



Lambeth together & Integrated Health and Care

Assurance Report September 2021

Lambeth Together Strategic Board 29 September 2021



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1. Executive summary

1.1 Introduction

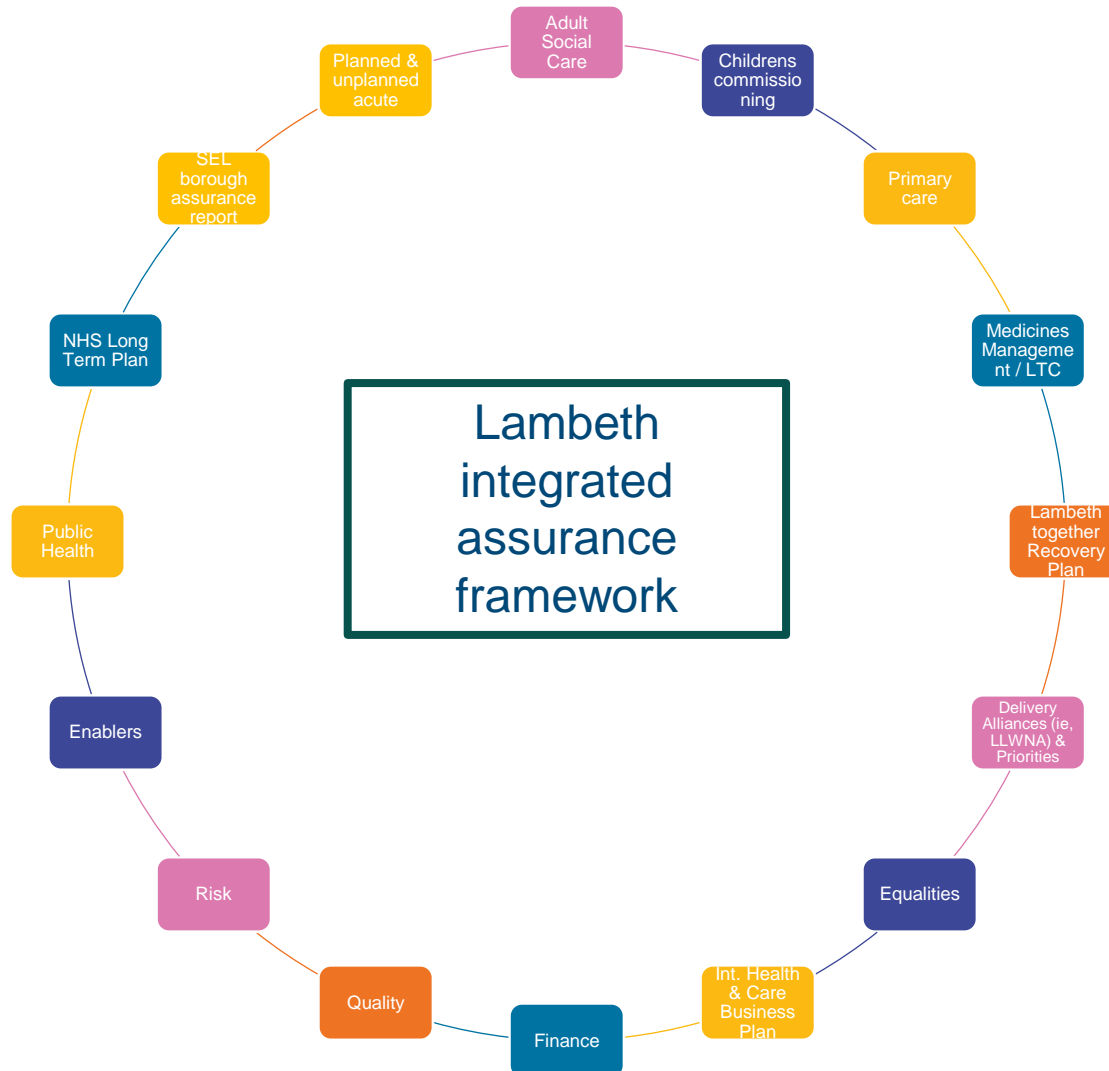


- This report provides in one place an integrated summary of assurance across **Lambeth together** and **Lambeth integrated health and care** arrangements.
- This report does not seek to duplicate, but to draw upon existing assurance, performance or quality reporting arrangements, such as those within 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 continue to be adapted over time, based on usage and assurance developments, and 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, was established in July and will meet bi-monthly. This group will provide dedicated oversight and assurance on behalf of the board. A short summary report from this groups discussions will accompany this integrated assurance report when presented to the Lambeth Together Strategic Board.
- **Quadruple aim**
 - Better Population Health Outcomes
 - Improved Patient Experience
 - Improved Experience of Providing Care
 - Delivered at the Best Value

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 - August 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	Andrew Parker	Period	July and August 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	→	Lambeth Together has continued to progress with changes approved by the Strategic Board through the governance review and held its latest public board meeting on July 21st. The assurance group has been launched and has held its first meeting. Other key workstreams have continued to move forward, including preparations for the new ICS and fully mobilising and launching the Health and Wellbeing Bus.
Living Well Network Alliance	G	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 completed 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	G	→	All the workstreams have resumed after a period of reduced activity in Q1 due to the second wave of the pandemic and vaccine roll out. Workstreams are progressing in line with programme plans, monthly meetings and 'kick off' meetings (to identify priority areas, data requirements & next steps). The Loneliness Test & Learn project has accelerated and interventions with the defined cohort has now commenced. The Multiple Long Term conditions programme plan, resourcing is well underway with multi provider & practice engagement.

↑	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.

Red box denotes Delivery Alliance



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. The emotional health and wellbeing group met for the first time on 28 July and has agreed a number of next steps, which include considering short term funding options and longer term consultation on the needs assessment.
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	→	Sexual health commissioning in Lambeth, Southwark and Lewisham (LSL). The Programme of Change is a strategic change programme with a key focus on future procurement of the contracts with our 3 NHS specialist sexual health services at GSTT, KCH and LGT. We have sought governance approvals in each of the LSL Councils to extend current contracts during 22/23. This enables time for full review of change within contract period and changes to the operating environment as the ICS develops. It will also allow the impacts of Covid on our NHS services to settle. Approval to also be sought for procurement approach to the future contracts..
Homelessness	-	-		
Assurance	A	A	→	Assurance is an integral part of Lambeth Together. The first new bi-monthly Lambeth Together Assurance Group met on 06 July, with the second meeting taking place on 14 September. The Lambeth Together Strategic Board meeting approved its terms of reference on 21 July and considered.
Equalities, diversity and inclusion				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 largely on COVID-19 vaccination



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"> Supporting the launch of the Health and Wellbeing Bus, and adding extra services (smoking cessation, and Pfizer vaccine) to the bus Supporting the provision of the Strategic Board 	<ul style="list-style-type: none"> Appointing new members to the Strategic Board, process ongoing 	<ul style="list-style-type: none"> Supporting at various health events in the borough Refreshing the Lambeth Together Pledge Further focus on ways of engagement Supporting the next Strategic Board
Living Well Network Alliance	<ul style="list-style-type: none"> Alliance partners continue to hold weekly mini Multi-Agency Discharge events (MADE) in August, supported by the CLaSS team leader. There were a number of successful relocation of teams in August: ART team moved back to Elmfield House, South East LWC moved back to 312 Brixton Road and SW LWC moved to Gracefield Gardens. SPA team cleared the admin backlog and a new receptionist was recruited too, this role is having a positive impact on the admin team functions. Funding agreed to pilot Culturally Appropriate Peer Support and Advocacy service. 	<ul style="list-style-type: none"> None noted 	<ul style="list-style-type: none"> Weekly Alliance Mini Made events Community Development: Monthly programme meetings are underway and a programme outline has been drafted to outline high level priorities and workstreams. Staying Well Offer: Staying Well meetings are continuing in the Brixton and Clapham Park PCN and North PCN. The project group has developed a draft Staying Well business case for additional staff members which will be finalised shortly.
Neighbourhood and Wellbeing Delivery Alliance	<p>Prevention</p> <ul style="list-style-type: none"> Six H&WB Hubs agreed. Business Cases produced. <p>End of Life Care</p> <ul style="list-style-type: none"> Vision and outcome measures agreed Training webinars arranged for Primary Care staff by ACP Consortium including Protected Learning Time (PLT) and bespoke workshops Workshops to define what a good advance care plan looks like (multiple partners) arranged for Sep '21 <p>Care Homes</p> <ul style="list-style-type: none"> 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. <p>Chronic Pain</p> <ul style="list-style-type: none"> Asset mapping of community services Data extraction complete <p>Pop Health Management</p> <ul style="list-style-type: none"> Multiple long-term conditions (mLTC) - Develop MLTC neighbourhood project outline for joint virtual clinics across three provider, 5 clinical conditions, 5 practices. 	<p>Prevention</p> <ul style="list-style-type: none"> Community events across HBD area <p>End of Life Care</p> <ul style="list-style-type: none"> Clinical Leads to work with and support 25% of practices re CMC support Review of KCH data (hospital admissions in last 90 days of life) <p>Care Homes</p> <ul style="list-style-type: none"> Recruitment for nurse practitioner Agree outcome measures <p>Chronic Pain</p> <ul style="list-style-type: none"> Workstream meeting to draft outcome measures IMPARTS to be piloted in North Lambeth PCN <p>Pop Health Management</p> <ul style="list-style-type: none"> Multiple long-term conditions (mLTC) Project set-up – working groups, comms, finance to be finalised etc 	<p>Prevention – Loneliness project:</p> <p>End of Life Care</p> <ul style="list-style-type: none"> Clinical Leads to work with and support 25% of practices re CMC support Workshops to define what a good advance care plan looks like (multiple partners) arranged for Sep '21 <p>Care Homes</p> <ul style="list-style-type: none"> Continued learning from Southwark on developing MDT support model Recruitment for nurse practitioner Agree outcome measures <p>Chronic Pain</p> <ul style="list-style-type: none"> Finalise asset mapping inclusive of waiting times and current referral pathways. <p>Pop Health Management</p> <ul style="list-style-type: none"> Multiple long-term conditions (mLTC) Develop the multi-disciplinary workforce model, business case model & learning methodology



Activity, milestones and deliverables 2/3

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. First agenda finalised, meeting dates being arranged. Emotional Health and Wellbeing needs assessment nearing final stages of governance – in final draft. Lead role graded and out to recruit. First emotional health and wellbeing workstream meeting took place 28 July, with great representation and some clear next steps. 	<ul style="list-style-type: none"> None noted 	<ul style="list-style-type: none"> Deliver next steps for emotional health and wellbeing meeting, presenting at Emotional Health and wellbeing workstream and Board during September. Finalise agenda for first community health meeting and establish by end September 2021. Programme work to get the Early years group on track. Finalise recruitment to lead post.
Learning disabilities and autism and people with continuing complex needs	<ul style="list-style-type: none"> Support to the LDA provider base to ensure business continuity and safety of users, carers and staff in line with infection control guidance Covid- 19 vaccinations: 90% of people with LD living in residential care, 78% in supported living and 70% 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"> Ongoing work with SEL CCG to deliver Transforming Care Programme to ensure continued transfer of patients from long stay institutional to community settings Development of key schemes to provide more personalised flexible and preventative community support and greater opportunities for more independent living Implementation of local action plan to use digital systems and information sharing across health and care to streamline and maximise benefits from health checks and vaccinations 	<ul style="list-style-type: none"> Ongoing - Intensive MDT approach to facilitating the five people who are due for discharge during Q3 2021/22 and ongoing work with others 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 Intention to leverage SEL contract with DASL to promote LD annual health check to also promote Covid and flu vaccine uptake.
Staying healthy	<ul style="list-style-type: none"> Consultation with current providers on COVID impact and new methods of delivery for 2021/22 GSTT trialling face to face delivery of weight management service and stop smoking in line with Covid guidance. Stop smoking pharmacy update training delivered Full review of Covid impact on services 	<ul style="list-style-type: none"> Seek approval to extend stop smoking contracts for up to an additional year (2022/23). Continuing to 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"> 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
Sexual health	<ul style="list-style-type: none"> Covid impact assessment on LSL sexual and reproductive health services (12.20) Approval for single year extension (22/23) for GSTT, KCH and LGT contracts secured each in Lambeth, Southwark and Lewisham (spring/summer '21) Future Insights Partnership Project completed its Phase 1 'Discovery' process – primary and secondary research (summer) 	<ul style="list-style-type: none"> 1. LARC demand and capacity audit 	<ul style="list-style-type: none"> Finalise LARC demand and capacity audit Finalise plan for Phase 2 'Shaping the future' of the Future Insights Partnership Project to inform Phase 3: Rapid Co-design' Scope and define data inputs required for the activity and financial analyses



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"> None noted 	<ul style="list-style-type: none"> 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"> Continued activity to support vaccine take-up including 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 	<ul style="list-style-type: none"> None noted 	<ul style="list-style-type: none"> Continued activity to support vaccine take-up including Communications support to 16/17 and 12-15 year-olds Update of Health and Wellbeing Bus flier Design of generic flier promoting all walk-ins across Lambeth Design and print of generic postcard promoting booked and walk-in vaccine access and linking to vaccine facts site
Equality, Diversity and Inclusion	<ul style="list-style-type: none"> LT Equalities Group members have met with the South East London NHS Anchors Network in relation to retention and recruitment. Good examples of work already in progress. Discussion from several on General Practice as anchors in development LT Equalities Working Group discussion was around moving ahead in Lambeth, embracing the commitment of local politicians and work in progress. Suggestion for a LT recruitment audit of NHS Band 8 or similar 	<ul style="list-style-type: none"> None noted 	<ul style="list-style-type: none"> Recruitment of an EDI Project Manager. There initial role will be to support PCN,s with Ethnicity coding, Population health management', Proactive care for patients with LTC, Pride in Practice, Safe Surgeries Initiative, Digital poverty, Learning on being anti-racist The schedule for the Lambeth Together Pledge will be present at the LTEG on the 18th September and then for sign off at the September Board
Assurance	<ul style="list-style-type: none"> First meeting of new Lambeth Together Assurance Group Feedback from meeting received by LTSB on 21 July, which included signing-off of the groups terms of reference and membership 	<ul style="list-style-type: none"> None noted 	<ul style="list-style-type: none"> Lambeth Together Assurance Group meeting on 14 September Continued development of integrated assurance report. Development of a forward plan of focus items for the assurance group.



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"> Re-establishment of Lambeth LDA Steering Group from early Q3 2021-22 to provide overall partnership governance of local programme of work to ensure effective alignment and linkage between Lambeth Together placed priorities and SEL LDA programme and oversight of delivery of key programmes
Asset-based places Engaging communities to support integrated health and social care	<ul style="list-style-type: none"> The Future Insights Partnership Project (Sexual Health), 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 - and especially during Covid - with a focus on access routes into services, handovers and referral pathways and the interfaces between services Developing community engagement plan aligned with health and wellbeing hubs, NWDA, VCS (Staying Healthy)
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 is underway Meeting in June discussed the use of data using two exemplar projects <ol style="list-style-type: none"> Diabetes & inequality project in HBD PCN Multiple Long term conditions project – project set-up, data analytical support secured from the ICS using Discovery data– Clinical cabinet discussion in the autumn Wider conversation with providers to consolidate the system analytical resources planned for the autumn/winter Engagement with the NHSE/CCG ongoing
Integrated workforce Health and social care professionals collaborating to provide care and support to individuals	<ul style="list-style-type: none"> Integrated workforces are in place across alliance areas (e.g. CYPHP, Living Well Centres) and improving understanding and links across frontline workers is key priority within the council's emerging neighbourhood working programme. Workforce development has been identified as potential area of collaboration with local academic institutions.
Innovation, technology and digital Developing new ways of doing things and addressing digital exclusion	<ul style="list-style-type: none"> Data collection tool to improve real time capture of patient vaccine and AHC uptake and outcome status data from GP clinical information systems will be in place during Q3. (LDA)
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).



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 & PCCN	Digital	Digital Exclusion: some people with LDA related complex needs do not have good quality access to ICT meaning they may struggle to access information and services.	12	People with needs should be given support to access ICT safely and to avoid any potential route for exploitation.
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	12	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	NWDA/CYP/LWNA	Workforce	Covid & continuing competing pressures for partners and stakeholders	12	
JA	EDI	Operational	Kevin Fenton recommendation report not completed	12	Need to enable all members of the group to access the report.
AJ	SH	Operational	Current pressures on primary care limit capacity and engagement due to Covid recovery, vaccination prioritization etc.	8	<ul style="list-style-type: none"> Early and ongoing consultation with GP Federation on NHS Health check delivery Service referral routes to be reviewed and case finding model for SS and WM to be piloted in North Lambeth PCN



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.
AJ	SH	Workforce	Further Covid wave impacts service providers capacity to deliver services either face to face or remotely	6	Remote / digital offer will continue
JR	Sex H	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 service spec and project plan for this work.
BR	As	Workforce	Impact of COVID and the de-scaling of governance arrangements reduces availability of representation to discuss and establish sub-committee, or equivalent assurance arrangement	6	Delivery alliance boards and other associated groups continue to meet to review issues such as performance, finance, and quality. A new sub-group for assurance has been established, with the first meeting in July.



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 & PCCN	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	Sexual Health	Demand	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 sexual health commissioners attend each London meeting (or ask SEL commissioners to deputise) where decisions are discussed and decided and have significant influence. Ad hoc meetings are held with the London Director of Sexual Health.
4	Sexual Health	Operational	Some difficulty in agreeing extension year funding envelope with 1 of the 3 NHS clinical providers	High	LSL sexual health commissioners have regular meetings with senior contract and finance staff at trusts to discuss contract and funding.

2.2 Equalities indicators



Equalities

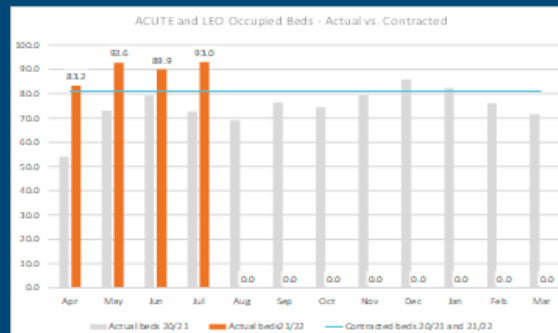
- Reducing inequalities is fundamental to our ways of working and ambitions as described within Lambeth Togethers work, delivery alliances, Recovery Plan and programme approaches.
- There are a number of key equalities indicators already included within this report, for instance Severe Mental Illness health checks, Adults with Learning Disabilities health checks, and public health indicators.
- The Lambeth Together Equalities, Diversity and Inclusion (EDI) group and each alliance and programme area, together with the assurance group will be considering what existing or new indicators need to be developed that would help inform this report and its assurance.
- The EDI 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. Updates will be included as part of the update within this report in November 2021.

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 04, July 2021

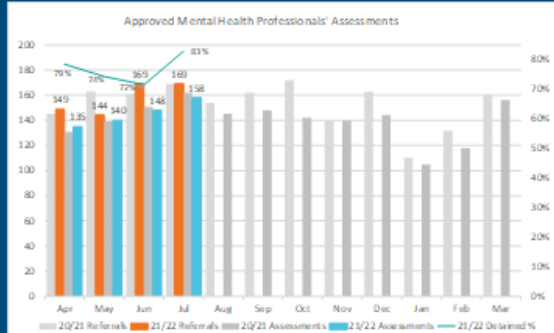
In-patient Beds (Acute)



Key Indicators	Actual	Change
Number of beds used in month	93	▲ 9%
Number of private occupied bed days (OBs) used in month	168	▲ 11%
Number discharged with length of stay >100 days / >200 days	9/4	▲ 325%

Narrative: Acute OBs (Lambeth CCG registered patients only) rose to a new high of 15% over contracted level. Private overspill OBs rose for the third consecutive month and are now 45% higher than their 20/21 peak. 13 long-stay patients discharged this month.

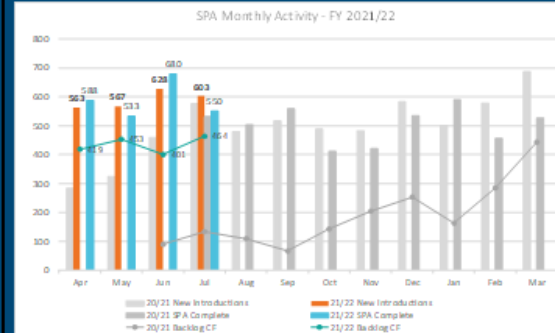
Crisis Pathway



Key Indicators	M4	Change
St Thomas A&E Referrals	294	▼ -20%
AMHP referrals	169	0%
AMHP assessments	158	▲ 7%
AMHP detentions	131	▲ 24%

Narrative: M4 saw a significant fall in A&E referrals. Referrals stayed static, with assessments up. Detentions were up by 11 points as a proportion of assessments.

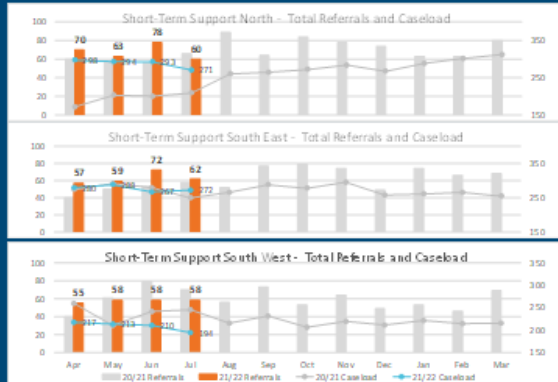
Single Point of Access



Key Indicators	M3	Change
Number of introductions waiting for referral (backlog)	454	▲ 16%
Introductions processed in month, average wait (in days)	18.3	▼ -15%
Introductions still waiting at end of month, max. wait (in days)	60.9	▲ 15%

Narrative: Additional resources moved the SPA backlog from admin screening, to clinical screening and training. However average wait times are falling with percentage waiting over 14 days down 24 points from 69% to 45%. A team and systems review are in hand.

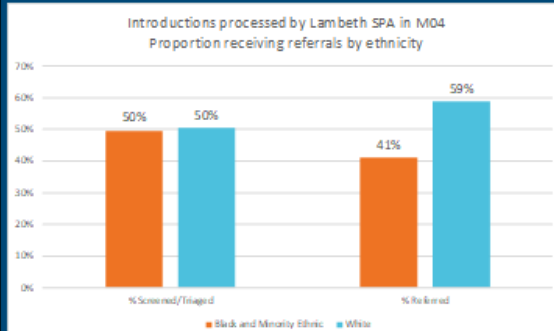
Living Well Centre Activity



Key Indicators	M4	Change
Short Term Support - Total Referrals	180	▼ -13%
Short Term Support - Total Caseloads	737	▼ -11%
Focused Support - Total Referrals	64	▲ 23%
Focused Support - Total Caseloads	916	▼ -2%

Narrative: STS referrals and caseloads fell in M4, with most change due to the North Team. FS caseloads fell for all teams, but referrals rose for North and South-West.

Equalities



Narrative:

- The 242 introductions with known ethnicity that were clinically screened or triaged in M4 were evenly split between white and black/minority ethnic service users
- However the proportions for those that subsequently received a referral (rather than being signposted, redirected or otherwise closed) showed a marked disparity in favour of white service users
- The disparity is also present, although less marked, in the same analysis for M1-M3.
- Whether this disparity arises from SPA activity or reflects some underlying characteristics of incoming introductions is not yet clear
- Further analysis is in progress to establish what lies behind this result

Finance and Risk

2021/22 Informal Forecasts Main overspend areas (>£100k over budget)	M4 Forecast Overspend £000s	Change from M3 £000s
Complex Placements (SLAM - IPSA)	1,688	no change
Acute Beds	1,398	▲ 360
Residential Care (LBL) - incl. £156k contribution to block budget.	975	▲ 70
Nursing Care (LBL) - actual income less than forecast	582	▲ 38
Community Support (LBL) - includes Extra Care	470	▲ 7
PICU Beds	380	▼ - 77
St. Thomas' Liaison	272	▼ - 76
Home Treatment Team	340	▲ 25
Extra Care	260	▼ - 2
Community Forensic Team (SLAM)	203	▼ - 11
Supported Living - included Shared Lives	180	▲ 11
Low Intensity Team (SLAM)	154	▲ 8

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

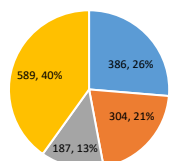


Director / lead	Fiona Connolly, Executive Director Adult Social Care
Management Lead	Richard Outram, Deputy Director Adult Social Care
Data source / period	Melissa Murphy, Service Improvement Lead – Adults and Health, London Borough of Lambeth. July 2021

Overall Contact/Referrals completed by all teams

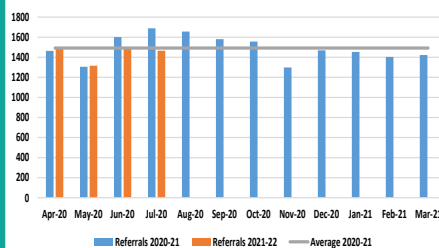
- A total of 1,466 Contact/referrals in July.
- Decrease of 33 (2%) from previous month.
- 258 (18%) were raised as Safeguarding Concerns. This is a 1% increase from the previous month.

Contact/Referrals- July 2021



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

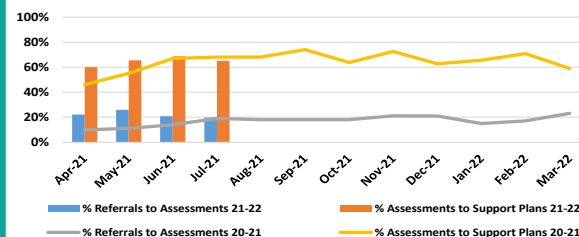
Contact/Referrals completed by all ASC Teams 2021-22



Overall Contact/Referral and Assessment Conversion Rates

- Conversion rates from contact-referrals to assessments has decreased in July from 21% to 20%.
- Conversion rates for Assessments to support plans have decreased from 69% to 65% in July.

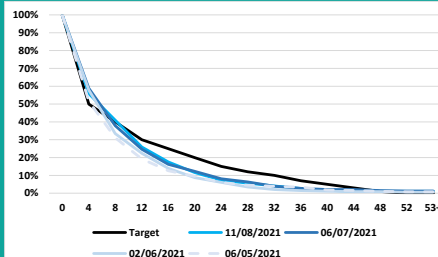
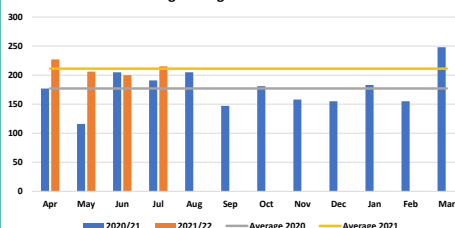
Referral and Assessment Conversion Rates for adult social Care - 2021-22



Safeguarding Information

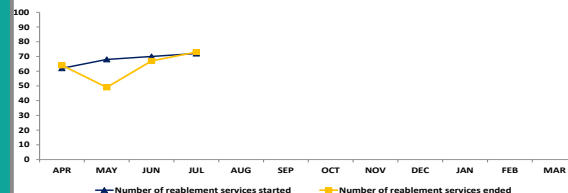
- The number of cases started in July have decreased from the previous month and is now slightly below the same period in the previous year.
- There are 4 (1%) cases open for 12 months or more. The same as the previous month.

Safeguarding Concerns Started

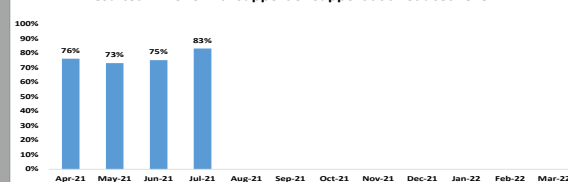


Reablement

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.



The number of reablement services started have increased to similar levels before the pandemic.

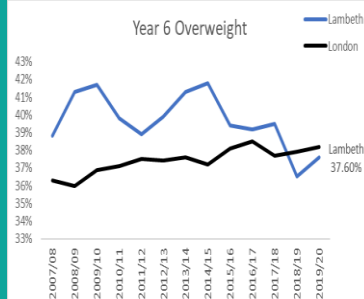
83% (72 service users) of people completing reablement in July required no long-term support or support at a reduced level)

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

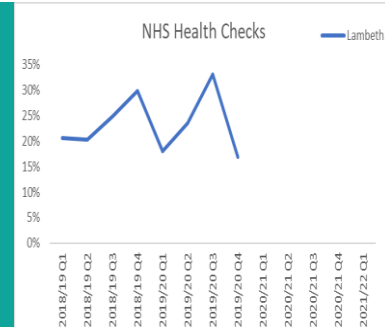
Year 6: prevalence of overweight
No data update since last reporting.
 For 2020/21, national data collection has been impacted by the Covid pandemic. Services have continued virtually, and are currently in process of undertaking 2021/22 NCMP for 10% of Lambeth schools. This lower participation, due to Covid, may impact on data quality for future reporting.



NHS Health Checks

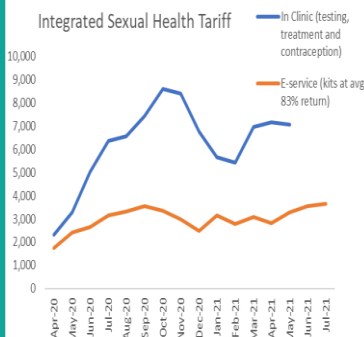
Performance figures not available over Covid period, due to HC invitations not being issued. Opportunistic HC were delivered during Covid.

NHS Health Checks were severely impacted by COVID19 but remobilisation and alternative arrangements were developed. All possible activity is focusing on high CVD and diabetes risk, and targeted at BAME, with opportunistic HC by telephone or video call where capacity allows. GP Federation are supporting member practices to remobilize based on the national guidelines.



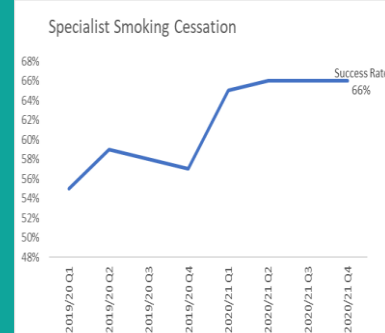
In Clinic and E-Service STI Testing & Treatment and Contraception

STI testing has continued to steadily increase via the SHL e-service over spring/summer '21. Covid has impacted on service users' testing behaviour and more people are now used to testing via this channel. However, testing has been recovering at our sexual health clinics at GSTT and KCH over the spring/summer as lockdown has eased but now looks to be plateauing.



Success Rate at Smoking Cessation Services

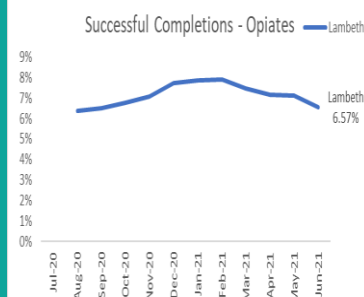
Stop Smoking services were paused during first wave of COVID-19 but have now resumed via a remote (telephone) or digital (online) service. Increasing numbers of smokers looking to quit are accessing our digital stop smoking services and quit rates remain very high. Public Health are supporting pharmacies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



Successful completion of drug (opiate) treatment

The Lambeth Drug & Alcohol Treatment Consortium continue to operate an open-door policy to clients, allowing for exit and re-entry to treatment programmes. Throughout 2020-21, the consortium have continued community based treatment and support, and service user access to opioid substitution treatments and needle exchange via Primary Care. There are targeted interventions with Rough Sleepers and those within the Criminal Justice System.

The successful completion rate for opiate clients continues to fluctuate between small margins from month to month. The treatment journey for opiate clients in Lambeth remains smooth with initial assessment and restart information gathered via telephone, and patients requiring medical interventions being seen face-to-face. The promotion of buprenorphine over methadone treatment continues.



Successful completion of alcohol treatment

The successful completion rate for alcohol clients has increased slightly this month. Overall the rates change moderately with small numbers showing sharp fluctuations. Deaths from alcohol misuse nationally have increased by 20% from March 2020 when the coronavirus epidemic forced the first national lockdown (ONS). No Lambeth specific information is currently available but alcohol harm reduction interventions and abstinence support continue to remain a priority across the borough. The Treatment Consortium has moved extra resources to the alcohol pathway to meet changing demand.



3.2 Public Health



Director / lead	Ruth Hutt, Director of Public Health
Management Lead	Ruth Hutt, Director of Public Health
Data source / period	Data: Public health dashboard (6/9/2021)

Public Health dashboard and/or data overview (6/9/2021)

- Testing (769.7/100,000) and positivity (4.9%) rates staying steady (slight decreases in both)
- 7-day incidence rate (253.9/100,000) slight decrease (London is 238, England is 321)
- Highest rates in 20-29 age cohort; other black and other ethnic groups ethnicity cohorts
- Hospital bed use slowly increasing

Testing

- Lateral Flow Device site (x2) utilisation at 18%, increase due to supporting Brockwell weekend music event – maintaining sites until impact of school return clear
- Local Testing Site (PCR) sites considering shorter opening hours due to low utilisation in evening
- Mobile Clinical Unit (LFD mobile unit) moved back to Windrush Square
- Seeking Mobile Testing Unit (MTU – PCR tests) location in Waterloo to replace Windrush MTU

Contact tracing

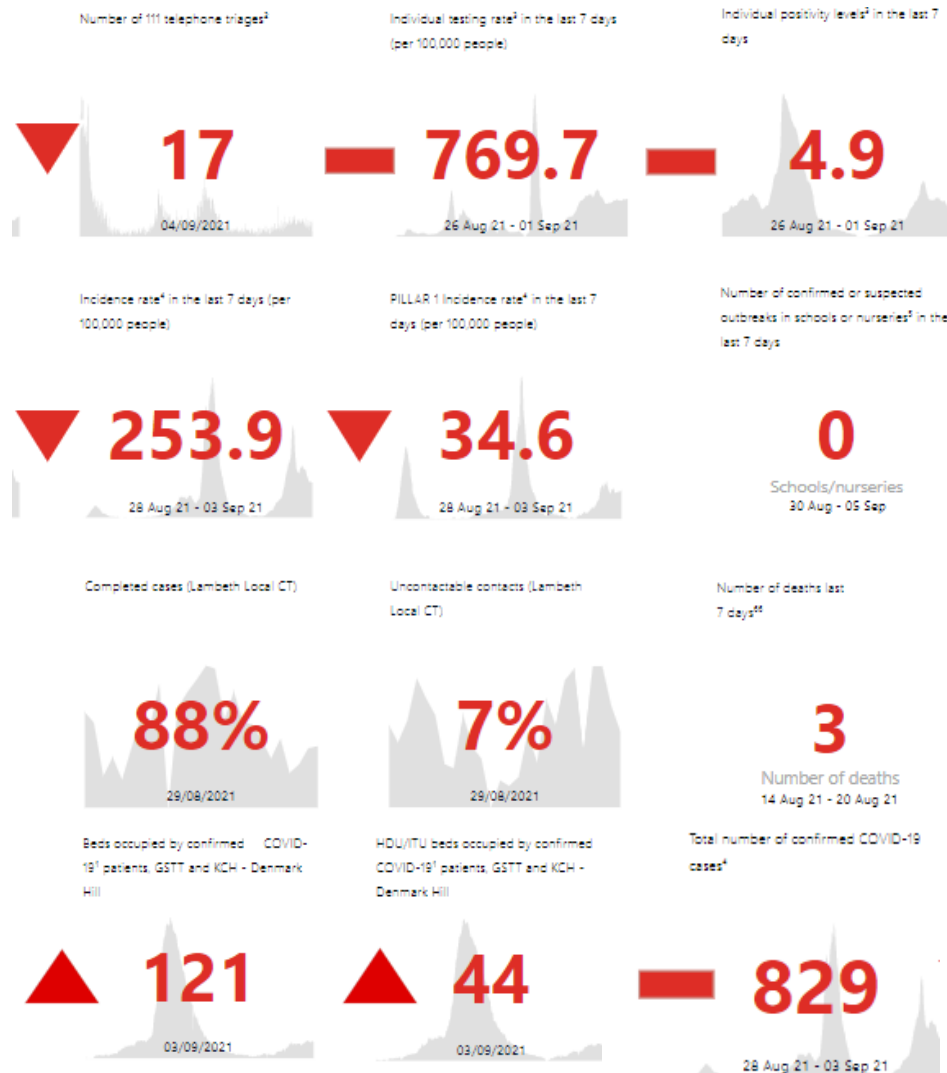
- Cases fell to 783, of 242 actionable case, Lambeth Local Contact Tracing completed 138. 87% of cases overall completed or self-completed.
- All cases associated with schools will be reported to Public Health team for monitoring/action with the school
- If parents do not have individual contact detail for teachers, they will not receive formal notification that they are a contact (national issue)

Self-isolation support

- Slight increase in both self-isolation payment applications and awards this week. The national Test-and-trace support payment (TTSP) & Discretionary Test-and-trace support payment (DTTSP) schemes are due to end 30th September – unclear if will be extended
- SHS referrals dropped to the lowest level to just 16, with a third being self-referrals

Vaccination

- Continued focus on 16-18 and 12-15 vulnerable cohorts
- Positive response from Lambeth College re locating bus on-campus
- Announcement on healthy 12-15 vaccination expected – planning for delivery through childhood immunisations provider plus GP and/or hospital sites



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 July 2021, Lambeth Council Pentana July 2021, SEL Borough Based Report August 2021

Overweight and obese children Year 6

- Lambeth's position is similar to the London average. Lambeth's rate has risen to 37.6% in 2019/20 from 36.5% in 2018/19. The weighing & measurement exercise was conducted in 10% of Lambeth schools selected by PHE. This will enable a national estimate of children's weight status (including obesity) for 2020/21 and contribute towards assessing the impact of the COVID-19 pandemic on children's physical health. Services have continued to be delivered virtually to children and their families.

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.

2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2 month 04 only
13	14	31	19	34	7

Childhood immunisations in primary care

- The newly formed SEL ICS Immunisation Performance and Quality Board met for the first time in August. The board will ensure that the ICS and NHSE&I are working collaboratively to become more strategically aligned to improve immunisation uptake rates for the local community.
- The Quarter 4 2020/21 borough performance across a number of the six-in-one vaccination rates (compared with the London average) is:
 - Children receiving DTaP/IPV/Hib % at 12 months: 85.7% (London average 85.7%)
 - Children receiving DTaP/IPV/Hib % at 24 months: 88.8% (89.4%)
 - Children receiving DTaP/IPV/Hib % at 5 years: 90.3% (91.4%)
- MMR performance for Quarter 3 2020/21 (compared with the London average).
 - Children receiving MMR1 at 24 months: 75.4% (80.3% London)
 - Children receiving MMR1 at 5 years: 86.9% (88.7%)
 - Children receiving MMR2 at 5 years: 77.5% (74.1%)

Maternity

- 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 repeat cases heard at MARAC has increased to 36% in Q1 2021/22 from 33% in Q4 2020/21. SafeLives sets the best practice national repeat target at 28-40% as this recognises that nationally, victims of domestic abuse will experience multiple incidents before finding safety: accordingly our target is set at 34% and in Q1 we are within the national best practice range. The increase is likely due to the easing of social restrictions, making it easier for perpetrators to travel to see victims/survivors but also providing more opportunities for professionals to identify repeat cases. We have also seen an increase in repeat referrals from Police, Housing, Adult Social Care, and voluntary services which is positive as demonstrates appropriate identification of new incidents and referrals to MARAC

2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 Q1
35.51%	29.45%	30.56%	31.06%	34.44%	31.47%	22.65%	33.17%	36.06%

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 Primary Care Lambeth Team

Covid Vaccinations – primary care

- Walk-in and pop-up clinics across a number of settings including Local Vaccination Sites, Pharmacy and the Health & Well-being Bus continue to support the vaccination programme.
- The Primary Care Team completed a deep dive focusing on a cluster of LSOAs, specifically Vassal and Coldharbour wards east of Brixton. Engagement with PCN leads to understand reasons for low uptake and accuracy of patient level data. The deep dive identified opportunities to provide further in-reach into patients within these wards and undertake further engagement work with community organisations in the area through Ambassadors and Vassal and Coldharbour Covid-19 Response Consortium (V&CCRC) health and wellbeing working group.
- A Children's and Younger People task and finish group has been formed to oversee the new eligible cohorts of 16-17 year olds and 12-15 at risk groups to ensure the best uptake.

Learning Disability Health Checks

- 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. Current progress is 277 ALD health checks April-August 2021 against a full year target of c1,090 (75% of the register).
- 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.

Flu

- Outturn figures for 2020/21 are published at a SEL CCG level, <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2020-to-2021>:
 - 65+ years olds 72.5% (64.3% Lambeth borough)
 - At Risk 45.2% (41.2%)
 - Pregnant Women 39.7% (38.9%)
 - 50-64 Year olds 33.5% (28%)
 - 2 year olds 48.7% (45%)
 - 3 year olds 50.2% (43.5%)
- The targets for this year are:
 - 65+ years olds 85%
 - At Risk 75%
 - Pregnant Women 75%
 - 50-64 Year olds 75%
 - 2 year olds 70%
 - 3 year olds 70%
 - School aged children 70%

CQC Ratings – August 2021

- Of the 41 Practices within Lambeth, CQC has rated them as
 - 39 overall rated Good (an increase from 38 reported last time)
 - 1 overall rated Requires Improvement
 - 1 is brand new and yet to be rated.
- 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)

- 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 access, 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, Jenny Sivaganam and Finlay Royale Associate Directors Integrated Commissioning (Long Term Conditions)
Data source / period	Medicines Management (Lambeth), NHS South East London CCG

Lambeth Together Medicines and Clinical Pathways Group (MCLiP)

- These support the delivery of medicines and long term condition (LTC) optimisation priorities of the Lambeth Together strategic alliances and development of local implementation and support strategies promoting high value, safe and effective medicines and LTC, has met three times since April 2021.
- The group has membership from the Governing Body, Primary Care Networks, the Local Medical Committee, Community Pharmacy, SLAM, GSTT Community services, Lambeth Together strategic alliances as well as other partners.
- Since April 2021 MCLiP has worked together to contribute to, and/or agree a number of resources and strategies to support the delivery of our medicines and LTC optimisation priorities including the Medicines Optimisation Scheme and supporting resources for primary care, the anticoagulation initiation in primary care Project in Lambeth, the Healthier You NHS Diabetes Prevention Program referral Pathway for General Practice and Lambeth's approach to Clinical Effectiveness across South East London (CESEL).

The Medicines Optimisation (MOS) and Long Term Conditions (LTC)

- Sections of the Lambeth Primary Care Improvement Scheme (LPCIS) for 2021/22 were launched in July. They endeavour to support the Lambeth Together Recovery Plan and general practice by prioritising elements of medicines optimisation and LTC management for review, with a particular focus on reducing unwarranted variation and prioritising those individuals with greatest needs, who have experienced health inequalities and are at highest risk as a result of or despite the pandemic.
- The EZ Analytics Medicines Optimisation and Long Term Conditions Dashboards provide real-time data for practices to identify patients for review within the specified areas. OptimiseRx® is being refreshed to continue to be available to support prescribing decision making. A launch webinar to share information on the above, was held in the Summer, with successful attendance from general practice. Summary monitoring data from these dashboards will be provided for future reports.

3.5 Medicines Management / Long Term Conditions



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Vanessa Burgess, Chief Pharmacist, Jenny Sivaganam and Finlay Royale Associate Directors Integrated Commissioning (Long Term Conditions)
Data source / period	Medicines Management (Lambeth), NHS South East London CCG

COVID-19 Vaccination Programme

- The COVID-19 Vaccination Programme continues to provide one of our key tools to help support Lambeth people from the potential effects of infection. Lambeth people have been able to benefit from these additional community pharmacy services put in place locally:
 - Extended access to walk in vaccination services at Community Pharmacies (CP). Since late June, 4,348 patients have been vaccinated via the walk in service.
 - Community Pharmacy Vaccine Champion Scheme: Champions are trained to proactively approach members of the public and patients, to initiate conversations about getting vaccinated and address questions and concerns. The Scheme has been in place since July and a high number of interventions have been made.

Community Pharmacy Consultation Service

- To progress the integration of community pharmacy into local NHS urgent care services the Community Pharmacy Consultation Service (CPCS) is being rolled out to support patients with minor illness. GPs will make a digital referral to a convenient pharmacy, where the patient will receive pharmacist advice and treatment (if necessary) for a range of minor illnesses. Lambeth's implementation progress to date:
 - North Lambeth PCN are leading implementation with 11 local community pharmacies, with the Lead PCN aligned Community Pharmacist playing a key role in coordinating the group
 - The North Lambeth PCN have purchased Patient Access, an EMIS add on functionality to support digital referral to community pharmacies.
 - Planning for a soft launch with Waterloo Health Centre and then the entire PCN in September 2021.

Cardiovascular diagnostics

- A new Cardiovascular diagnostics service has been mobilised from May 21 to provide ECG and Ambulatory Blood Pressure services to Lambeth people through the provider Xyla diagnostics working in partnership with 4 PCNs. Mobilising this service has been challenging in the context of the pandemic, primary care recovery and the workforce demands of vaccine programme for PCNs. A collaborative mobilisation group is fully engaged and the service model is undergoing review to ensure a viable and efficient service going forwards.

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, August 2021

Cancer screening / early Diagnosis

- A number of localised initiatives are taking place, such as using community links organisations to contact and support women who receive a breast screening invitation, in an effort to increase uptake. Very recently, the Cancer Alliance has set up an Inequalities in Screening Group that will work closely with the Inequalities in Covid Vaccination Taskforce, to ensure that there is learning across the programmes.

Breast screening: Breast screening services have largely been maintained during phase 2 of the pandemic. Full programme recovery (in terms of catching up on the invited and screened cohorts) in SEL is still expected by February 2022.

- All programmes in London are finding it challenging to recruit additional staff, and a series of initiatives are being developed across London with HEE, such as additional training for radiology assistants to provide greater support, recruitment initiative. (including international) and more focus on the health and well being of radiology staff.
- A single breast screening administrative hub arranges all invitations and the call/recall system. The vast majority of women are being given 'open' invitations to all venues. A number of other initiatives are in place such as shorter appointments and 7 day services.
- Direct oversight is being provided by London Regional Gold to all breast screening programmes.

Bowel cancer screening:

- Screening service operations and staffing have all returned to normal. Any delayed invitations were cleared by last month. SEL services are meeting national KPIs. Age extension to start for SEL in August 2021 – currently, it is 60-74. Calling over 50 year olds will commence this August. Material being produced to support black and ethnic minority communities, including a patient video.

Cervical screening:

- Despite the impact of wave 2, SEL is doing well in relation to uptake of cervical tests, no deficits in processing of samples. In order to maintain testing times and standards, laboratories are moving to an auto authorisation system for negative samples. This means if the sample is negative for HPV and there is no previous history of abnormalities, the sample does not need to go to cytologist for re-checking. Colposcopy services have all returned to business as usual. DNA rates are within the national target of 10%. 2 week waiting time for high grade referrals has been met. SEL has developed and circulated a cervical screening questionnaire to sample takers to assess the need for further capacity and training. CRUK training in place for non clinical practice staff. Focus groups are being run for Portuguese women to help understand barriers to uptake of cervical screening.

Diabetic Eye Screening Programme

- All programmes in London are functioning well for phase 1 (patients with elevated clinical risk) and recovery finished for this cohort in March 2021. Priority 2 patients have been extended for 12 months but will all be screened by March 2022. Good uptake in patients invited for screening. Some staffing challenges in SEL have been addressed by additional recruitment.

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 1 2021/22, had 3% of assessments taking place in an acute setting.

Healthy Weight Tier 3 Programme

- The HWP Tier 3 monthly meetings continue with patients being triaged and then offered group work/activities or 121 work some of which is virtual.

Referral management – pending update

- 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.

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 non-acute Performance Report, August 2021.

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
- The Lambeth and Southwark Urgent & Emergency Care Board aligns with SEL priorities and submits a monthly highlight report detailing milestone updates, risks and any issues. The current highlight report includes:
 - performance and recovery planning with trusts reporting performance regarding the 4 hour access target and mitigating actions to support achieving the target including escalation of system support and response.
 - 2021/22 Winter Plan which sets out the arrangements that are put in place to ensure performance is maintained over the winter period. Mental Health, toxicology and frailty have been identified as areas where there has been an increase in acuity so there have been discussions regarding what potential out of hospital support will be important to ensure timely and safe discharge as we enter winter and a potential increase in COVID activity as well as flu.

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 non-acute Performance Report, August 2021.

Personal Health Budgets

- Lambeth is currently achieving 225 against a total target for the year ahead of 622.
- 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 provided							
2021/22 target	451	644	558	622	515	494	3,284
July 2021	216	-	427	225	78	199	-
Q2 2021/22 trajectory							1,642

Adults Learning Disability / Transforming Care (LDA) Programme pending update

- 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, August 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 an improved performance of 26.3% Quarter 4 2020/21 (up from 23.3% in Quarter 3). As with other boroughs in SEL CCG this is significantly below the 60% target.
- SEL CCG Performance and Commissioning leads have previously met with Primary Care colleagues across South East London to discuss plans to improve performance in this area.
- Lambeth has established a SMI Physical Health Checks group to identify and take forward improvements.
- Both SLaM and Oxleas have mentioned the possibility of deploying MH roles in the community, which could undertake health checks on behalf of practices. There is also potential for the CCG to obtain funding from NHSX to use technology to increase the uptake of SMI Physical Health Checks.
- The mental health MDT will continue to work with primary care and acute colleagues to ensure all opportunities available to improve performance are optimised
- The SEL Performance Team is seeking advice from the SEL Clinical Effectiveness Team to understand if borough level reporting for SMI health checks can be generated centrally. This would free up practice time to focus on delivering health checks and enable benchmarking across the boroughs to facilitate shared learning.

	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 (Q1 2021/22) – target 60%							
% patients receiving check	29.0%	14.1%	13.1%	26.3%	22.3%	32.6%	23.4%
Trend since last quarter	+2.3%	+3.4%	-1.2%	+3.0%	+3.2%	-0.7%	+1.7%

Improved Access to Psychological Therapies

- Lambeth has traditionally performed very well across the range of IAPT measures. 2019/20:
- From April 2020 some providers are no longer using the old CCG codes which means borough level performance data is not available. However, early indications show that SEL CCG is on track to deliver the Q1 trajectory of 5.0%.

	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%

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 May 2021 Lambeth continues to be the top performer at 94.4% in SEL.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
First to Second Treatment within 90 days Rolling 3 months (May 2021)							
Current month	76.7%	85.0%	86.0%	94.4%	83.5%	84.1%	85.0%
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. Full report available at SEL CCG

Summary

- The latest quality report was presented to the Quality and Safety Sub Committee on 17 June 2021.
- Alice Godman (Healthwatch) presented a report of a study of patients' experience of waiting for treatment. The Healthwatch study found that patients waiting for treatment experienced four stages to their journeys
- The Chief Nurse gave the sub committee a briefing on some issues affecting obstetrics and gynaecology which had come to light via anonymous letters from staff in Lewisham and Greenwich NHS Trust
- The Sub Committee received a report from the Healthcare Safety Investigation Branch (HSIB) about the management of Children and Young People with Asthma.

Quality alerts

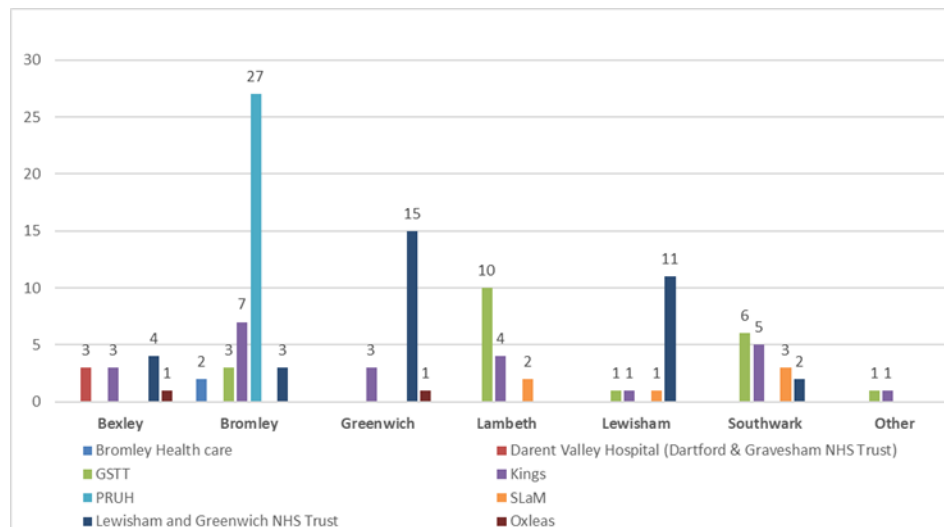
- The January to March 2021 Quality Alerts report highlighted that 182 quality alerts were reported in the period. The top five category themes were: Referrals; Discharge; Communication; Results and Medication. The main report highlights key learning from these.

Infection Prevention and Control

- A Champions Programme for care homes supported by the SEL CCG IPC forum has been agreed with local commissioners and stakeholders.
- Covid outbreak reporting is currently being scoped by provider DIPC's due to national reporting arrangements being stood down. SEL CCG will collect this data as well as outbreaks occurring within care homes

Serious Incidents

- Quality Alerts are an informal way of notifying the CCG about concerns and issues in the system.
- Quality Alerts are raised by professionals, mostly but not only GPs, when they notice that systems and processes of care are not quite as they should be.
- The top reported themes in Quarter Four were:
 - Referrals
 - Discharge
 - Communication
 - Results
 - Medication





5. Risks summary



5.1 Risks highlights

Director / lead	leads for the 7 priority areas, lead commissioners
Management Lead	Cheryl Smith, Sophie Taylor, each of the leads for the 7 priority areas, lead commissioners
Data source / period	SEL BAF, Highlight reports x 7 / Enabler reports.

Datix

- There has been a marked improvement in the quality and user friendliness of reports available.
- There is currently an issue with risk owners not receiving reminders. This is being looked into at the moment. Lambeth Corporate Governance Lead is manually reminding risk owners to perform reviews whilst the issue remains.

Lambeth Risk Register

- Reviews are being completed as scheduled.
- Feedback from the SEL CCG Risk Lead has led to certain risks having a comprehensive review of all controls and assurances in place to ensure they are having an impact on the risk score.
- Lambeth Risk Register is attached as Appendix 1.
- Two risks have been closed
 - IT risk is now part of the SEL CCG Risk Register
 - Assurance risk has been closed as the Assurance Group is now in place.

Risk Forum

- The latest Risk Forum took place on the 12 July 2021.
- After discussion it was agreed that a short presentation for risk owners would be drafted to assist with risk reviews.

5.1 Risks highlights



Director / lead		leads for the 7 priority areas, lead commissioners							
Management Lead		Cheryl Smith, Sophie Taylor, 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:							
	Risk Description	Initial Rating	Control Summary	Gaps in Control Summary	Assurance in Place	Gaps in Assurance	Current Rating	Target Rating	Risk Status
128	Increase to CAMHS waiting times		A number of other provisions are in place to support the emotional health and wellbeing needs of our young people â€” including Kooth, Centrepoin and more., Successful bid for MHST funding - MHST programme commences Jan 2021, Redesigned model of CAMHS implemented July 2019 has seen improvement in performance	Some concerns with data coming through form SLAM, Data not available from all providers	Monthly contract monitoring meetings in place with SLAM enabling drill down into performance issues rapidly, Monitoring of this indicator at council as well as CCG level, MHST Implementation		6		active
129	Failure to reduce diagnostic waiting times for children and young people awaiting an Autism or ADHD assessment.		8 Transformation funding proposal from Evelina London is going through contract management meetings route in order to build paediatric capacity to manage this., ADHD working group ongoing aimed at better apportioning the resource between SLAM and Evelina to enhance pathway	Covid impact on finances means that transformation schemes will not all be fully funded, Covid impact on the diagnostic itself means that there are inherent delays â€” face to face appointments are necessary. This is an international issue.	Bi-monthly contract monitoring meetings with Evelina., Monthly ADHD meetings with Evelina and SLAM.		8		active
130	There is a risk that the CCG will not meet budget or performance requirements for Prescribing and Continuing Health Care in 2021/22. This could contribute to an in-year and underlying financial pressure for the CCG.		16 Budget controls have been negotiated into CHC contracts with our major providers, Robust CCG governance through Finance and service working groups in place to mitigate any potential impact of under-delivery., Monthly monitoring of spend and also Cat M and NCSO spend, reduced Qipp Recovery Plan from Q3 due to capacity of team and providers to deliver but also for safety e.g. no drug switches to avoid destabilising the supply chain. Also non deployed CCG MM teams still linking in with practices but focus is on system and pathway work e.g. increasing electronic repeat dispensing which may support QIPP, SEL rebate schemes continue to be processed, Continue to focus on areas of potential savings and value improvement as well as any emerging pressures	uncertainty on future funding and subsequently targets to achieve; ongoing impact of Covid on operating environment including redeployment of to support the Covid efforts means there is a gap in terms of leadership and also staff being able to work in practices., There is a gap in the ability of secondary care to engage in system wide meds mgt QIPP programme due to the Covid response especially in wave 2/3, awaiting confirmation of new budgets and whether any QIPP targets for 21-22	CCG assurance processes in place through service specific focus groups and overseen by detailed review through the SEL Planning and Delivery Group. Further, this control ensures the risk is monitored with exceptions discussed at SEL level Meds mgt and finance meetings. This control attempts to minimise the risk as well as prioritises urgent COVID-19 decisions		12		active
132	Risk that transfer of high cost Learning Disability clients from Specialised Commissioning under the Transforming care Programme results in potential unbudgeted costs		12 CCG-funded Lambeth inpatients identified and plans in place for discharge to community placements in 12-18 months. Definitive list of all Lambeth inpatients across the CCG and NHSE. Specialised commissioning and funding responsibilities. Ongoing review of CCG Lambeth inpatients, discharge plans and associated finances. Additional programme management and case management resource in place. Focus on improving discharge processes and admissions management. Community Care and Treatment Reviews and professional meetings also continue to prevent hospital admissions. Dynamic at risk register captures data on people with learning disability and or autism who are at risk of admission. The South East London Transforming Care Partnership Commissioning Memorandum of Understanding has been signed off.	Absence of clarity about funding grows between NHSE and CCG's (and about how the TCP partnership will share these funds when received) creating financial risk/lack of control. Impact of Covid of hospital as well as preventing admissions where and diverted care and case management capacity to possible., Reviewing any new changes in policy E.G. SoS intervention S117 aftercare responsibilities	Continuing to be an active member of the SEL processes as well as engaged with Lambeth teams to oversee progress of both new cases coming out of hospital as well as preventing admissions where possible., Reviewing any new changes in policy E.G. SoS intervention S117 aftercare responsibilities		8		active

5.1 Risks highlights



Director / lead		leads for the 7 priority areas, lead commissioners						
Management Lead		Cheryl Smith, Sophie Taylor, 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:						
133	There is a risk to the sustainability of the Lambeth GP Federation which has the potential consequence to change Primary Care commissioning arrangements.	Continuing to work with PCNS's and feds through the Lambeth Clinical Cabinet to ensure sustainable arrangements for Primary Care funding and services.	Gaps in Controls Funding for the GPFDF now has to be spent directly via the new Primary Care Networks	Regular meetings with PCN's and federation demonstrating contracts are being delivered Practice visits to establish support to practices from the Federations Board to Board meeting Risk reviewed at the Primary Care Working Group				
134	Possible risk of failure to safeguard children and identify and respond appropriately to abuse.	15 All designated and named professionals in post in CCG and Provider organisations. Named GP for Primary Care and Independent Contractors. Strong safeguarding governance arrangements in place across the borough and internally. Governing Body Clinical Lead for Children and Lead Integrated Director LCCG and Lambeth Local Authority. Compliant with the accountability and assurance framework for safeguarding vulnerable people 2015 Safeguarding and Looked After Children Working Group (SLAC). Quarterly Assurance Meetings with Provider Health Organisations Local Safeguarding 36° Transitional Arrangements statutory guidance. June 2019 new Lambeth Safeguarding Children Partnership arrangements were published. The new LSCP arrangements are in place. The annual work plan has been agreed. SEL STP Alliance Safeguarding Gap Analysis Project. Work is ongoing to ensure that the workforce is up to date on VAWG related training and that they offer for VAWG services is understood to ensure the appropriate safeguarding of adults and children.	Implementation of new safeguarding arrangements - Agencies (CSC, CCG and Police) and LSCB have approximately 12 month to put new safeguarding arrangements in place and to publish the arrangements. SCR K Bromley & Lambeth (led by Lambeth) was published (Wednesday 10th April 2019). The report is available via the LSCB website. Child K Coroners investigation has taken place. The Coroner has issued a Regulation 28 Report to Prevent Future Deaths. There are three legacy reviews which are being completed from the LSCB: SCR Child M: Report completed, the Report will not be publicly published. An anonymised case-study will be published to disseminate learnings more widely. SCR Child P: This review will be completed by the end of the calendar year Baby N: Child Practice Learning Review. This review will be completed by the end of the calendar year. SCRs, M, Learning Lesson Review N and DHR Elaine discussed and reviewed by the LSCP Executive. SCR Child P delayed LSCP Multiagency Audit completed on Neglect.	Assurance Safeguarding and Looked After Children Working Group (SLAC) which reports to IGC, Quarterly Assurance meetings Chaired by CCG Lead Director for Safeguarding Children reviews S11 arrangements continually and reviews compliance with Accountability and assurance framework for safeguarding vulnerable people and CQC Safeguarding inspection requirements. Action plans developed following SCRs, and SCR audits are monitored. SCRs published on LSCB website, Annual Report updated annually detailing work of Safeguarding Team. Looked After Children Annual Report detailing work of Safeguarding and LAC Team. Public Health Annual CDOP report detailing annual review of work undertaken and recommendations, Regular Safeguarding GP Bulletins, training and GP visits Multi-Agency Improvement Board now established responsible for improvements following OFSTED inspection. LSCB manager now in post and is a member of the SLAC, providing link between CCG and LSCB, Deep dive undertaken by NHSE - assured Safeguarding Quick Guide for GPs developed, The LSCB has effective quality assurance information and analysis of the performance of the board or its partners, LSCB dataset KPIs reported to the board quarterly. OFSTED inspection completed – reported published 9 May 2018 Risk reviewed at Children's and Maternity Programme Board, The Director of Children's Commissioning and Improvement; (LCCG and LBL) is the delegated senior CCG safeguarding children lead, The Director is a member of the CCG Governing Body and LSCB Business Management Group and has the responsibility and authority for ensuring full collaboration with the new statutory arrangements, The new LSCP arrangements in place, LSCP Business Plan and KPI's reviewed	Ofsted inspection May 2018 concluded that children services in Lambeth require improvement to be good with one area judged as inadequate	8	6active	
						10	5active	
135	Risk of failure to safeguard adults and identify and respond appropriately to abuse	Controls Accountability and Assurance Framework for Safeguarding Vulnerable People in the NHS London, Lambeth Adult Safeguarding Guidance cards for General Practice, Safeguarding Training for CCG staff Basic Prevent Awareness and WRAP Training for CCG staff CCG Prevent Policy Adult Safeguarding Roles and Competencies GP Practice Template Policy GP Competency Guide LSAB Decision making tool	Joint Adult/ Children Commissioning for Safeguarding Policy needs updating Safeguarding Supervision of Primary Care SG Adult leads, No substantive Lambeth framework for managing staff allegations (Adult LADO)	Assurance NHSE deep dive of safeguarding process undertaken; assured as good in most areas, Self-assessment for Care Act compliance completed, CCG Safeguarding Lead attendance at provider Safeguarding Committees, Annual CCG Safeguarding report for SAB and IGC, CCG Safeguarding Level 1 and Prevent training database maintained, CCG attendance at Safer Lambeth, Executive CCG attendance at Lambeth Channel Panel, Close working with Lambeth Council Safeguarding team, Close working with integrated commissioners and CHC commissioning team, CCG contribution to multi-agency work at the Lambeth SAB CCG has completed London SAB self-audit tool, Major providers have completed LSAB self-audit tool, Designated Lead and Named GP practical support for GP practices, Analysis of current SG adult policies in Primary Care undertaken SEL safeguarding assurance gap analysis and mapping project. Working effectively with SEL Quality and Safeguarding teams and new LSAB chair to agree local priorities	Enhanced SG assurance frameworks for major providers, Primary Care Level 3 safeguarding training Lack of Care Act compliance with SG policies in Primary Care Domestic Abuse training/ referral pathway in Primary Care			
						8	8active	
140	Possible risk that the provisions of the Mental Capacity Act and Deprivation of Liberty authorisations are not fully adhered to, resulting in a breach of the law and an individual's human rights.	16 CCG MCA Lead Continuing Care Team Commissioning Teams, MCA MCA Amendment Act 2019 Human Rights Act MCA Code of Practice/ DoLS Code of Practice, Lambeth Safeguarding Adults Board Lambeth SAB MCA Subgroup remains in place with DR as chair - waiting release of national guidance for new LPS, DoLS team available for advice Informal Resources such as the internet site 36° Mental Capacity Lawd6™ Legal Updates from 39 Essex Street SCIE mental capacity resources National MCA Forum NHS MCA Commissioner Toolkit NHSE MCA Commissioner Guidelines LSAB MCA QA Tool, Access to legal advice/ service via Capsticks CCG experience of legal processes in Court of Protection CCG MCA guidance	Require a full understanding of needs of our diverse populations in terms of communications, engagement and mechanisms to respond quickly, effectively and with impact. Basic and Enhanced MCA training for CCG staff CCG preparedness for Liberty Protection Safeguards implementation - awaiting publication of new guidance Gaps in Assurance Lack of more detailed QA information from Primary Care/ care Homes Lack of more detailed knowledge of practitioner application of the MCA across the health sector. Acknowledged inconsistent use/ knowledge of Advance Planning Tools across the health sector MCA feedback from service users/ carers	LSAB MCA QA report demonstrates good baseline assurance in CCG and main providers MCA Lead, Policy in place for most commissioned nursing homes, DoLS audit demonstrated improved Form 1 quality from main providers, MCA awareness events arranged via LSAB MCA training provided for Integrated Commissioning team, MCA Masterclass session, Every CCG funded DoLS objection is overseen by legal services CCG knowledge of legal processes in Court of Protection Risk reviewed at the Management Team meeting Lambeth Advance Planning Consortium CCG register of DoLS cases.		8	6active	
141							8	8active

5.1 Risks highlights



Director / lead		leads for the 7 priority areas, lead commissioners					
Management Lead		Cheryl Smith, Sophie Taylor, 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:					
142	Failure to maintain high immunisations performance will pose a risk to young peoples health and subsequent need to access services.	Imms working group established and meets regularly., Immunisations is on the agenda of the CYP Alliance board., Regular attendance at the NHSE Imms Performance and Quality Board led by NHSE, Covid flu Vaccination plan 2021/22 being implemented with support from Public Health	Covid 19 restrictions affecting the ability to immunise., Lack of control over commissioned provider of in-school imms (commissioned regionally), Apparent lack of data flow from school age immunisations provider to GP practices, Ddo not have an established data sharing agreement with the Child Health Information Service / NHSE&I. This means that there is a lack of a real time picture of immunisations coverage., Due to covid, working group not meeting as regularly as would like., Lack of capacity within Public Health due to covid to rigorously scrutinise immunisation programmes	Appropriate working groups and documentations in place., Public Health scrutiny of commissioning arrangement for immunisations programs			
	There is a risk that staff may be targeted by internet fraudsters looking to exploit their personal information to gain access to the secure computer servers. This could lead to a major data breach and a potential loss of secure patient data.	Continued campaign of staff awareness to business continuity and resilience issues. Commitment to participating in appropriate multi-agency exercising. Next business continuity exercise due early 2021. Staff made aware of process to be followed upon receipt of suspicious email.	Covid 19 has had an impact on dates of BC exercises. Governance arrangement being stepped up in April., Plans to run BC exercise being set.	Communications to staff highlight avenues available to report incidents or possible incidents – this allows the CCG to put into place actions that will support and protect all., Exercise will ensure that staff understand procedures and processes for reporting., Awareness may not reduce the chance that the CCG will be targeted but the awareness will enable the CCG to be fully prepared.	Impact of Covid on capacity has led delays to running exercise.	12	activ 3e
	Risk of failure to plan for future premises needs across Lambeth. Sites include Clapham Park, Crown Dale, Waterloo Health Centre and Nine Elms Vauxhall.	CCG Senior Estates Project Manager in place since December 2018., CIL Funding approved for Phase 2 of the project and secured for Clapham Park Project, Phase 2 pre-planning complete, tender process complete and main contractor appointed for Clapham Park., Funding of feasibility study by CCG for Waterloo Health Centre, CCG is funding project post with Wandsworth CCG and NHSE	CCG unable to submit bid for Wave 4 as schemes did not meet the VFM criteria in its current form for Crown Dale., Consent for planning applications for building extensions at South Lambeth Road and Binfield Road GP surgeries are delayed leading to the Full Business Case not being approved in September 2020 - NEV	Regular updates to LCCG BBB, Regular discussion with Practices/NHSE, Monthly NEV Health Programme Board – with Wandsworth CCG, LBW and LBL, Regular discussion with Practice/NHSE PAU NHSPS (as landlord of Crown Dale)		8	activ 8e
	Risk that Covid continues to have significant impacts on the CCG and partners that constrains the transformation programme for Lambeth Together including to improve health and reduce inequalities in the borough	The Lambeth Together programme has continued through the pandemic but revised meetings and work to account for current activity; LT programme has accounted for feedback from providers to ensure programme remains relevant and holds balance between managing immediate demands and longer-term objectives, produced recovery plan to link Covid experiences to set future objectives; has continued to encompass national directives but sought delivery through LT partnerships to strengthen joint working	uncertainty on future funding and national activity targets and subsequently ability to prioritise local objectives to achieve, ongoing impact of Covid on operating environment including redeployment/direction to pandemic means there is a gap in terms of focus and leadership and staff on transformation, . There is also a gap in the capability of secondary care to engage in local system changes and review; and in development of approach to developing and measuring outcomes and benefits	weekly Lambeth MT and LT Executive meetings, participation in SEL Executive, LBL Management Board, SEL Planning and Delivery Group, Directors Network and other service oversight groups to ensure and overseen by detailed review through the . Further, this control ensures the risk is monitored in partnership with stakeholders at LT programme meetings., Addition of new Lambeth Together Assurance sub committee reporting into LTSB on a bi monthly basis - Focus on ensuring that alliances are moving forward with programme of delivery		9	activ 4e
158						12	activ 12e



6. Finance summary

6.1 Finance highlights



Director / lead	Andrew Eyres, Strategic Director: Integrated Health and Care
Management Lead	Pete Hesketh, Assistant Director Finance, LBL, Edward Odoi Associate Director Finance NHS South East London CCG
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 Position

- Lambeth borough delegated budget for the first 6 months of 2021-22 financial year referred to as H1 (Q1&Q2) is £84.2m plus agreed uplifts. At the end of Month 4 (July 2021), the borough is reporting an overall year to date near breakeven position (£16k underspend), within which the CHC (£248k overspend) and prescribing (£345k overspend) 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 months of 2021/22 (H2) is expected to be confirmed this month (September 2021).
- Continuing Care: The position reported (£248k overspend) is in line with assumptions made around database cleanse and non-recurrent mitigations. The CHC team is carrying out a database cleansing and analysing exercise to confirm the accuracy of the client list and to ensure all cost are captured in the finance report. The position reflects an anticipated budget adjustment to transfer funding from GSTT to Lambeth CHC budget for the impact of Minnie Kidd House closure. Further challenge expected as the system starts to 'normalise' from the impact of the Hospital Discharge Programme.
- Prescribing: The reported position (£345k overspend) based on Month 2 (May 2021) year to date actual data available indicates some level of financial risk (price pressure and activity pressure). If this trend continues the prescribing position may generate a significant overspend. A more robust 2021-22 position is expected to be reported once Month 4 actual year to date data is available (Month 6 financial reporting). The prescribing position is being discussed on an on-going basis with the Medicine Management team to both better understand current pressures and to identify appropriate mitigations that will best impact upon the current level of expenditure.

2021-22 Lambeth Council

- Adult Social Care is forecasting to breakeven for 2021/22, as of July 2021. However, this position is funded by use of reserves and grants to alleviate staffing and third-party payments pressures, other short-term projects and additional care costs incurred from the response to the pandemic. If non recurrent resources are excluded there is an underlying position of a £4.1m overspend which is a resource pressure for future years, made up mostly of third-party budget pressures in Learning Disabilities residential care and Mental Health residential and nursing care. Funds carried forward from 2020/21 for staffing and provider support will also be used to offset additional expenditure in year.
- There have been some significant changes to the client base and the associated costs in the past year and the overall position is approximately £3m more in expenditure than pre-pandemic trends suggested. Work is progressing in further establishing the reasons for cost expenditure increases and revising long-term trends but early information shows that home care expenditure for older people has increased substantially and has only been partly off-set by reductions in residential care expenditure. In addition, long-term cost increases in Learning Disabilities appear to have accelerated over the last year.



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		
DIPC	Director of Infection Prevention and Control		
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		