



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Jo Keats, Associate Director, Planned and Unplanned Care
Data source / period	NHS South East London CCG Performance and Assurance Reports. Link to report if available:

Cancer / early Diagnosis

- There is a significant lag on cancer screening reporting so we do not yet know the impact COVID has had on screening performance. According to the latest available data from February 2020, Lambeth is not meeting the screening targets for bowel, breast and cervical screening and is also the worst performing borough in all areas apart from Cervical Cancer Coverage (25-49 cohort).
- SEL boroughs are supporting the implementation of both national and local programmes to increase uptake rates, however securing sufficient practice and patient engagement was a challenge, even before COVID.
- SEL Cancer Alliance have a pilot to increase uptake of referrals for lung
- Cancer National Screening pathways Improving uptake locally for breast, cervical and bowel FIT screening. Supporting PCNs/practices to increase uptake through education sessions and providing information on support tools and guidance.
- Cancer support to PCNs/practices to understand and implement the Cancer Early Diagnosis DES and QOF providing education sessions, guidance and support tools to ensure systems such as safety netting, patient support are in place.
- The cancer screening programmes continue to be supported to increase uptake with media campaigns and a YouTube video has been developed for breast screening.
- Education and training sessions have been provided for practices and PCNs by the Macmillan GP and CRUK facilitator.
- Lambeth have submitted three Cancer Business proposals to the SELCA Cancer Business Planning funding. Outcome is TBC.

NHS continuing healthcare

- The borough is required to ensure no more than 15% of CHC assessments take place in an acute setting. Currently Lambeth for Quarter 4 2020.21, like all boroughs in SEL had zero assessments taking place in an acute setting which is very positive.

Out of Hospital Plan

- Transformation of services due to impact of Covid-19, in ensuring shielded patients and Covid-19 positive patients receive the appropriate clinical care. Working collaboratively with PCNs, Lambeth GP Federations, GSTT (Acute & Community) and KCH DH.

Healthy Weight Tier 3 Programme

- The HWP Tier 3 monthly meetings commenced 26 April 2021
- The scheme has adapted to triage patients and offer a range of activities such as virtual group work and 121 work.
- Lambeth data for April 2020-February 2021 accepted 311 referrals and rejected 108. 262 are booked for group sessions and 140 patients are on the waiting list.

Referral management

- Consultant Connect – Consultant Connect SDEC service went live Sept 2020.
- 31 Lambeth practices have used the service and there have been 388 referrals to the service over the last 12 months (May 2020 to May 2021). This also includes the Acute Medicine line which was set up middle May 2020. This provides a direct line to the team to provide advice which is why the number of calls has increased.

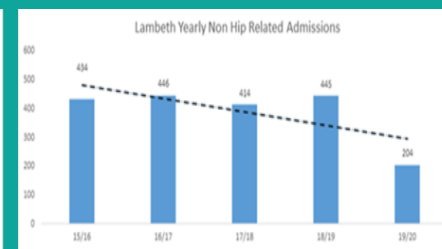
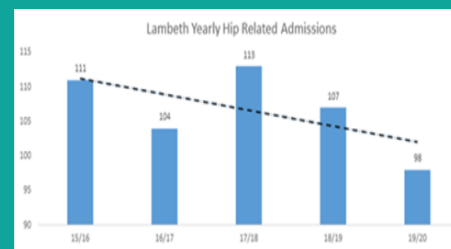
Urgent and Emergency Care

- Lambeth and Southwark Urgent & Emergency Care Board co chaired by the Hospital Trust and CCG ensures mutual accountability focusing in Urgent & Emergency Care, to share best practice, mutual aid as well as monitor A&E performance and leading on recovery
- The Lambeth and Southwark Urgent & Emergency Care Board oversees;
 - System planning and discharge process
 - Winter Planning and Winter Resilience
 - Winter Assurance
 - Deployment of Winter Monies

Injuries from falls in people aged 65 and over

Injuries from falls in people aged 65 and over

- In Quarter 2 2019/20, Lambeth is not achieving the sex-age standardised rate of emergency hospital admissions with a rate of 2,380 per 100,000 compared to the national position of 2,059.
- Introduction and roll out of early intervention and prevention of falls via the large scale exercise programme, developed during Southwark and Lambeth Integrated Care (SLIC) programme – essential to this is the service provides direct access for residents as doesn't need to be via physiotherapy.



Commissioned services for independent sector

- Insert key message here.

3.6 Planned and Unplanned Care – continued



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Jo Keats, Associate Director, Planned and Unplanned Care
Data source / period	NHS South East London CCG Performance and Assurance Reports. Link to report if available:

Personal Health Budgets

- SEL provided 2,068 PHBs in 2020/21 which was below the annual target of 2,463. Progress to implement a number of initiatives to improve performance in 2020/21 were delayed due to the COVID-19 pandemic but these will be implemented at the start of 2021/22.
- Lambeth achieved 396 against a target of 467.
- The SEL PHB lead is supporting boroughs to implement the personalisation agenda and expand their PHB provision with an on-going focus on wheelchair users and mental health service users. SEL will also be exploring ways of expanding provision for people with learning disabilities through the care treatment review process.
- The personal wheelchair budgets offer will be restarted across SEL and more PHBs for mental health service users will be introduced through the South London Partnership.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Number of PHBs at month 12 2020/21							
Year end target – 2021	338	483	419	467	386	370	2,463
Cumulative year end actuals - 2021	371	481	520	396	85	215	2,068

Adults Learning Disability / Transforming Care (LDA) Programme

- Continue to progress vaccine and Annual Health Check uptake in line with drive to reduce health inequalities. Improve synergies between the AHC and vaccination programmes and ensure operational streamlining
- LDA Programme - Currently 18 adult inpatients with 11 due for discharge within 6 months. LDA Manager recruited and now in post with focus on preventing admission. Ongoing provider development including scoping enhanced care and support
- Coburg Crescent, new development of supportive living, respite and day service due to open November 2021
- Initial planning to assess potential scope for Learning Disability and Complex Needs partnership to be instigated over the coming months.

3.7 Adults Mental Health



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	David Orekoya, Associate Director Integrated Commissioning-Mental Health
Data source / period	NHS South East London non-acute Performance Report, April 2021.

SMI Physical Health Checks

- The NHS has committed to ensuring 60% of people on the SMI register receive a full and comprehensive physical health check.
- Lambeth reported a performance of 23.3% in Quarter 3 2020/21. As with other boroughs in SEL CCG this is significantly below the 60% target. Achievement of the target for 2020/21 remains high risk.
- The Covid-19 pandemic has had a negative impact on the ability of primary care to deliver physical health checks for people with serious mental illness. Recent guidance from NHSE/I reiterated the importance of improving performance and London region is developing a schedule of supporting measures to assist primary care in making improvements against the standard.
- will actively engage with the regional work and this should lead to a collective approach to managing SMI physical health checks across SEL and improved performance. Additional funding has been secured to implement improvement plans.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Proportion of people on the SMI register receiving a comprehensive physical health check in the last 12 months (Q3 2020/21) – target 60%							
% patients receiving check	27.0%	10.7%	14.3%	23.3%	19.1%	33.3%	21.7%
Trend since last quarter	+8.1%	-0.1%	-2.7%	-0.9%	-3.9%	+2.9%	-0.3%

Improved Access to Psychological Therapies

- Lambeth has traditionally performed very well across the range of IAPT measures. 2019/20:

	Standard	Lambeth
h 2020		
IAPT Access Rate - rolling three months	5.50%	5.64%
IAPT Recovery Rate - rolling three months	50%	57.0%
IAPT Waiting Times 6 Weeks	75%	95.0%
IAPT Waiting Times 18 Weeks	95%	100%

- From April 2020 some providers are no longer using the old CCG codes which means borough level performance data is not available. The SEL MH Performance Team have arranged monthly performance meetings with providers, which monitor improvements against agreed plans. As of Jan 2021 Lambeth had the highest recovery rate of 55.9% in SEL.

IAPT 2nd appointment waits

- The current IAPT waiting time standards measure waiting times from diagnosis to starting treatment (i.e. first treatment) and mandate that 75% of patients start treatment within 6 weeks and 95% within 18 weeks.
- As at January 2021 Lambeth remains the top performer at 93% in SEL.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
First to Second Treatment within 90 days Rolling 3 months (January 2021)							
Current month	85.4%	64.6%	86.2%	93.0%	78.9%	83.3%	84.1%
Trend since last month	↑	↓	↑	↓	↓	↓	↔



4. Quality summary

4.1 Quality highlights



Director / lead	Leads for the 7 priority areas, lead providers & commissioners
Management Lead	Cheryl Smith, each of the leads for the 7 priority areas, lead commissioners
Data source / period	SEL Quality Report, Highlight reports x 7 / Enabler reports. Link to reports if available:

Summary

- Also included in papers for the LTSB 26 May meeting is a brief quality report for Lambeth. That report provides a summary of what was presented to the Quality and Safety Sub Committee on 15 April 2021.
- The Quality Assurance and Quality Improvement functions of the CCG have been significantly scaled back during the Covid pandemic and from January 2021 will be reduced further as staff are redeployed to support the pandemic response. The Quality Team has prioritised the Quality Alerts and Serious Incident systems and these will continue to operate in the weeks ahead. All other quality assurance functions have been stood down, although a small team has been retained to respond to emerging quality crises.
- A small group within Lambeth met in late-February to review the quality inputs that can be used to bring through headlines into this report, and it was agreed to conduct a mapping exercise of the meetings and networks and to meet again to discuss.

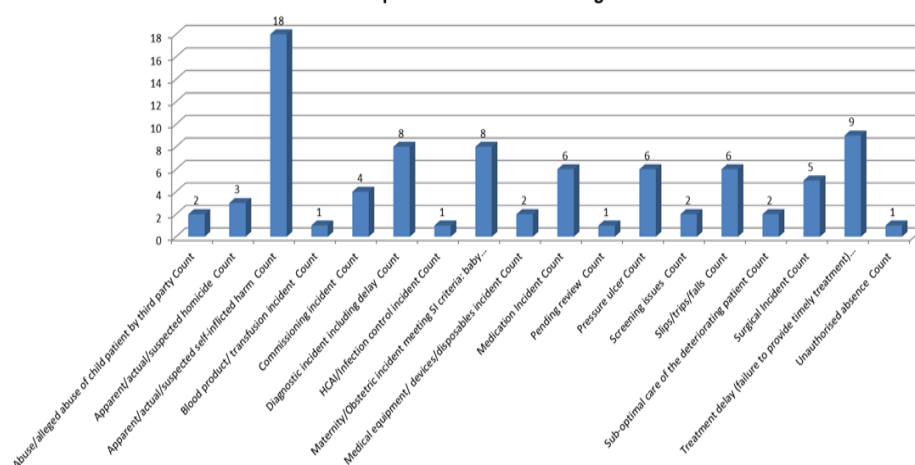
Quality alerts

- At present, each Borough collects and collates alerts differently with some using a reporting system and some excel spreadsheets.
- The SEL is in the process of implementing Datix IQ which will ensure all data is collected in a systematic way and assist on reporting and monitoring.
- The data also demonstrates the disparity in the level of engagement across the SEL by GPs.
- The Quality team will be undertaking an exercise to improve Primary Care engagement with the launch of Datix.
- These will be summarised and included here for Lambeth in future iterations.

Serious Incidents

- Weekly reports are in place.
- An Annual Report for Serious Incidents showed that there had been no reduction in the number of Serious Incidents reported during the pandemic.
- During 2020/21 the CCG was informed of 85 Serious Incidents affecting Lambeth patients (13% of the total). A count of Serious Incidents by type in Lambeth in 2020/21 and for April 2021 is shown below.
- The four most frequently reported Serious Incidents for Lambeth in 2020/21 were:
 - Apparent/actual/suspected self harm (18)
 - Treatment delays (9)
 - Maternity (8) and Diagnostic delays (8)

No. Serious Incidents Reported for Lambeth Borough Patients 2020 -21





5. Risks summary



5.1 Risks highlights

Director / lead	leads for the 7 priority areas, lead commissioners
Management Lead	Cheryl Smith, Tom Barrett, each of the leads for the 7 priority areas, lead commissioners
Data source / period	SEL BAF, Highlight reports x 7 / Enabler reports. Link to reports if available:

Datix

- Training ongoing for Risk Owners and Sponsors
- Working with the Datix team to improve the content of available reports

Lambeth Risk Register

- Risk register finalised and forms part of the Lambeth Together Strategic Board papers
- First round of reviews are almost complete

Risk Forum

- The last Risk Forum was held in March. Items discussed at this meeting included:
 - Quality of reports available
 - Risks for possible escalation
 - Possible removal of IT risk from Lambeth Risk Register (South East London Risk Register contains very similar risk)



6. Finance summary

6.1 Finance highlights



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Data source / period	Lambeth Council Finance and Performance Report, South East London CCG Finance Performance Report.

2021-22 H1 (Q1&Q2) Lambeth Borough (SEL CCG) Financial Plan

- Lambeth borough delegated budget for the first 6 months of 2021-22 financial year referred to a H1 (Q1&Q2) is £84.2m plus agreed uplifts. At the end of Q1, the borough is reporting a year to date near breakeven position, within which the CHC and prescribing budgets represent the biggest risk to the borough financial position and currently mitigated by non-recurrent flexibilities and underspend in other budget areas. The borough is expected to contribute its share of the CCG's savings target of £6.1m through a combination of non-recurrent and recurrent savings. Details of the financial arrangements for the second six month of 2021/22 (H2) not yet confirmed.

2021-22 H1 (Q1&Q2) Lambeth Borough (SEL CCG) Financial Plan

- Continuing Care: The CHC team is carrying out a database cleansing to confirm the accuracy of the client list and to ensure all cost are captured in finance reporting. Discussions are ongoing to adjust budget for the impact of Minnie Kidd House closure. Further challenge expected as the system starts to 'normalise' from the impact of the HDP programme.
- Prescribing: The month 1 (April 2021) actual data available indicates some level of financial risk although the full risk cannot be reasonably quantified until Month 4 PPA data is available (which will be in time for Month 6 finance reporting).

2020-21 Lambeth Council

- Adult Social Care and Public Health reported a near breakeven position of a £104k overspend against its budgets for 2020-21. However, within this net position there were significant amounts of unbudgeted income and expenditure relating to the COVID-19 pandemic. Increases in expenditure were mainly related to: higher costs on packages of care for high numbers of people discharged from hospital; payments to care providers for one-off fee increases the council made to support the market; payments to care providers for government schemes such as the Infection Control Fund; COVID-19 specific expenditure on items such as PPE; costs associated with supporting people that are Clinically Extremely Vulnerable; and costs associated with the new Test and Trace service and other testing initiatives. These extra costs were funded from a variety of income streams including the NHS discharge scheme, grant funding for specific schemes and grant funding to meet the pandemic costs more generally.

2021-22 Lambeth Council

- Funding is based on a roll forward from 2020/21 with adjustments made for agreed savings and increases in resources that have come in the form of government grants for social care and other growth that the Council has funded. There is financial uncertainty due to the impact of the pandemic. There is expected to be an underlying overspend of £0.7m-£1m based on pre-pandemic trends in client numbers and costs that do not relate to the pandemic. There are higher expected costs in 2021/22 for people discharged from hospital under COVID measures in 2020/21 but it is not known at this stage whether this will have a long-term impact on the client base and lead to a higher underlying overspend going forward.



Annex



A1 Glossary

This glossary will be developed as the framework is populated with assurance material

Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
AHC	Annual Health Check		
BAF	Board Assurance Framework		
CCG	Clinical Commissioning Group		
CHC	Continuing Healthcare		
H1	Half 1, referring to the first 6 months of the financial year, April - September		
H2	Half 2, referring to the first 6 months of the financial year, April - September		
HDP	Hospital Discharge Programme		
ICS	Integrated Care System		
KPI	Key Performance Indicator		
LBL	London Borough of Lambeth		
LWNA	Lambeth Living Well Network Alliance		
PPA	Prescription Pricing Authority		
SEL	South East London		
SMI	Severe Mental Illness		