

LAMBETH TOGETHER STRATEGIC BOARD

Date: **Wednesday 24 November 2021**

Time: **1.00 pm**

Venue: **Microsoft Teams - hosted by SEL CCG**

Members of the Committee

Dr Dianne Aitken, NHS SEL CCG, Lambeth NWDA
Sarah Austin, Guys' and St Thomas' Trust
Jane Bowie, NHS SE London CCG (Lambeth) and Lambeth Council
Councillor Lucy Caldicott, LB Lambeth
Fiona Connolly, LB Lambeth
Amanda Coyle, Lambeth Together (Neighbourhood & Wellbeing Delivery Alliance)
Natalie Creary, Black Thrive
Councillor Jim Dickson, LB Lambeth
Andrew Eyres, NHS SE London CCG (Lambeth) and LB Lambeth
Therese Fletcher, GP Federations
Sue Gallagher, Lay Member
Graham Gardiner, Age UK Lambeth
Peter Hesketh, LB Lambeth, ACS
Ruth Hutt, LB Lambeth
Penelope Jarrett, Lambeth LMC
Sandra Jones, Lambeth Patient Participation Group Network
Merlin Joseph, LB Lambeth
Councillor Jessica Leigh, LB Lambeth
James Lowell, South London and the Maudsley NHS Foundation Trust
Julie Lowe, Kings College Hospital Foundation Trust
Adrian McLachlan, NHS SEL CCG, Lambeth Living Well Network Alliance
Raj Mitra, Lambeth Children and Young People Alliance
Edward Odoi, Finance NHS SE London CCG (Lambeth)
Abi Onaboye, LB Lambeth, and NHS SE London CCG (Lambeth)
Andrew Parker, NHS SE London CCG (Lambeth)
Catherine Pearson, Healthwatch Lambeth
Sabrina Philips, Lambeth Living Well Network Alliance
George Verghese, GP & Primary Care Clinical Cabinet Co-Chair
Karen Sanderson, Children and Young Peoples Alliance

Further Information

If you require any further information or have any queries, please contact:
Cheryl Smith; Email: lamccg.lbsat@nhs.net

AGENDA

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Lambeth Together Strategic Board

Wednesday, 24 November 2021

1 p.m. to 4.30 p.m.

Microsoft Teams meeting

AGENDA

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
1 p.m.	<u>Public Forum</u>		Chair: Cllr Jim Dickson
60 mins	<p>Introductions</p> <p>Brief notices – Covid -19 response</p> <p>Questions from the public.</p> <p>Please use link to join the Public Forum - Click here to join the meeting.</p>	Presentation	<p>Cllr Jim Dickson</p> <p>Ruth Hutt/ Andrew Eyres</p>
2 p.m.	<u>Meeting in Public</u>		
	<u>Part A</u>		Chair: Andrew Eyres
1.	<p>Introductions</p> <p>Welcome, introductions and apologies</p>		Andrew Eyres
2.	<p>Declarations of Interest</p> <p>Members are asked to declare any interests on items included in this agenda</p>		Andrew Eyres
3.	<p>Minutes of the Meetings 29 September 2021</p> <p>Approve and review matters arising.</p>	Paper Enc	Andrew Eyres
4. 2:10 p.m.	<p>Neighbourhood Health and Wellbeing Delivery Alliance</p> <p>Board members are asked to note progress and next steps for the NWDA.</p> <ul style="list-style-type: none"> 'The Neighbourhood and Wellbeing Delivery Alliance: What we are about' - an animation 	Presentation Enc	Amanda Coyle / Ross Lambdon / Ruth Vidal- Tunkara/ Clinical Lead: Dr Di Aitken

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	<ul style="list-style-type: none"> NWDA Progress Report and next steps Community Voice - Social Prescribing Link Worker from the Hills Brook & Dales Primary Care Network. 		
5. 2:55 p.m.	Deep Dive – Homeless Health Board members are asked to receive an update on the programme area of homeless health. <ul style="list-style-type: none"> Presentation – overview of homeless health context Rough sleeping in Lambeth and ‘Everyone In’ Case study – ‘Capacity, the Mental Health Act and entrenched rough sleepers’ 	Presentation Enc	Lee Georgiou / Paul Davis/ Clinical Lead: Dr. Adrian McLachlan
6. 3:25 p.m.	Lambeth Together – Continuing the development of our Local Care Partnership; Leadership and Governance Board members are asked to note the updates provided and agree recommendations in line with the overarching report.	Paper Enc	Andrew Parker / Dr Di Aitken / Juliet Amoa / Sue Gallagher / Brian Reynolds
4 p.m.	<u>PART B</u>		Chair: Dr. Adrian McLachlan
7. 4:00pm	Lambeth Together – Better Care Fund (BCF) submission 2021/22 The Lambeth Together Strategic Board is asked to note the Better Care Fund Submission for 2021/22.	Paper Enc	Jane Bowie / Clinical Lead: Dr Di Aitken
8. 4:15pm	Nine Elms / Vauxhall - Full Business Case The Lambeth Together Strategic Board is asked to note the recommendations agreed under Chairs action.	Paper Enc	Andrew Parker / Clinical Lead: Dr. Adrian McLachlan
9. 4.30pm	AOB / Close Date of next meeting - 26 January 22 - 1pm – 5pm		Andrew Eyres

LAMBETH TOGETHER STRATEGIC BOARD MINUTES

**Wednesday 29 September 2021 at 1.00 pm Microsoft
Teams - hosted by SEL CCG**

Members Present:

Cabinet Member for Health and Social Care (job-share)	Cllr Jim Dickson
GP Governing Body Member NHS SEL CCG, (clinical lead Neighbourhood & Wellbeing Delivery Alliance)	Dr Di Aitken
Cabinet Member for Health and Social Care (job-share)	Cllr Lucy Caldicott
Strategic Director, Integrated Health & Care NHS SEL CCG (Lambeth) and Lambeth Council	Andrew Eyres
Managing Director, GP Federation	Therese Fletcher
CEO Age, UK Lambeth	Graham Gardiner
Director of Public Health	Ruth Hutt
GP & Chair, Lambeth Local Medical Committee	Dr Penelope Jarrett
Director Integrated Care, GSTT	Sarah Austin
PCN Clinical Director and GP Clinical Cabinet representative	Dr Sadru Kheraj
Clinical Cabinet Co-Chair, GP Partner, Waterloo Health Centre, Clinical Director-North Lambeth PCN	Dr George Verghese
GP Governing Body Member NHS SEL CCG (clinical lead Lambeth Living Well Network Alliance)	Dr Adrian McLachlan
Borough Lay Member	Sue Gallagher
Chief Operating Officer, South London and Maudsley NHS Trust	James Lowell
Chief Executive, Kings College Hospital Foundation Trust	Julie Lowe
CEO Healthwatch Lambeth	Catherine Pearson
Lambeth Patient Participation Group Network	Sandra Jones
GP Borough Clinical lead, clinical lead Children and Young People Alliance)	Dr Raj Mitra
Executive Director of Adult Social Care	Fiona Connolly

Programme Director, Lambeth Together (Neighbourhood and Delivery Alliance)	Amanda Coyle
Director of Children's Commissioning and Community Safety, Children, and young people Alliance Lead	Abi Onaboye
NHS SEL CCG Communications and Engagement Lead (Lambeth)	Catherine Flynn
Assistant Director Finance, NHS SEL CCG (Lambeth)	Edward Odoi
Assistant Director of Finance, ACS	Pete Hesketh
Director of Primary Care & Transformation, NHS SEL CCG (Lambeth)	Andrew Parker
Assistant Director Health and Care Planning and Intelligence, NHS SEL CCG (Lambeth)	Brian Reynolds
Alliance Director, Lambeth Living Well Network Alliance	Sabrina Phillips
Director of Integrated Commissioning (Adults), Lambeth CCG and Lambeth Council	Jane Bowie
Clinical Cabinet Co-Chair, GP Partner, Waterloo Health Centre, Clinical Director-North Lambeth PCN	George Verghese

Apologies:

Programme Director, Black Thrive	Natalie Creary
Strategic Director Children's Services, Lambeth Council	Merlin Joseph
CEO Healthwatch Lambeth	Catherine Pearson

1 Agenda - Lambeth Together Strategic Board

2 Introductions

Andrew Eyres welcomed attendees to the meeting and introduced James Lowell, South London and Maudsley Trust (SLaM), and Julie Lowe, King's College Hospital (KCH), as new nominated Board Members.

3 Declarations of Interest

There were none.

4 Minutes

The minutes of the meeting of Wednesday 21 July 2021 were agreed as an accurate record.

Andrew Eyres noted that responses to questions at the Public Forum in July were available on the Clinical Commissioning Group (CCG) and Lambeth Together website. Councillor Jess Leigh, Deputy Cabinet Member for Health and Wellbeing of Young People, would be attending future Board meetings.

5 Lambeth Living Well Network Alliance

Sabrina Philips, and Guy Swindle, of the Living Well Network Alliance; introduced the report and updated the Board on the Alliances recent work:

- The hard work of Holly Napman, a member of one of the four Southeast teams; highlighting the importance of peer support adding quality, increasing face-to-face support, the overall aim to discharge service users back into the community.
- Most mental illnesses started as depression, and many could be kept well by taking medication daily with regular GP contact.
- The three Living Well centres had been condensed into two, with venues shared with GP colleagues and had greater access to people within the community.
- Services had been sustained during the pandemic by utilising personal protective equipment, social distancing and telephony.
- Service surveys had received 37 responses and respondents had been pleased to speak to their care coordinators and overall, provided a positive account of their recent experiences; however, some respondents preferred face-to-face, and this would be increased.
- All Alliance partners had access to Covid-19 vaccines and frontline staff prioritised for boosters, with 86% of SLaM staff having received both vaccine doses.
- The major workforce development had implemented a single point of access and was moving to bringing together teams, improving compassionate care knowledge sharing (e.g., mentoring), measures to address racism through a race equality framework, and improving system leadership.
- The number of occupied in-patient beds had been reduced by over 10% a month, which had also resulted in significant cost reductions but demand had increased again this year. This was aided by the wider community sector, the CCG and Council colleagues and this work would be shared in the future.
- The Talking Therapies service had maintained access and recovery targets, with many users liking the flexibility.
- Complex Needs Pathway development continued and seeking to increase community expertise.
- Ongoing Alliance challenges included enabling staff to continue working safely during the pandemic, addressing inequalities (via the Culturally Appropriate Peer Support Advocacy (CAPSA)), financial pressure, uncertainty, and filling posts.
- Information on bed usage and equalities would be shared at the next meeting.
- Funding from NHS London and service transformation had been used to develop coproduced services, with a bid put in to boost support initiatives as Staying Well was focused on recovery.

- Current Alliance involved Black Thrive in recruitment to help combat racism, increase community engagement, and foster trust with Black Asian and Minority Ethnic communities.
- Overall, resources and expertise were expected to be pushed out into communities, working alongside primary care, GPs, and community organisations.
- Children transitioning to adult services remained a local and a national issue. The Alliance was working with leads to improve understanding, communications, and pathways. An allage service was needed that looked at people as whole people, and improvements and increased funding was expected.

Anna Penn-Carruthers, Centre Lead for the Southwest Centre Locality, noted her experience of working at a Living Well Centre during the pandemic, stating:

- She was proud of the service during the pandemic, especially due to the recent integration with the voluntary sector and other partners.
- The main challenges were rapid changes as the Alliance joined with the southeast team, invocation of bubble working arrangements, and other Covid-19 process changes.
- Many positives came from the changes, such as improved digital health care, for both staff and service users, which had allowed clinicians and service users flexibility; increased staff resilience, with low staff turnover; a shared duty system; and being able to review service users from the southeast.
- Alliance management changes saw a focus on building relationships and trust between teams, utilising reflective practices and increased staff support, with the introduction of 'huddles' and 'check-ins' as well as yoga sessions via Microsoft Teams.
- The level of changes had not been anticipated as the number of service users expanded from southwest to encompass southeast.
- Safety measures were still in place, including temperature checks, social distancing, and daily Covid-19 assessments.
- The Southeast team had moved back to their Centre and the Southwest team had moved into Gracefield Gardens, allowing greater community accessibility to nearby health services.
- The physical health offer was being improved for service users, noting the outdoor space.
- Staff were motivated after Covid-19 hardships, especially with service users now able to access digital healthcare, and the Centre was in a good position.

In discussion it was noted:

- The mix of the voluntary community sector (VCS) and care services was applauded, with praise also for the ongoing development of the complex needs pathway and for the work of the Living Well Centre during a pandemic.
- Integrating SLaM leads and VCS managers was challenging, noting the differing cultures, systems integration, and data sharing, but the shared motivation had helped teams work together effectively.
- Conversations, improved training, and career pathway development was hoped to attract staff.
- Complex Needs Pathways were being redesigned to ensure greater access. Integration with the psychological therapy team would also ensure referrals from the old team were picked up by the new team and service users would receive therapy at a lower level whilst

awaiting higher level. This extended to practical support for those within the community, such as when filling in applications forms.

- The Social Worker Network was being reviewed as an item for future development.
- Improving Access to Psychological Therapies (IAPT) waiting times were monitored daily but had increased due to the single point of access for referrals. Complex Care Pathways waiting times were also under review, especially for short-term care support, and improvement was needed for whole system support and further integration.
- Penelope Jarrett, Lambeth LMC, did not hold exact IAPT waiting times data but would provide an answer at a future meeting.
- Referrals to talking therapies during the pandemic had been overwhelming and waiting and recovery times were still backlogged, but it was hoped that new posts, peer support and further integration would lead to improvements.
- There were gaps in the psychological therapy services and support for those returning to primary care, with an ongoing review for those not recovering or not supported. Current survey feedback noted that young black men were over-represented in this cohort and would be a future focus.
- Access to primary care networks should be explored to increase integration.

RESOLVED:

1. To note the report.

6 King's Strategy 2021-26: Strong Roots, Global Reach

Roxanne Smith, Director of Strategy, King's College Hospital (KCH) NHS Foundation Trust, introduced the Strategy Report and noted:

- It had been developed by engaging over 4,500 people from different groups and backgrounds, which was jointly led by clinicians within the KCH NHS Foundation Trust. As well as consultations, the strategy considered other key factors such as population drivers, the impact of the pandemic, and partnerships formed in the integrated systems model.
- The importance of the workforce as an integral part of the wider integrated system. The wellbeing offers for both staff and patients was improving, nurturing a culture of learning and listening, with recruitment of diverse populations and pursuing a sustainable model as a London Living Wage employer.
- The KCH site was often congested and the Strategy would review the use of space. It was also noted that the modernising medicine programme was underway to revolutionise care, as well as improving nutrition and patient entertainment.
- The Strategy was designed to adapt to changing priorities and events, looking at the challenge of ensuring financial sustainability and how to deliver the best experience to service users.

In discussion it was noted:

- The work to understand population health had been done at Integrated Care System (ICS) Board level, supported by Kings Health Partners' analytics. The Trust looked to embed its Health Inequality Programme in the Strategy and Roxanne Smith would follow up with the Lambeth Together Equalities Group to feed into this.

- The Strategy was designed in partnership with SLaM and there were opportunities to embed learning across clinical teams. Some areas needed improvement and the offer needed to be consistent across the Trust, including on issues of health inequality.
- The Vital 5 was key within the Strategy and the 'every contact counts' philosophy was embodied across all work at KCH. Staff were motivated and how the electronic connections (patient records and digital capabilities) would help deliver a better service to users. The joined-up approach would also improve service delivery and KCH would come back to the Board to report further.
- KCH was thinking creatively about becoming a community anchor, building partnerships or through local procurement and recruitment. The Lambeth Together Partnership was invited to determine priorities and areas of greatest community impact, as well as input into the delivery plan.
- Lambeth and Southwark community services were provided by Guy's and St Thomas' Trust (GSTT), although KCH did meet weekly to discuss these, this meant that engagement between GSTT and the wider local health service were more frequent.
- Engagement with trade unions would be key, but KCH were open to suggestions around different means to address these new ways of working.
- It was recognised that Kings would benefit from extended engagement with partners through borough arrangements including Lambeth Together in the realisation of its strategic aims

RESOLVED:

1. To note the Kings Healthcare NHS Foundation Trust Strategy.

7 Lambeth Together - Developing our partnership working arrangements

Sophie Taylor, Lambeth Together Programme Lead; and Andrew Eyres, Strategic Director for Adults and Health; introduced the report as follows:

- New partnership governance arrangements had been agreed at the Board in May, with a further update provided in July. All recommendations within the report had been progressed, either completed, or were firmly in motion.
- The Health and Care Bill was still progressing through Parliament, but a thorough understanding and advance guidance was expected. Lambeth was well placed to take the next steps with pre-existing strong partnerships and leadership.
- The LTSB were considering next steps in informal conversations and would come back for decision in November, with statute expected from Parliament on a similar timeframe, with commencement of arrangements expected in January 2022.
- Organisational changes should not lead to delays and delivery was expected at pace.

In discussion it was noted that:

- Any further views on this report should be emailed in for the Board to pick up at a later date.
- The associated Assurance Report was in the current annex.

- The Equality, Diversity, and Inclusion (EDI) Group was reviewing the Lambeth Together pledge and would bring the report to November for sign-off, which would include the mentoring programme and securing resources.
- The importance of relationships to smooth the transition as regulations and structures would be more diffuse, but accountability and clear structures, process and leadership, would be needed.

RESOLVED:

1. Note the continued progress of the Lambeth Together governance review recommendations.
2. Note the activity to date in developing our Lambeth Together arrangements to take forward Place-Based arrangements for Lambeth within the developing SE London ICS, as well as next steps.
3. Note the update from the Lambeth Together Assurance Group and associated Integrated Assurance Report.
4. Receive an update from the Lambeth Together Equalities, Diversity and Inclusion Group and consider and discuss the questions within the presentation which will directly inform our EDI progress.

8 Date of Next Meeting

The next Lambeth Together Strategic Board would take place on Wednesday 24 November 2021.

The meeting ended at 3.46 pm

CHAIR
LAMBETH TOGETHER STRATEGIC BOARD
Wednesday 24 November 2021

Date of Despatch: Date Not Specified Contact
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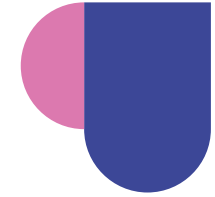
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Neighborhood and Wellbeing Delivery Alliance

Lambeth Together Strategic Board
November 2021



Agenda



- Neighbourhood & Wellbeing Delivery Alliance:
 - Animation video
 - Progress Report
 - Achievements
 - Project delivery
 - Challenges
- Delivering in Communities: Loneliness Test & Learn
- Real stories - Hearing from the front line
 - Ruth Marie Vidal- Tunkara (Social Prescribing Link Worker)
- Discussion & questions



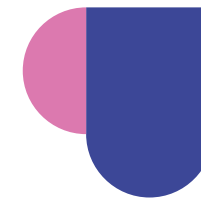
Neighbourhood & Wellbeing Delivery Alliance Progress Report

- Providing an overview on Alliance progress over the last 12 months and the ambitions and next steps for 2022/23
- Available to the public via: www.lambethtogether.net/nwda



Community based health and care support for adults

Achievements



Delivering support in Neighbourhoods – Thriving Communities

Now established in five Primary Care Network areas (over 50% of Lambeth PCN areas)

1. Thriving Stockwell
2. Thriving North Lambeth
3. Thriving HBD (Hills, Brook & Dales)
4. Thriving Streatham
5. Thriving Fiveways (in development)

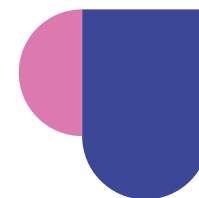
Next steps: include further Health & Wellbeing hub development to strengthen these nascent networks and extend reach across Lambeth communities.

Managing long-term health conditions: Chronic Pain

- Programme established with multi sector membership – Organisations from the voluntary sector support groups & primary/secondary/community care sectors (15+ clinicians across all providers)
- Data analysis of the user needs – review of referrals
- Asset mapping of community services including online services to harness digital innovation

Next steps: include to streamline the pain referral pathway to link to wider community & mental health support services





Achievements

Supporting Care Homes

- Working group of GPs, specialist older people medical clinicians and other professionals from the NHS & Council to co-ordinate support to nursing home residents.
- Implemented Fall pilot - Two residential homes (Joybrook Care Home & Ashna House), have begun using a digital app reduce falls in older adults. We aim to expand use of this app to other care homes in the borough over the next 12 months.
- Continuing to develop staff with a range of education and training opportunities.

Next steps: integration of care homes into wider community support via Thriving Communities

End-of-Life Care

- Increased the number of advance care plans across Lambeth population from 0.2% to 0.3% Lambeth target – 0.5%
- Working with GP practices we have undertaken activities to embed a culture shift around advance care planning through workforce development, training webinars and tailored support and guidance packs via our Clinical Leads

Next steps: ongoing work with GP practices to increase the referrals into the Lambeth Advance Care Planning Consortium (hosted by Compassion in Dying)



Project Delivery



Diabetes & Health Inequalities

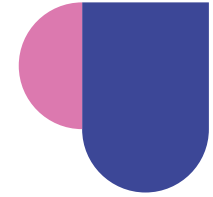
- Secured funding to test a population based diabetes improvement model to reduce disease progression (health inequality)
- Project focusing on proactive care and support for patients with diabetes via a Care Coordinator role and other socially appropriate community organisations to deliver culturally appropriate initiatives
- Delivery starts in November with multi-agency primary care team delivering a bespoke approach ensuring improved outcomes for targeted population

Multiple long-term conditions (MLTC) project

- Ambitious and complex system-funded programme to improve the experience of care for patients with MLTC
- A co-produced, patient-led model to transform MLTC care to improve the patient pathway for a targeted population
- Bringing together a team around the patient including clinicians from the hospital, a GP, pharmacist, community nurses, social care and community organisations to plan, manage and support the care of patients.
- Initial phase planned for delivery in early 2022. Underpinned by a learning (& dynamic evaluation) framework to share learning and inform the business case to improve the wider system efficiency



Challenges



Covid-19

- Response to the pandemic - capacity for wider system transformation is limited where both staff and services alike continue to be stretched across the health & community care sector.
- Increasing health inequalities across health system due to pandemic most acute in certain communities
- The increasing number and complexity of physical health needs in our communities
- Financial pressures across the system – especially the voluntary & community sector

But amazing community action

- But it has also brought us together, deepened our connections with communities and created new ways of working
- Real community energy with our residents, community groups and partners stepping up to support those who were most vulnerable to Covid.
- Significant local activity with neighbours & communities connecting with each other to provide local support – food, medicines, befriending etc.



The Loneliness Test & Learn story.

YOU
ARE
NOT
ALONE

Overview

- Project targeting residents 65yrs+, coded as lonely by GP, with long-term conditions and lowest deprivation index, protected characteristics etc.
- Pilot in Hills, Brooks & Dales PCN (Tulse Hill, Herne Hill & Thurlow Park). Working with the Social Prescribing Link Workers to provide tailored support plans to individuals and refer them into community programmes.
- Proactively reaching cohorts of local residents who may want support but would not necessarily seek GP support with a social isolation issue

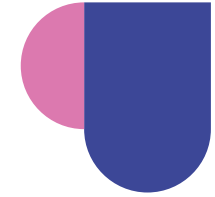
Organic expansion & next steps

- Project has become the catalyst for the thriving community ('Thriving HBD') - an emergent vibrant connective community infrastructure
- Has resulted in big community conversations & local events with residents & local support organisations. And integration opportunities identified such as linking DWP into community organisations/events.
- Increased PCN investment in Link Worker resource to develop community infrastructure such as
 - Community café prescribing networks
 - Exploration of mental health initiatives co-produced with local organisations & communities



HBD Community event Sept 2021

System stories



Ruth Marie Vidal-Tunkara *Social Prescribing Link Worker update* *HBD Primary Care Network*

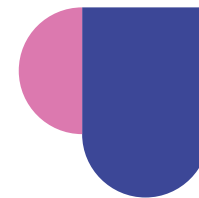
- Working with patients
- Community Development



Connect – Share – Thrive

Community based health and care support for adults

Discussion & questions?



Find out more about what we do & get involved

<https://lambethtogether.net/nwda/>



Community based health and care support for adults

Progress Report

November 2021

**Neighbourhood
and Wellbeing
Delivery Alliance**



Introduction

“For those of us involved in responding to the pandemic, it has been a relentless and difficult period. We have witnessed the brutal blows that our communities have faced, suffering loss, separation, uncertainty and many enduring ill effects on their health and wellbeing.

Our communities, our staff, our systems and resources have all been heavily tested and those pressures continue to be present. Demand for services across our system remains high. Demands on staff continue.

And yet we have seen incredible resilience.

In the midst of this fraught time, we’ve found moments to effect positive change. We’ve discovered that some of the relationships built up in Lambeth Together have proved strong and enabled us to work together in concrete ways, with a speed that would have not been possible previously. It soon became clear that collaborative approaches were better. That using one another’s skills and experiences was not only a good thing to do but was also effective. This Progress Report reflects some of the fundamental changes to the way we plan and deliver health and care and impacts that we have achieved during this last year.

We found that by working together in a crisis we understood each other better. And it is with that spirit of resilience, momentum and energy that we present this Progress Report to you. We are at a great point in the story of the Neighbourhood and Wellbeing Delivery Alliance (NWDA).

Looking to the future, I know that we will hold on to our partnership way of working and use all of our resources to deliver a bold and ambitious plan in the year ahead.

We mustn’t forget our principles of co-production and remember that studies have shown that 80% of a person’s health-related outcomes are determined by non-health-related inputs.

We must ensure that we engage fully with our communities; putting them at the heart of all we do and using all of the rich social assets in Lambeth to ensure all residents in Lambeth have the opportunity to thrive.”

**Graham Gardiner, Chair –
Neighbourhood and Wellbeing
Delivery Leadership Board**



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Welcome

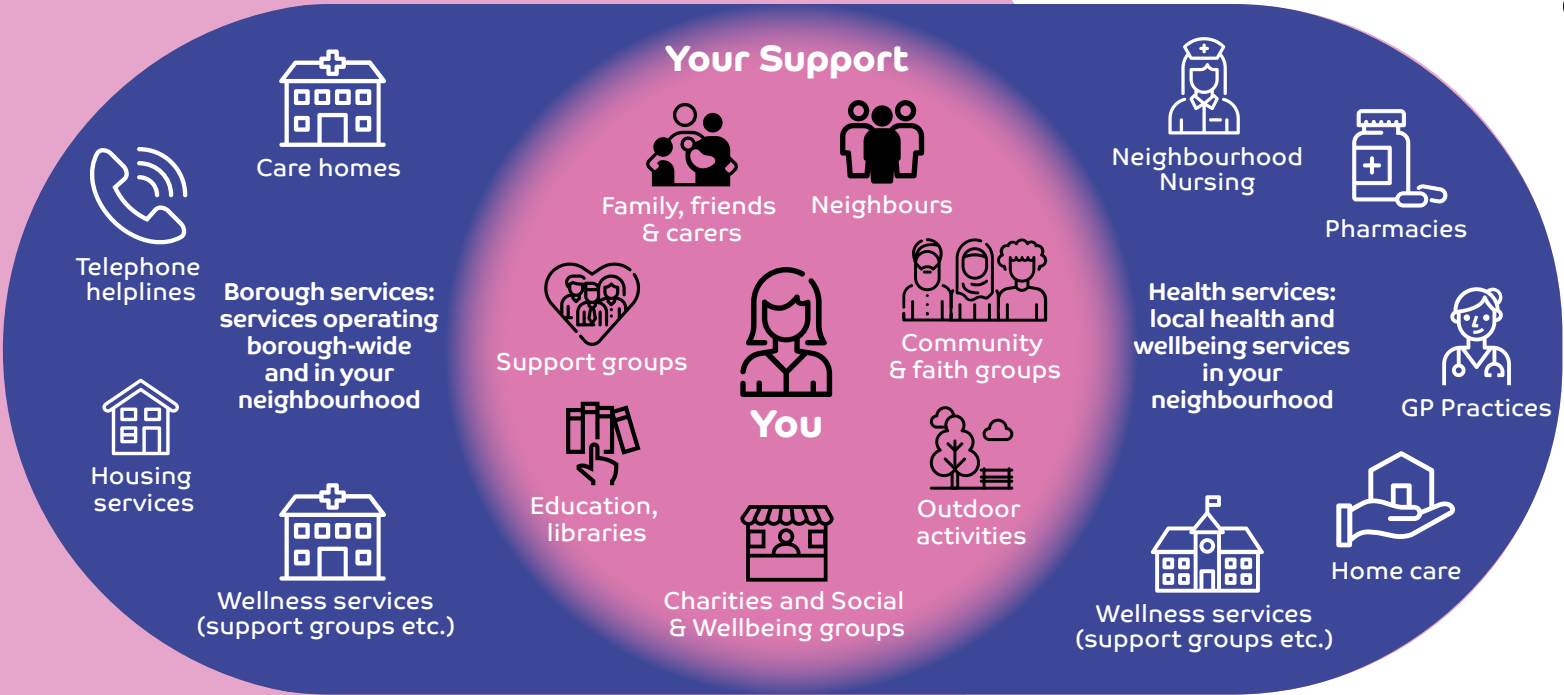
The Neighbourhood and Wellbeing Delivery Alliance is a collaboration between Lambeth Council, Lambeth GP practices, NHS South East London Clinical Commissioning Group (CCG), voluntary sector organisations such as Age UK Lambeth and our NHS Hospital providers – King’s College Hospital, South London and Maudsley and Guy’s and St Thomas’ Foundation Trusts

We work with residents and community organisations in neighbourhoods on projects to improve health and wellbeing. We focus on areas of work that are important to residents and where we believe that by working together we can effect positive change in a way that we could not do as separate organisations.

The Alliance is part of the Lambeth Together partnership, which connects public and voluntary sector bodies for joined up health and care. All Alliance partners share not only an interest but also a responsibility for the best outcomes for residents across the whole system, and an end to silo working.

Your neighbourhood services

Support around your needs



Responding to the challenges of the pandemic

Responding to the coronavirus pandemic has undoubtedly stretched the capacity and resources of staff and services across the health and care system, and brought into sharper focus the inequalities that many continue to suffer. But it has also brought us together, deepened our connections with communities and created new ways of working

Our residents, community groups and partners really stepped up to support those who were most vulnerable to Covid. We're hugely proud of how our neighbours and communities connected with each other to show their support. And in particular, the way in which:

- The voluntary sector, local authority and countless volunteers mobilised local food banks at record speed to distribute food and medicines to serve the most vulnerable residents in our neighbourhoods.
- Neighbours and community groups supported one another to stay socially connected online, through phone calls, food parcels and socially distanced clapping on the doorstep.
- GP surgeries quickly organised to support their patients online and increased home visits.

- GPs, pharmacies, hospitals and community organisations all pitched in to work tirelessly and deliver a vaccination programme at unprecedented speed and efficiency.
- Hospitals and mental health services adapted their services online to cope with increasing demand and to meet the need for psychological support.

Staff had to work differently to keep people safe whilst still providing support. We've learnt that both residents and those who work in the Alliance partner organisations often appreciate phone calls and virtual meetings to get the job done.

The national lockdowns were challenging. But they also underlined for us the meaning of community. Our Alliance challenge is to build into the [Lambeth Together Recovery Plan](#) all that we valued and learnt during the lockdowns into services that are fit for purpose, local and where practical, are community-led and neighbourhood focused.



Our approach

Our Alliance creates partnerships between local people, Lambeth's health, social care, voluntary and community sector organisations. We work together to share intelligence, co-create solutions, and design projects that improve the health and wellbeing of our residents

Through this collaborative approach, the Neighbourhood and Wellbeing Delivery Alliance aims to:

- Support residents to live better and happier lives
- Make sure that all residents have an equal chance of staying healthy
- Make it easier for residents to get the health and care support they need to live well

We understand that our borough is hugely diverse. What a family in Brixton may need to improve their wellbeing will be very different to what a single resident in Stockwell may benefit from. So, rather than looking at how we change the whole of Lambeth, we focus on a specific need within a neighbourhood and with a particular group of residents. This helps us make sure the projects we establish are bespoke to the community and within easy reach of the people they're created for.

For example, our project to combat loneliness in Tulse Hill, Herne Hill and Thurlow Park was identified and developed by patient groups, neighbourhood organisations and the voluntary and care sector (for more detail about this project, see page 12).



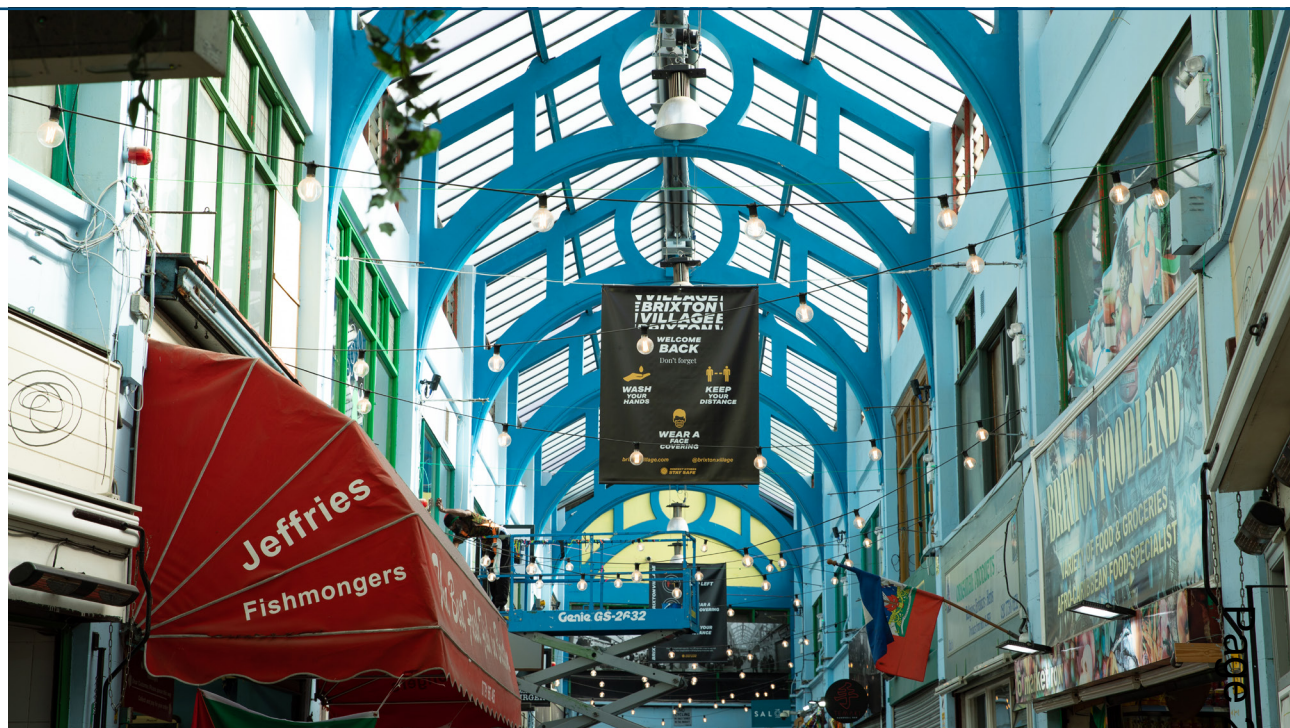
Population Health Management

We look to understand how residents use health and care services based on the intelligence we know about local communities. Using an approach called Population Health Management allows us to target our efforts to support those with, and at risk of, the poorest health.

Population Health Management means we address the social, economic and environmental factors impacting on a community (the ‘wider determinants of health’), to improve the residents’ physical and mental wellbeing. It means communities and partners work together and recognise the role we can each play with the inter-connected issues affecting wellbeing.

Our neighbourhood approach works with and for our communities to:

- combine the wealth of knowledge, experience, resources and funding we have access to, to support health and promote wellbeing in Lambeth
- consult with residents to make sure our initiatives have a positive impact on the people they’re designed for
- prevent ill-health by addressing the many wider determinants of health, such as income, housing, education and employment



Guiding principles

We develop local projects to ‘test and learn’ so that we can quickly customise our projects based on local feedback ensuring we deliver against residents’ needs. We look to share what we have learned with our partners to build up plans to roll-out projects that positively impact both the residents and communities in Lambeth.

We help communities to thrive by making sure organisations and residents in Lambeth are more aware of what’s available nearby to support and manage their health and wellbeing.

We focus on demonstrating impact! We build a compelling case for each new partnership initiative for why we are doing this, answer how it makes a difference, and explain how to deliver this.

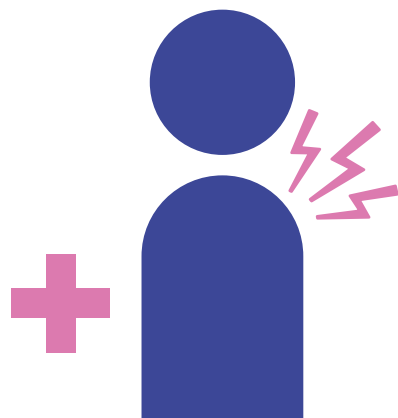
Our main priorities

The main priorities we're working on as an Alliance include:

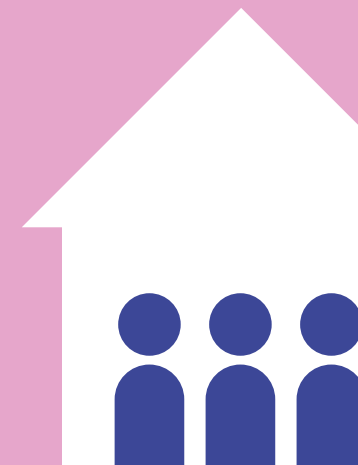
1 Improving support in the community for residents to live healthier and happier lives



2 Helping people to manage long-term health conditions and get the support they need



3 Improving support to care homes to enhance care to residents and their families



4 Coordinating excellent end of life care by encouraging more people to have an end of life care plan that reflects their wishes



Support in the community to prevent ill health

Thriving Communities

Our vision is for Lambeth residents to live healthier and happier lives in communities that support them and within which they can play an active role. This could be through a mixture of online and face-to-face meetings, fun community events, wellbeing activities and joint projects that tackle health inequalities and improve health outcomes.

Sharing, kindness, having fun and working together are key ingredients of a 'thriving community'.

Throughout the pandemic, community initiatives such as Thriving Communities, the Lambeth Food Hubs Programme, informal mutual aid groups and the Lambeth Volunteering Network have demonstrated the enormous potential of working together.



Despite the restrictions of the lockdown period, many people were able to stay connected to friends, family, support networks, clubs and services using digital meeting platforms. Beyond this, neighbourhood networks formed, using mobile phones to share information and to offer support at very local levels. And for some this led to more formal volunteering roles within communities.

The pandemic has reinforced the importance of supporting those in most need with holistic and preventative support for their wider health and wellbeing needs, as well as ensuring they can access appropriate health and care services when they need them. This has gained even more urgency due to the secondary consequences of the pandemic, which include increased isolation and loneliness, higher levels of unemployment and financial difficulties. More than ever, we will need to come together to support our neighbours and colleagues.



Thriving Communities in action

The Lambeth Jab website was developed by Thriving Stockwell – a partnership between GPs in Stockwell, Brixton and Clapham and local residents, community organisations and faith groups. It publishes accurate and reliable information about the COVID-19 vaccine in community languages, provides reassurance about the safety and effectiveness of the vaccine and signposts residents to pop-up clinics in community venues to reach groups that have been harder to reach by the vaccination programme. Photographs and films feature local people and trusted local voices.

www.lambethjab.com



Fatuma – Lambeth resident

“I’m a local person from the Eritrean community. I felt there was a lot of misinformation and confusing messages about the vaccine, particularly for minority groups and for many people from my community who don’t speak English as a first language. And we are the ones more at risk of Covid. I wanted to make a difference, so I took part in the Lambeth Jab by making a video to encourage others to take the vaccine. I have also been speaking to people in my community, especially people who are older, about why they should take the vaccine and why they should trust the health professionals delivering it.”



Dr Vikesh Sharma (Lambeth GP):

“The community pop up clinics are a way the vision of Lambeth Together is realised. It is a huge success to vaccinate so many who could be considered ‘hard to reach’. I am proud to be a part of this work and want to thank all the volunteers who were key information sharers within their communities and make their peers more relaxed in attending. By working with local communities we are improving access to this life-saving protection for Lambeth residents.”

Thriving Communities milestones

In the last year we have been learning from the success and momentum of the first Thriving Community, Thriving Stockwell. More recently, the Lambeth Together Health and Wellbeing Bus has provided vaccination services around estates and neighbourhoods where take-up has been lowest.

We have also set up similar Thriving Communities activities with initiatives in North Lambeth and in Tulse Hill, Herne Hill and Thurlow Park. Through meetings with residents and community groups, monthly breakfast networking sessions and jointly planned community events we have supported individuals, grassroots organisations and health and care services to learn more about one another and understand better how they can work together in the future.



Thriving Communities next steps

We want to make sure that the current Thriving Communities in Stockwell, North Lambeth and Tulse Hill, Herne Hill and Thurlow Park have the support they need to make a significant impact in those neighbourhoods.

We are building a Thriving Communities website to make it much easier for people to connect around health and wellbeing in their local area. The website will have details of health and wellbeing activities and events happening in each thriving community as well as trusted health information, training courses and resources to help people self-manage their care.

We will continue to work with thriving communities to listen and empower local residents, groups and voluntary organisations and community groups to embed activities locally. This could include healthy weight community programmes in churches, housing estates and community centres. We also want to support more in-person community events to bring people and services closer together.

Loneliness: test and learn project

The Alliance worked alongside five GP practices who wanted to reduce loneliness and social isolation for residents over 65 with long-term health issues, in the Tulse Hill, Herne Hill and Thurlow Park neighbourhoods – also known as the Hills, Brooks and Dales Primary Care Network or HBD PCN

There are residents who are housebound and need support to connect with what is happening locally to reduce feelings of loneliness and isolation. Reducing isolation can improve an individual's health and wellbeing, enabling them to become more engaged with what is going on in their local community and take a more active role in managing their care.

Working with residents, community groups and voluntary sector organisations we are able to better understand the needs of isolated and vulnerable individuals and match these with groups and activities in their local area.

A graphic consisting of a dark blue rounded rectangle with a pink semi-circle on its left side. Inside the blue rectangle, the words 'YOU ARE NOT ALONE' are written in white, uppercase, sans-serif font, stacked vertically.

YOU
ARE
NOT
ALONE

Loneliness test and learn project: the role of the Link Worker

Our loneliness project works with social prescribing link workers. Based in GP surgeries across Lambeth, they provide help for people who need non-medical care such as debt advice, resolving housing issues and overcoming isolation. Their focus is to create personalised support plans, develop trusting relationships and work with patients on what matters most to them. For example, connecting an individual into a befriending scheme with a local organisation.

Through this project we will improve the wellbeing of some of our most isolated residents by increasing their daily social interactions, improving their lives and reducing reliance on medical services. As a result, more people are aware of local programmes that they can get involved in and the organisations that run them.

Loneliness test and learn project: next steps

This project lays the foundations for community development across the wider Hills, Brooks and Dales Primary Care Network (HBD PCN). The Alliance is committed to continue working with the PCN, local communities and wider health and voluntary care organisations to expand Thriving HBD. Learning from this small scale project will influence multi-agency approaches to tackle loneliness across Lambeth in the next year.



Loneliness test and learn in action

During the national lockdowns, Lambeth Council and the voluntary and care sector worked together to identify residents who may require extra support, activities and materials to keep them active and busy when we all had to stay at home.

“being in for that first lockdown, it was about making that switch, I’m not going to be bored... I’m going to keep myself busy. I joined Age UK because it was part of the signposting. I’ve done so much, I’ve done things that I wanted to do that was on my bucket list like story writing. ... very soon in that first lockdown the doorbell rang and so I opened the door and there was this gentleman with a gift bag and he said it was from Lambeth Council... all the goodies, puzzles, pencils, all sorts”.

Hilda – local resident



Helping people manage long term health conditions

Chronic Pain

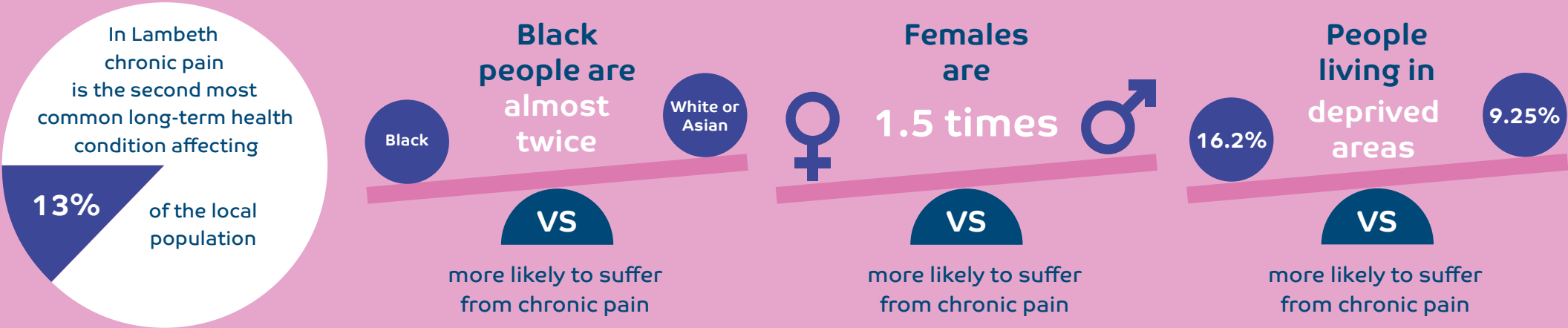
Launched amidst the second wave of the COVID-19 pandemic, this programme brings together multiple partners and includes GPs, pain consultants from our hospitals and the voluntary and care sector (in particular St Christopher’s Hospice). We are working in collaboration to better support those suffering with persistent pain to encourage self-management and restore a good quality of life.

Chronic pain is classified as pain that lasts more than 12 weeks despite medication or treatment. Sometimes pain lasts for longer than expected after injury or operation, or comes on without any obvious cause. Chronic pain affects over 8 million people in the UK, preventing them from being able to get on with their usual day-to-day activities.



Page 34

Why are we focusing on chronic pain?



Helping people to manage chronic pain: milestones

We've built several partnerships across the health and community care systems, such as with the Health Innovation Network, RTW (Return to Work) Plus and Orthopaedics UK. These networks allow us to share learning and resources, develop our vision of improving access to pain services and deliver a wide range of pain programmes. For example, expanding the ESCAPE Pain programme and supporting those with knee and back pain through strength and conditioning exercises.

Helping people to manage chronic pain: next steps

Over the next year we will continue to review and develop the various ways that people can be referred into services to make sure all Lambeth residents can access support. In doing so, we aim to reduce the current inequalities associated with gender, social deprivation and ethnicity. We will also map and identify gaps in community services, and make sure current programmes are expanded, and new services created so all residents in pain have the right support and resource to manage their condition.

Managing chronic pain in action – case study

Sophie came to RTW Plus seeking relief from an ongoing complaint of jaw pain since adolescence. None of the numerous and varied specialists she had seen over the previous 8 years could pinpoint why Sophie had such pain. She told us about the lack of hope she had that she would ever have any quality of life.

In February 2021 Sophie attended our Empowered Relief session with an open mind.

We followed up with Sophie three months after the session – her feedback to the programme was “The empowered relief session I attended was absolutely brilliant. I’ve always struggled to find new ways to cope with my pain. And this really gave me some different ways... There are still days when I struggle with my pain more than normal. And that’s always going to happen. But I do now know that I have less bad days and also, I know what to do to help me on those days. I would really recommend this to anyone who is struggling with coping with chronic pain.”



Developing a new service for people with long term, complex health conditions

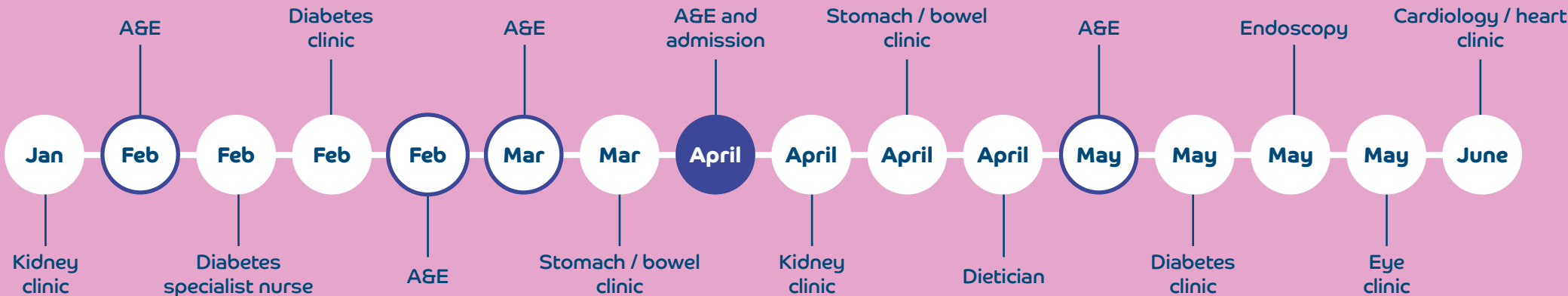
We’re piloting in North Lambeth support to people with complex health needs through our multiple long term conditions project with five GP practices. Starting in October 2021, we are bringing together a team around the patient including clinicians from the hospital, a GP, pharmacist, community nurses and social care. We want to support these residents to stay well both physically and mentally in their homes and community and access specialist treatment and advice quickly and easily if they need it.

This is part of our expanding population-based approach providing care based on the needs of local people. Delivering services across GPs, local voluntary and community groups and other professionals, we aim to make services better integrated and more accessible for those residents with the greatest need.

The example below shows shows the care a man in his forties had over six months with diabetes, heart and renal (kidney)

failure. He went to A&E five times and was admitted once. He also attended renal and bowel clinics twice, three diabetes clinics and saw a dietician, diabetes nurse specialist, a cardiologist and an eye specialist. He went to eleven clinics in total and this does not even show us how many times he may have seen his GP. In this test we hope we can reduce the number of clinics this man needs to attend and coordinate his care better.

Carlos’ journey through the health system



Supporting care homes

Care homes are critical to supporting our most vulnerable residents. Partners from health and social care have worked closely, responding to the pandemic with professionalism and commitment

Supporting care homes: milestones

We're very proud of the work we've done to help care home staff get their vaccinations. This work has been extensive and included running drop-in sessions, regular communications such as workshops, webinars, FAQs, factsheets, and sharing of specific resources for health and care staff (in multiple languages in response to feedback from homes).

We've also created a group of GPs, geriatricians (specialist older people clinicians) and other professionals from the NHS and Council to co-ordinate support to nursing home residents. This group will continue to improve the provision of health and care services to care homes into 2022.

Supporting care homes: next steps

We want to build and sustain integrated working between care homes and the wider health and social care community, continue to embed good practice and further develop excellent care that meets the needs of care home residents. We will do this through our Care Home Forum, a monthly event for care home providers to address important areas such as infection prevention and control, shared learning, risk management and vaccine hesitancy. We are also committed to further developing multidisciplinary support to all care homes, ensuring each home has access to a range of health and social care providers to meet their needs.

Across Joybrook and Collingwood Court care homes, a pilot has begun to reduce falls in older adults using a digital app. We aim to expand use of this app to other care homes in the borough over the next 12 months.

We will continue to develop staff with a range of education and training opportunities. We also want to make sure more residents and their families are involved in advance care planning to make sure we can respect their wishes towards the end of their lives.

And finally, as we recover from the pandemic, we plan to support care homes to find ways to make sure their residents feel part of their wider community.



Supporting care homes: Case study

St Mary's Nursing and Dementia care home Manager Priscilla Chibanda:

“It has been a pleasure to work with everybody throughout the past year. It's so much better than how it used to be. The commissioning team, public health doctor, our GP and geriatrician have all been so supportive. They've communicated very well with us, responded quickly to any questions and provided whatever support we have needed”

“At the beginning of the pandemic it was a very difficult time, we had some distressing experiences with residents who were very breathless, and the hospitals were not communicating well with us. Information was confusing and changing all the time”

“Very quickly we received great support and close communication from the team. They helped us to obtain the PPE we needed, the infection control doctor explained the



infection control measures we needed to take and provided us with regular training and updates. We felt supported and could pick up the phone at any time and the team would help straight away.”

“Our GP and the hospital geriatricians were very understanding and supportive. They reviewed residents and ensured we had all the medicines needed, they really took their time, making sure everything was done and documented. The St Christopher's team gave us endless and excellent professional support”

“We think it was due to all the help we received that we had less deaths than expected. We feel very stable now and hope to continue this close working together in the future”.



Improving end of life care

Why do we want to focus on end of life care?

Alliance partners identified the need to bring together end of life care services and organisations across the health and care system. This will help provide better care, increase the quality of advance care plans and expand the use of shared resources for individuals and their families/carers when approaching the end of their life.

Advance care plans are records providing direction to healthcare professionals about a person's end of life care preferences e.g. place of death, and details their healthcare choices in a situation when a person is not in a position to make and/or communicate these wishes.

Our vision is that advance care planning is offered and available to all Lambeth residents, with earlier recognition of people entering their last 6 to 12 months of life. If advance care plans are offered, recorded and regularly updated this can avoid unnecessary hospitalisation in the last year of life.

Improving end of life care: milestones

We invited partners such as Marie Curie, end of life care consultants in our hospitals, GPs, the London Ambulance Service and others across the health, social and community care sectors to work together to improve how Lambeth residents access end of life care. As a result, we provided support to GP surgeries and established action plans to increase the number of advance care plans amongst their registered population. We also identified ways to improve end of life care experience through workforce training.



Improving end of life care: next steps

We want more Lambeth residents to plan their care for their final days and weeks by having an advance care plan that is recorded and shared with family, carers and health services, so their wishes are respected. We also acknowledge the need to make sure the advance care plans that are recorded are of a high quality, and clear and concise enough for health professionals across the system to understand.

Over the next year, we will continue to develop our workforce and implement different resources and tools for our GP surgeries to increase the number of advance care planning records and the quality of those recorded for our residents.

Improving end of life care in action – Case Study: – Lambeth Advance Care Planning Consortium

The Lambeth Advance Care Planning Consortium is a three-year partnership of local organisations, led by Compassion in Dying and Healthwatch Lambeth, to increase awareness of the importance of planning ahead for future care and treatment across Lambeth's diverse communities. The Consortium wants to ensure everyone in Lambeth has an opportunity to create an advance care plan and provides free one-to-one support for local people interested in planning for the future. Partners include Age UK Lambeth, Ask Erwin, Alzheimer's Society, Carer's Hub Lambeth, Guy's and St Thomas's NHS Trust, Lambeth Learning Disability Assembly, NHS South East London Clinical Commissioning Group, St Christopher's Hospice and Stockwell Partnership.

The Lambeth Advance Care Planning Consortium is a partner of the Neighbourhood and Wellbeing Delivery Alliance's end of life care programme and works closely to support stakeholders make advance care planning a key component of health and care in Lambeth.

To date, the Consortium has:

- Created easier access into the Consortium for community organisations and health professionals to ensure local residents get individual support.
- Provided training sessions to General Practice staff to improve confidence in having important conversations with residents and raise awareness of advance care planning.



ACP Consortium wish tree – Thriving HBD community event: September 2021

The Consortium has also been able to support the programme in its objective of having high quality plans. This is due to sharing the specialist knowledge of peers within the Consortium and distributing relevant documentation to improve the confidence of health professionals to initiate and carry out meaningful conversations with local residents about end of life care.

“All my questions were answered satisfactorily. The supporting lady was very sensitive and empathetic. We were self-isolating at home. Terrifying moments. She was reassuring, kept her distance, wore mask and remained in our garden, outdoors, in a bad weather day”

Resident supported by Lambeth ACP Consortium



Neighbourhood and Wellbeing Delivery Alliance next steps

As the Alliance moves into the next year, we face considerable uncertainty. But we know that there is great community energy to press forward with our ambitious plans to support those with and at risk of the poorest health outcomes



Supporting the vaccination programme and recovery from the pandemic

Thriving Communities will continue to support the vaccination programme and will also be key to other initiatives, such as the Community Healthy Weight Programme, being developed in conjunction with the Black Prince Trust.

Reducing health inequality and the impact of Covid-19

Reducing health inequality is at the core of all the work of the Alliance and some of our

communities have been disproportionately affected by the pandemic. Therefore a top priority is that everyone, regardless of background, ethnicity, gender and other protected characteristics, should expect to access health and care services tailored to their needs. We have a commitment to working with communities, local groups and residents to listen, test and learn how we can ensure that services are culturally relevant and provided in local venues which are accessible. Building this trust within the local neighbourhood to co-develop services is central to our implementation plans in the year ahead.

Improving digital inclusion so more residents can access online healthcare

To ensure equity and ease of access to health and care services means we need to ensure that all residents are offered digital access. This needs to be augmented with other avenues to access services, such as the Digital Champions project in Lambeth, which recruits local residents to undertake an accredited course to support their local community teach their neighbours how to access their healthcare online.

Learning as an Alliance

We are committed to learning by doing and collaborating with multiple partners recognising that ‘none of us is better than all of us’. Our challenge is to be agile in our implementation and curious in our approach to trying new approaches. We are committed to seeking feedback and testing our projects against the impact measures that our residents say are important to them.

We will continue to work quickly and use data to target our projects to those most in need. We will also work with partners to build the case for scaling up things that work and discontinuing activity that no longer meets identified needs.

We’ll share what we learn, tap into expertise far and wide and work across partner organisations and our communities to learn together.

Message from the Alliance Director

“In the last year the Alliance has made significant progress despite the challenges of Covid-19. We have been greatly encouraged by the energy and enthusiasm of residents in Lambeth to co-create innovative locally driven solutions for their community. We are so grateful for the opportunity to work with resident organisations such as the Lambeth Forums and with extraordinary local people who volunteer their time to become community connectors and allow us to hear all voices in Lambeth.

Covid-19 continues to present real challenges for communities and this needs to be our focus in the year ahead.

The strength of the partnership to manage the pandemic was exemplary and working alongside Dr Dianne Aitken, our clinical lead, we have a strong platform to go further and faster to integrate services and make them more accessible and effective for all our communities.

We share a commitment to celebrating our successes with the community, learning together both from what has worked (and importantly what did not). Embracing our collective voices and staying curious will ensure that we can continuously serve the residents of Lambeth.”

Amanda Coyle, Neighbourhood and Wellbeing Delivery Alliance Director



Get involved

The Neighbourhood and Wellbeing Delivery Alliance wants to reach out to local communities, organisations and providers to hear about local issues, projects and ideas to support Lambeth neighbourhoods

We want to build more partnership projects that are co-produced by local residents and support services, driven by local needs and make the best use of our collective resources. **If you're an organisation in Lambeth who shares our ambition, we'd love to hear from you.**

No matter how big or small the idea or project, **get in touch** and we'll do our best to help. After you complete our online form, a member of the team will contact you directly.



Contact details

Eche Anakor – Project Manager:
Eche.Anakor@gstt.nhs.uk

Ross Lambdon – Project Manager:
ross.lambdon@gstt.nhs.uk

To find out more about Lambeth Together and the Neighbourhood and Wellbeing Delivery Alliance, and keep up-to-date with our latest news, visit: <https://lambethtogether.net/nwda/>.



Community based health and care support for adults



Housing & Homelessness Health

An update for Lambeth
Together Strategic Board
24th November 2021

Welcome and Outline

- Introductions
- Overview of the service and context
- Response to rough sleeping
- Covid 19 “Everyone in” and longer term move on
- **Case study:** The benefits of working together

Context and demand

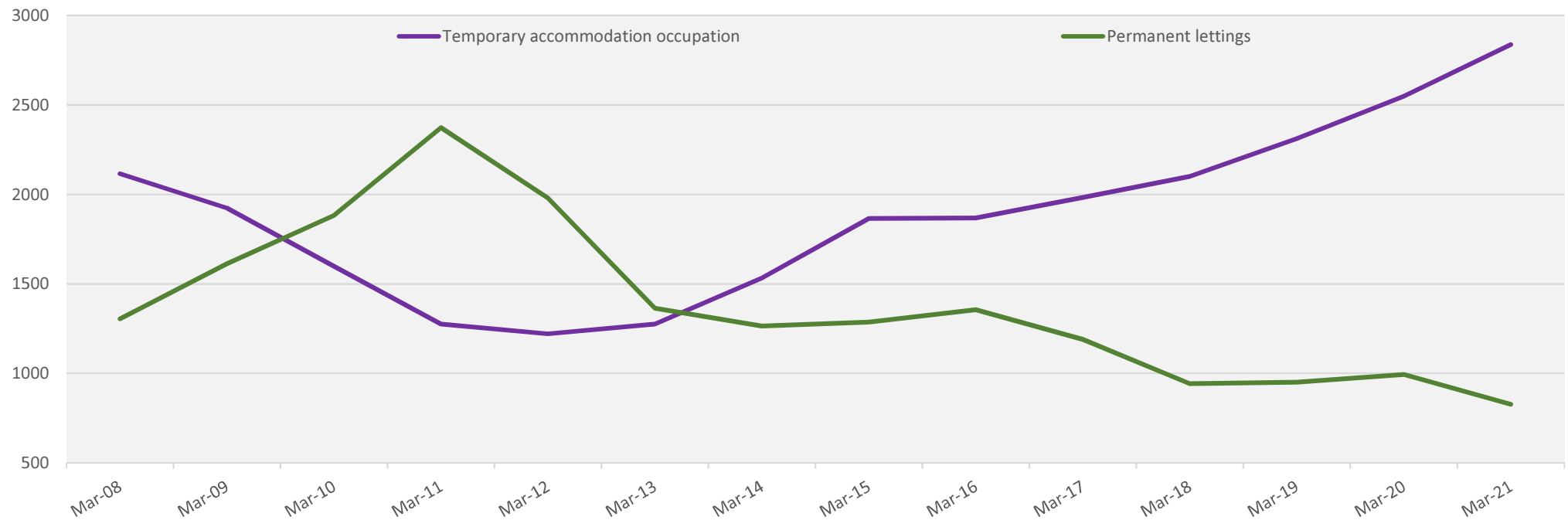
- **Statutory service** – currently provided remotely; focus on early intervention prevent homelessness.
- **Collaborative approach** – Personalised Housing Plan for anyone homeless or threatened with homelessness.
- **Partnership working**– working with partners to ensure that we are able to identify the right people at the right time. Legal duty for statutory partners to refer into service.
- **Innovation** – looking at alternative ways that we can better meet residents needs to improve health and well-being.

Challenges

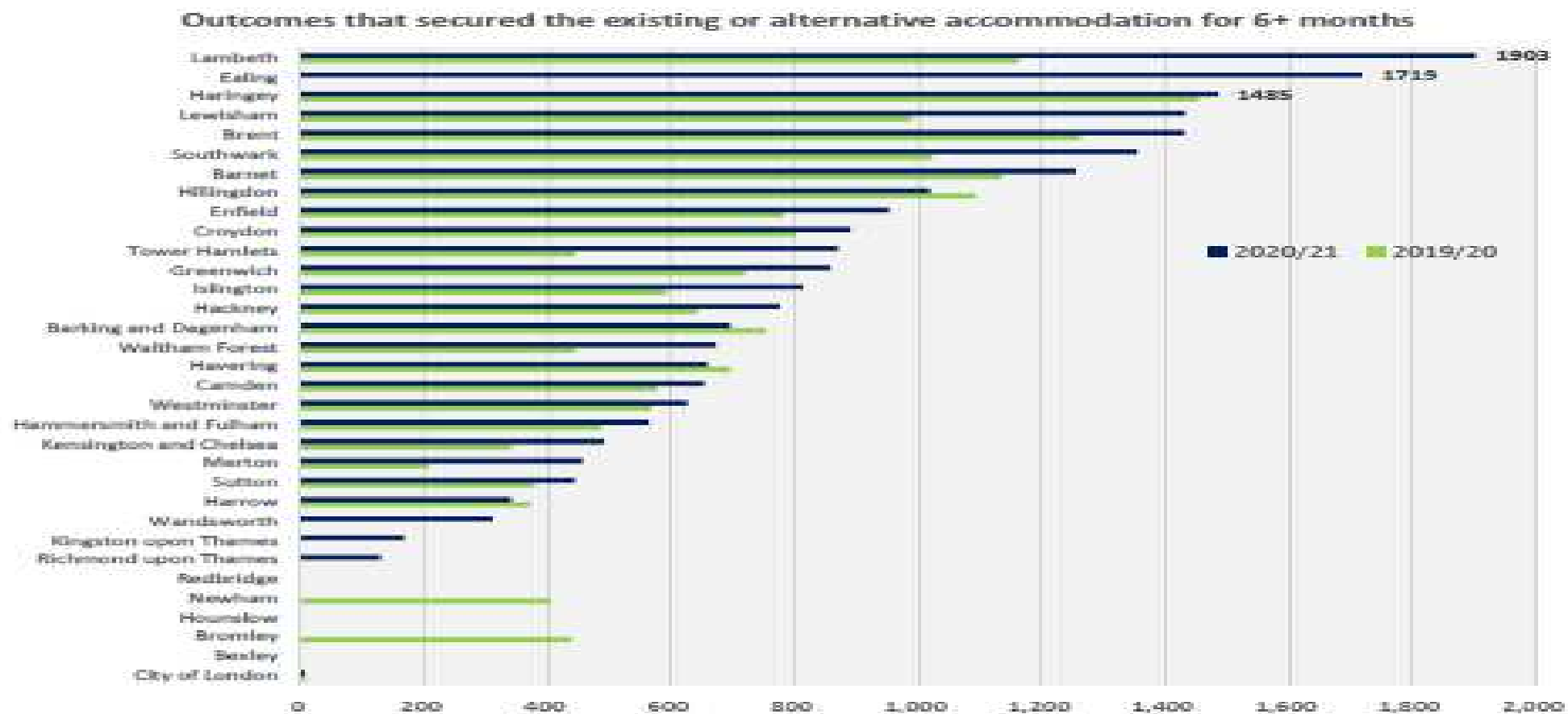
- **Covid 19**— significant increase in the level of demand since March 2020.
- **Supply** – limited affordable housing available in Lambeth, reducing numbers of social housing lets in Lambeth.
- **Affordability** – a large number of people approaching the service as a result of the high cost of housing.
- **Welfare Reform** – compounding affordability difficulties and barriers.

Supply vs Demand

Permanent lettings and Temporary Accommodation Occupation 2008-2021



Success!



Rough sleeping

Rough Sleeping Initiative

Lambeth received £1,350,830 for 2021-2022 which paid for the following interventions:

- Prison Release Navigator
- Outreach Workers
- Lambeth Night Shelter
- Education, Training and Employment Worker
- Private Renter Sector Access Worker and tenancy deposits
- Supported Lettings Workers
- Approved Mental Health Professional
- Resettlement Worker
- Living On the Streets Outreach Worker
- Personalisation Fund
- Individual Purchasing of Hostel beds
- Hotel Accommodation Funding



Rough Sleeping Drug & Alcohol Treatment Grant

- Funding from Public Health England to provide extra support for rough sleepers to access health services and in particular address drug and alcohol misuse issues.
- Lambeth receive £481K which makes up a multi-disciplinary team of:
 - Band 7 nurse x2
 - Peer Care Navigator x2 (Groundswell)
 - Band 7 Clinical Psychologist (SLaM)
 - Recovery workers x2
 - Needle exchange services
 - Access to detox

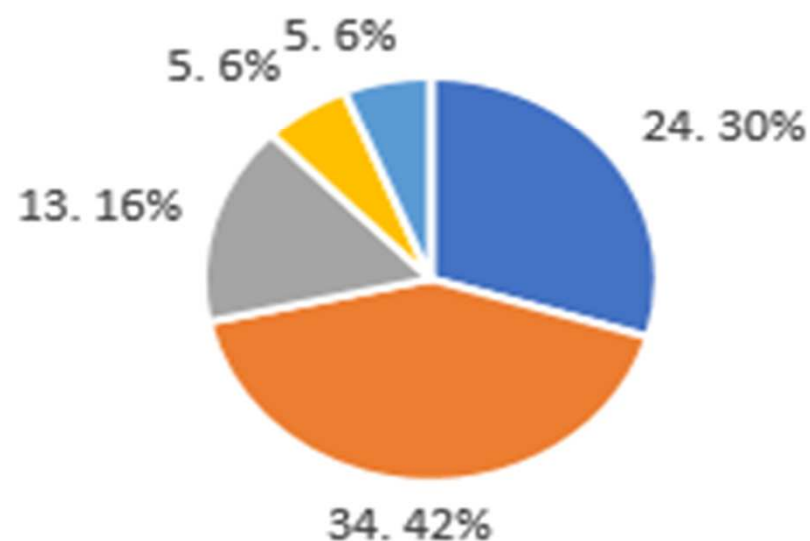
COVID-19 response

The Government called for "Everyone In" during the height of the pandemic.

- Lambeth supported 176 people into accommodation during this time
- 82 within Lambeth hotels
- Night shelter accommodation extended to 24 hours
- All individuals move on options assessed
- Clinically extremely vulnerable individuals identified and a COVID risk assessment put in place
- Support staff on site 24 hours a day
- Hot meals provided for people at the hotels

Move on

Move on Destination from Emergency Accommodation



- Lambeth Vulnerable Adults Pathway
- Private Rented Sector accommodation
- Abandoned
- Reconnection
- Other

Rough sleeping outreach team

- Conduct shifts 7 days per week
- Rapidly assess each rough sleeper to provide a route away from the street
- Direct access to the Lambeth Assessment Centre (28 beds) and the night shelter (9 beds)
- Access to the wider Vulnerable Adults' Pathway – specialist hostels and supported accommodation
- Work in partnership with other key stakeholders to support rough sleepers – health inclusion team, drug and alcohol services, mental health teams

Case study: Capacity, the Mental Health Act and entrenched rough sleepers

70-year-old male

Entrenched rough sleeper – 10years

Refused to speak to outreach
workers

Consistently declined to discuss his
situation or any support offered



- Weekly visits by the RSI funded rough sleeping outreach team
- Site visits from the Health Inclusion Team
- Site visits from the Mental Health Outreach Team - START
- Site visits from the Local Authority
- Site visits from Adult Social Care
- Over 20 site visits by the RSI funded Approved Mental Health Professional (over a period of 2 years)
- Multi-disciplinary meetings
- Mental Health Act Assessment



- Engaged with services while in hospital, including housing
- 24 hours support accommodation
- Back in contact with family

Questions?

Contact:

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Paul Davis
Head of Commissioning – Supported Housing
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Report to: Lambeth Together Strategic Board

24 November 2021

Report Title	Developing our Lambeth Together Local Care Partnership; Leadership and Governance
Lead	Andrew Parker – Director of Primary Care and Transformation, NHS South East London
Author	Sophie Taylor – Programme Lead, Lambeth Together
Summary	<p>The purpose of this paper is to update the Lambeth Together Strategic Board (LTSB) on progress in developing our Lambeth Together Local Care Partnership (LCP), within the transition to the SE London Integrated Care System (SEL ICS). The paper includes recommendations to establish shadow LCP arrangements in Lambeth from 1st January, in advance of the anticipated formal go-live date for the SEL ICS of 1st April, subject to legislation</p> <p>Over recent months Strategic Board Members have engaged in a range of discussions to consider aspects of Lambeth Together governance and leadership in response to the requirements for a Local Care Partnership. This builds upon the LTSB Governance Review which was concluded last May and the ongoing development of our partnership arrangements. Based on these discussions this paper presents a series of proposals for approval to support the transition of our Lambeth Together partnership within the SE London ICS 'System of Systems' approach.</p> <p>The paper also includes latest updates for Board Members from the Lambeth Together Assurance Sub-Group and Equalities, Diversity and Inclusion Sub-Group.</p>
Recommendation(s)	<p>The Lambeth Together Strategic Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the continued progress and agree the specific proposals for developing our leadership and governance arrangements for the Lambeth Together Local Care Partnership as our place-based arrangement within the developing SE London ICS, including; <ol style="list-style-type: none"> a) the nature and scope of our committee arrangement (section 2.2) b) minimum membership requirements of our LCP and our multi-disciplinary executive leadership team (section 2.3 -2.5) c) ICP representation (section 2.6) d) our Executive Place role (section 2.7). 2. Agree the Chairing arrangements for Lambeth Together Local Care Partnership Board, initially as Designate Co

	<p>Chairs, from 1st January 2022 (Section 3.2-3.4Appendix 1)</p> <ol style="list-style-type: none"><li data-bbox="600 255 1489 331">3. Agree the refreshed Lambeth Together Pledge (Section 3.5-3.6 and Appendix 2)<li data-bbox="600 353 1489 430">4. Note the report from the Lambeth Together Equalities, Diversity and Inclusion Sub-Group (Section 5.0)<li data-bbox="600 452 1489 564">5. Note the report from the Lambeth Together Assurance Sub-Group which last met on 09 November 2021 and the associated Integrated Assurance Report (Section 6.0.)
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Developing our Lambeth Together Local Care Partnership; Leadership and Governance

Background

- 1.1 In SE London, workstreams have been in operation over the last year, designing the emerging SEL ICS model and reporting into both the SEL ICS Executive and SEL ICS Programme Board.
- 1.2 In Lambeth, through our Lambeth Together Strategic Board and associated governance arrangements, as partners we have been operating in anticipation of the development of the Integrated Care Systems (ICS) for some time. As a result, our arrangements are well placed for adaptation to meet the requirements to enable us to operate as a shadow Local Care Partnership with SEL ICS.
- 1.3 The Lambeth Together Strategic Board has been formally operating since April 2020. The Strategic Board developed from our Lambeth Together Alliance Leadership Team arrangements which were in operation from April 2018.
- 1.4 Since then, the Lambeth Together Strategic Board has met in public and operated through its Terms of Reference as a Local Care Partnership (LCP) in Part A, alongside operating its delegation from SEL CCG as a Borough Based Board (BBB) through its Part B arrangements incorporating a Committee in Common with LB Lambeth. During the spring of 2021 the Strategic Board undertook a Governance Review, including membership and representation, in anticipation of the developing ICS requirements. As such we are well placed to act as a shadow Committee of the ICB whilst recognising it will be important that together we take forward our partnership development as we transition to the new ICS arrangements.
- 1.5 In addition, we have an established weekly meeting of the Lambeth Together Executive Group, comprising key partnership executive leads and local stakeholders. This includes nominees from GSTT, Kings, SLAM and Lambeth Living Well Network Alliance, Lambeth Council (Adults/Children and Public Health), SEL CCG borough leads, Primary Care (PCN Clinical Director Lead, GP Federation Lead, LMC) along with VCS, Healthwatch, and our Delivery Alliance programme leads. The Executive Group is chaired by our executive lead, the Strategic Director for Integrated Health and Care. During the Covid-19 pandemic, that group has overseen the local health and care response and the development of the Lambeth Together Borough Recovery Plan, alongside the broader Lambeth Together transformation work enacted through our Delivery Alliances and key programmes.
- 1.6 In Lambeth, we consider that we have well developed arrangements and effective working relationships in place, and we remain ambitious to further develop our transformation agenda. We will continue to build on our experience and learning to date, including the successes of our partnership working in our collaborative response to the challenges of Covid 19. Partners consider it is important that the implementation of our transformation plans is not negatively impacted by organisational change, albeit recognising that there remains much more to do both in terms of progressing how we work together across all our teams and in ensuring the impacts and outcomes of our transformation deliver benefit in terms of improved health outcomes and reduced health inequalities for local people.

- 1.7 It is intended that Local Care Partnerships (LCP) consider and agree the process through which key agreements can be made to comply with the national guidance and SE London ICS requirements, through their local partnership discussions and in agreement with SE London leads. Implementation should then follow to ensure that arrangements are in place for the effective shadow operation from the start of January 2022.

Progress in developing our Local Care Partnership

- 2.1 To ensure that our proposed arrangements are developed in a fully collaborative and inclusive way Lambeth Together partners have held three dedicated seminars of our Lambeth Together Strategic Board (LTSB) between September and October 2021 to consider and confirm our approach across a range of specific areas as follows;
- 2.2 **Confirm the LCP Committee options which the Lambeth Together partnership wishes to establish for 2022/23**
We have confirmed our intended Local Care Partnership Committee form will bring together Parts A & B of our existing Lambeth Together Strategic Board, to comprise an NHS Committee of the ICB and a Joint Committee/Committee-in-Common arrangement with Lambeth Council.
- 2.3 **Confirm the membership of the Lambeth Together LCP Committee**
The Partners have confirmed that the Lambeth Together Strategic Board membership meets, and exceeds, the minimum requirements to operate as Lambeth's Local Care Partnership and hence we would look to transition that arrangement to become the LCP. It comprises senior representation (of at least Executive Director or equivalent) from the Local Authority Adult Social Care (the DASS), Children's Services (the DCS) and Public Health (DPH), Primary Care, Community, Mental Health and Acute service providers and the VCS sector. Our membership includes the Director of Public Health and PCN Clinical Director/s along with arrangements for the involvement of local people and community representatives, including Healthwatch Lambeth and Black Thrive.
- 2.4 As with our existing Lambeth Together Strategic Board (LTSB), formal meetings of our LCP committee will continue to be held bi-monthly in public, and additionally Board Members will meet through informal seminar-style meetings every other month. We recognise that we will need to redraft our existing Terms of Reference to reflect the new arrangements and would want to build and adapt on any proposed model SE London Committee Terms of Reference, recognising that this would need to be further adapted to reflect local arrangements, including Local Authority delegations.
- 2.5 **Confirm the wider Borough Lambeth Together Executive Leadership Team**
The Partners have confirmed that the current Lambeth Together Executive Group (LTEG) membership meets and exceeds the minimum requirements to operate as the LCP multi-disciplinary executive leadership team and hence will act as that Leadership Team to support the day-to-day effective discharge of responsibilities delegated to the LCP. The Partners recognised the need for further development around the ways of working and focus of the Executive Group team as our place partnership agenda and arrangements develops, including the role of our Delivery Alliances, and to address specific responsibilities and delegations through the emerging ICS.

2.6 Confirm our Integrated Care Partnership (ICP) representative

The ICS has proposed that the Integrated Care Partnership representative be a Local Authority elected cabinet member (either Leader or relevant portfolio holder). Lambeth has confirmed that the LB Lambeth elected representative will be the Local Authority Leader, Cllr Claire Holland, with Jim Dickson as the relevant Cabinet Member and H&WBB Chair, acting as deputy.

2.7 Confirm arrangements for the Lambeth Executive Place Lead

Lambeth Together partners have reconfirmed that they are in agreement that an equivalent appointment process for an Executive Place Lead has previously been completed in Lambeth in the appointment of the Strategic Director Integrated Health and Care and that there is a consensus within the LCP that a new recruitment process would be unnecessary at this time. We recognise that the present incumbent was appointed through an open and transparent process, is at executive level, holds the support of the LCP and demonstrates the capacity to undertake the role. Partners have confirmed that they propose that the current role of the can be designated as the Executive Lead for Place in Lambeth.

2.8 In proposing this it is recognised that any future such appointments for the Strategic Director Integrated Health and Care/Executive Place Lead would equally need to be undertaken through an open and transparent recruitment process involving the Local Care Partnership members and the ICS leadership. This would involve a review of the job description, internal recruitment across the Local Care Partnership in the first instance and, if necessary, followed by an external recruitment process.

2.9 We have also undertaken further work to refresh the focus of the existing role and its relationship to the Lambeth partners and ICS leadership, including a draft role specification for the Place Executive Lead. This will continue to be developed alongside the anticipated standard SE London requirements.

Recommendations for further developing our Local Care Partnership

3.1 The Lambeth Together Strategic Board is additionally asked to agree the chairing arrangements for Lambeth Together Local Care Partnership, initially as designate Co Chairs, from 1st January 2022 and agree the refreshed Lambeth Together Pledge.

3.2 Chair of the Lambeth Together LCP Committee

We have recognised that our existing chairing arrangements need to be refreshed and have developed a proposed criteria for the role of Chair as well as an appointment process. We agreed to open for self-nominations from existing Board members with a deadline of Friday 8th October, following which we agreed to review nominations and finalise the proposed appointment process at our next LTSB seminar meeting on 27th October.

3.3 Our partners recommended a preference for a co-chairing arrangement, that the Chair(s) would start in post in January 2022 and that appointments would be reviewed annually with the option to waive each year for two further years.

3.4 Two of our Strategic Board Members, Dr Di Aitken and Cllr Jim Dickson nominated themselves, with a preference for working as co-Chairs. These nominations were also independently supported by several partners and no other nominees put themselves forward or were suggested by partners. Board Members were asked on 27th October, to consider the appointments as co-chairs of the Lambeth Together LCP Board, initially on a designate basis from 1 January to 31st March 2022 and then (subject to further

guidance) on full basis from 1st April 2022. On the basis of Board Members consideration, it is proposed that; Lambeth Together Strategic Board Members are asked to formally agree that:

- The nominees for the LCP Co-Chair meet the agreed criteria for the role (Appendix 1)
- The nominees are appointed into the position of co-Chairs for the Lambeth Together Local Care Partnership Board, initially as Designate Co-Chairs, from 1st January 2022
- The role will be reviewed annually, with the option to waive each year for two further years.

3.1 Refreshing our Lambeth Together Pledge

The Lambeth Together Pledge was initially created in 2016 as Partners wanted to create a statement that demonstrated commitment to a common purpose. The Lambeth Together Pledge was last refreshed in 2018. More recently, partners expressed a desire to strengthen the commitment to Equality, Diversity, and Inclusion in the Pledge and as such the Pledge has been reviewed and refreshed in its entirety and in preparation for our progress towards a Local Care Partnership.

- 3.2 The Lambeth Together Strategic Board is asked to formally agree the refreshed Lambeth Together Pledge as set out at Appendix 2.

Further areas of development

- 4.0 There are a number of areas of further active partnership development that we are working towards to ensure that we can be operate as effectively as possible as an LCP. These include;
- a) Designing an organisational development programme for our Board, Co-Chairs and Board Members, the Executive Leadership Team and Delivery Alliance teams. Including addressing recommendations from our Equalities Diversity and Inclusion Sub-Group.
 - b) Further developing effective clinical and professional leadership, including the interface with the developing SE London ICS clinical leadership approaches
 - c) Further development of our approach to community and resident involvement, building on previous work and our lessons and experience of the Covid-19 pandemic.
 - d) Development of our refreshed Health and Wellbeing Strategy and associated Lambeth Together Health and Care Plan to replace the existing Lambeth Together Covid-19 Recovery Plan which ends in March 2022.
 - e) Confirmation of our LCP Terms of Reference to reflect the new arrangements building on any proposed model SE London Committee Terms of Reference, recognising that this would need to be further adapted to reflect local arrangements, including Local Authority delegations.
 - f) Adapting our role specification for the Lambeth Place lead alongside the anticipated standard SE London requirements

5.0 Lambeth Together Equalities, Diversity and Inclusion (EDI) Sub-Group Update

5.1 The EDI group was developed in 2020. The group meets every 4 weeks and reports to the Lambeth Together Executive Group and the Lambeth Together Strategic Board. It has brought together all Delivery Alliance leads and partners in the programme to focus on how we address health inequalities with a whole systems approach.

5.2 The group has initially focussed on workforce development within the leadership of the Lambeth Together programme to embed and cultivate inclusive leadership. We have started to develop and progress a shared measurement system and shine a light on good local action. We have started the work on data and will present to the board our progress. The Lambeth Together Pledge has been reviewed, as presented to the Board above. We are exploring a reverse mentoring programme that we would like to socialise with the board in the new year. The current priorities are;

- Ethnicity data collection & sharing
- Develop Metrics and data needed to measure and support Alliance objectives on health/care inequalities à Assurance reporting
- Support to Primary Care in tackling health inequalities
- Launch workforce race strategy in General Practice
- Recruiting a project manager

6.0 Lambeth Together Assurance Sub-Group Update

6.1 The Lambeth Together Assurance Group met on 9th November 2021. This is the third meeting this year of this bi-monthly Integrated Assurance and Oversight Group working to support the Lambeth Together Strategic Board. The group offers a unique opportunity to provide a dedicated space and focus for shared oversight of the health and care system within Lambeth.

6.2 The group received updates on those actions that had been closed and agreed work underway for one action relating to Lambeth Together progress reports. The development of regular progress reports produced in a way that clearly and succinctly communicates to the public and stakeholders their aims and how it is working to meet these. The well-received Lambeth Together Living Well Network Alliance Progress Report was provided as an example of this already in place. The Neighbourhood Wellbeing Delivery Alliance report was presented in draft form to the Lambeth Together Executive Group recently and a final version will be presented at the November Lambeth Together Strategic Board meeting. The Children and Young People's Alliance have an indicative date to publish of March 2022.

6.3 This Assurance Group is constituted to add value to Lambeth Together by bringing together partners to receive and discuss areas of shared importance and how these can be better understood and improved. Three areas of focussed discussion took place at this meeting:

- Lambeth Together Medicines and Clinical Pathways Group update: Members received a comprehensive presentation from Dr Di Aitken, Vanessa Burgess and Jenny Sivaganam on the work programmes underway and a patient centred approach to improve patient outcomes and experience, and how they use measurement and monitoring to support medicines optimisation. The Group had a full and wide-ranging discussion on the importance of this work including:

- o Polypharmacy workstream and population health management, medicine safety, reduce of wastage, avoidance of medication errors and avoidance of harm.
 - o Prescribing budget cost forecast and Quality Improvement Productivity and Prevention (QIPP) progress.
 - o Long Term Conditions management, agreeing to have a broader non-pharmaceutical Long Term Conditions (LTC) session at a future Assurance Group meeting.
- Equalities: Dr Dr Aitken reported back on the programmes developments that she and Juliet Amoa are leading on through the Equalities Diversity and Inclusion (EDI) group. The priorities established within the Lambeth Together Recovery plan to address health inequalities were presented, and how these can be understood and focussed on through Core20PLUS population groups and clinical focus areas. The group discussed these priorities, in the context of the Public Health England Covid recommendations, and received a summary of the 10 EDI workplan initiatives that will address these strategic priorities. Each of Lambeth Together program areas will have its own set of activities and these will be agreed and further developed and reported against over time.
 - Liberty Protection Safeguards: Jane Bowie and Richard Outram presented a summary of the background to and key points of the new replacement for the Deprivation of Liberty Safeguards (DoLS) expected to come into force from April 2022. The group acknowledged that this relates to our borough collaborative working and would return to these through an update in the future.

6.4 The group also received the latest bi-monthly Lambeth Together Integrated Assurance Report, covering the full range of Lambeth Together programmes and Lambeth's delegated and integrated health and care responsibilities. Brian Reynolds presented the report for review and noted that all sections of the report had been updated since the previous report in September. The full report is included as an annex to the LTSB board papers on the Lambeth Together, Council, and CCG websites. This report provides an integrated overview covering:

- Lambeth Together Programme Highlight reports: all programme areas have reported progress against priority objectives set out within the Lambeth Together Covid-19 Health and Care Recovery Plan providing summaries of the planned actions for the upcoming period, as follows;
 - o Programme management, summary updates for all areas.

Programmes

- o Living Well Network Alliance, including Dashboard
- o Neighbourhood and Wellbeing Delivery Alliance,
- o Children and Young People Delivery Alliance
- o Learning disabilities and autism and people with continuing complex needs
- o Staying Healthy
- o Sexual Health
- o Homelessness.

Enabling Work

- o Assurance arrangements
- o Equalities, Diversity and Inclusion

- o Communication and engagement.
 - **Lambeth health and care integrated assurance** areas have also been updated, as follows;
 - o Adult Social Care and Older Persons
 - o Public Health
 - o Children's Commissioning
 - o Primary and Community Care
 - o Medicines Management
 - o Planned and Unplanned Care
 - o Adults Mental Health.
- 6.5 Also included within this integrated report are updates for Quality, Risk and Finance. The financial position reports for both Lambeth borough (NHS South East London CCG), and for the Lambeth Council Adult Social Care summary position. More details on this and other areas are available in the report.
- 6.6 The report itself will continue to evolve as a result of developments, including the SEL CCG/ICS and Borough-based reports incorporating the latest NHS oversight metrics. Updates will continue to build the equalities and assurance picture and will be regularly reviewed and discussed at the Assurance Group.
- 6.7 The group also received for information an executive summary of the recently published planning guidance from NHS England for the second half of this financial year 2021/22.
- 6.8 The group will next meet on 11 January 2022, and a report will be presented back to the January Lambeth Together Strategic Board.

7.0 Conclusion

We continue to develop our partnership arrangements as discussed and work through our Delivery Alliances, enabling programmes and Lambeth Together Executive Group and Strategic Board.

We will continue to develop our Lambeth Together arrangements as we transition to the new ICS from next year and continue to build our thriving Lambeth Together partnership.

Appendix 1

Chair of Local Care Partnership

DRAFT Criteria

We recognise that our existing Local Care Partnership (Lambeth Together Strategic Board – LTSB) chairing arrangements will need to be refreshed as we transition to Place-based arrangements within our SE London ICS. We have developed a proposed criteria for the role of Chair to inform a nomination and appointment process.

LTSB Members have agreed to open for self-nominations from existing Board members with a deadline of Friday 8th October 2021, following which we will review nominations and finalise the proposed appointment process informally at our next meeting on 27th October 2021.

The Chair(s) will then be confirmed in public at our November Strategic Board, ready to start in post in January 2022 within shadow arrangements until the new ICS is established, expected to be from 1st April 2022, subject to legislation. It is proposed that this will be reviewed annually with the option to waive each year for two further years.

LTSB Members have confirmed that a co-chairing arrangement is preferred, including a local democratically elected Member.

Agreed Criteria for the role of Chair

- **Capacity** to lead the Lambeth Together Strategic Board, working alongside with the executive lead, in the development of the Lambeth Together Place partnership
- **Experience in system leadership** to uphold the recognised values and principles as set out in the Lambeth Together Pledge and our mission to reduce health inequalities
- **Ability to take a leading role in determining the composition and structure of the Board;** including regular reviews of terms of reference, size, scope and Board Member engagement.
- **Strong skillset in effective chairing of meetings** involving agenda planning, ensuring that the Strategic Board receives clear information; inclusive decision-making, keeping track of the contribution of partners, directing discussions towards the emergence of a consensus view and sum up discussions so that everyone understands what has been agreed
- Strong skillset and experience of **ensuring effective communication with stakeholders** in place and the ability and willingness to undertake an ambassadorial role on behalf of the partnership.

It is proposed that following appointment that the co-chairs consider their development needs – both in terms of any development support they might welcome as individuals and in quickly establishing effective working relationships and arrangements with the co-chair and with the executive Place Lead.

Appendix 2 – Lambeth Together Pledge

Lambeth Together Vision

Our vision is that we want Lambeth to be a place where:

- Health and social care outcomes are improved for all our communities, regardless of background or lived experience
- People can reach their potential, are valued, are safe from harm and have positive choices about their health and social care
- We strongly celebrate our rich diversity
- Our communities' voices are actively heard
- We use outcome measures and incentives to focus our attention on improving equality, diversity and inclusion

To achieve this, we will come together as an integrated health and care system working as a single team with a single budget, delivering transformative health and care for all who need it in Lambeth.

Values

As Lambeth Together, we believe in:

- Putting people first, always, and striving to provide the best care possible
- Being honest, fair, clear and plain spoken
- Working together, collaboratively, in partnership
- Respecting difference and celebrating diversity
- Ensuring that we behave and speak in a way that actively promotes inclusivity.

Strategic Objectives

To achieve our vision:

- We will bring health and care partners together across Lambeth, working across organisational boundaries and geographies in an inclusive way.
- Whoever we work for, we will operate as 'One Lambeth' team, with our people clear about their roles, whether they are in health and social care, the voluntary and community sector or working in statutory services or other partners.
- We will make sure service users are the centre of our focus through robust and meaningful co-production. We will empower our residents, listen to their voices and act on what they say.
- We will develop services that are centred around neighbourhoods, not the organisations who provide them, by combining forces in Delivery Alliances, that are grounded in those places.
- We will work under one health and care budget, with combined systems, working collectively through a culture which is open and honest, where challenge is welcomed.
- As leaders, we will role model behaviours that empower others and are inclusive to all, including being allies to those impacted by inequalities.
- We will consciously move towards expanding the diversity of our senior leadership and teams.
- We will reduce inequities in access to effective and good quality health and care services and work with others to address the root causes of inequity that lead to ill health.

The Lambeth Together Way

The behaviours that we expect of each other are that:

- Whichever organisation our people work within, they recognise that while individual strengths are critical to success, they are part of a collective whole
- Our people embrace feedback and learn from it, sharing learning when we know it will make a difference, building relationships based on trust
- Our people are accountable, share power and enable diverse voices to be heard
- Our everyday behaviours are influenced by active participation in continued learning and development, and the promotion and visibility of EDI.
- We actively encourage and participate in improving our inclusivity to create a new and fully inclusive organisational history.

Report to: Lambeth Together Strategic Board

9 November 2021

Report Title	Lambeth Together – Better Care Fund (BCF) submission 2021/22
Authors	Jane Bowie – Director of Integrated Commissioning, Adults and Health Jennifer Burgess – Integrated Commissioning Manager
Summary	The purpose of this paper is to provide the Better Care Fund submission for 2021/22 to the Lambeth Together Strategic Board for information
Recommendation(s)	The Lambeth Together Strategic Board is asked to: 1. Note the Better Care Fund Submission for 2021/22

1. Context

- 1.1 The Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The BCF creates a local single pooled budget under a s75 agreement, to incentivise Clinical Commissioning Groups (CCGs) and local authorities to work together around people, placing their well-being as the focus of health and care services.
- 1.2 Planning requirements for BCF 2021/22 were published on 30 September 2021, with a formal submission date of 16 November 2021. The submission requires sign-off by the Health and Wellbeing Board, CCG Accountable Officer and Local Authority Chief Executive, Director of Adult Social Care. Approval of plans is expected on 11 January 2022.
- 1.3 BCF brings together ring-fenced budgets from CCG allocation, and funding directly paid to local government i.e., Disabled Facilities Grant (DFG), and the improved Better Care Fund (iBCF) grant. The total pooled fund for Lambeth BCF 2021/22 is £43,687,276. Please refer to Section 3 Finance for particulars of the Fund.
- 1.4 All BCF Planning Requirements have been met and are detailed in the Planning Template and Narrative plan. For information, details of the National Conditions and Metrics are set out below, together with the headline requirements for the Narrative Plan.
- 1.5 The BCF Planning Requirements sets out four **National Conditions** that all BCF plans must meet to be approved. These are:
 - a. a jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board;

- b. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution;
- c. invest in NHS commissioned out-of-hospital services; and,
- d. a plan for improving outcomes for people being discharged from hospital.

1.5 The BCF Planning Requirements sets out five **Metrics** for quarterly reporting:

- a. Avoidable Admissions – unplanned admissions for chronic ambulatory care sensitive conditions;
- b. Length of Stay – percentage of inpatients, resident in the HWB, who have been an inpatient for 14 days or more and 21 days or more respectively;
- c. Discharge to Normal Place of Residence – percentage of people, resident in the HWB, who are discharged to their normal place of residence;
- d. Residential Admissions – long-term support needs of older people (aged 65 years and over) met by admission to residential or nursing homes; and,
- e. Reablement – proportion of older people (aged 65 years and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

1.6 To note, metrics a-c are new and require NHS data sets for reporting.

1.7 The **Narrative Plan** responds to the following:

- a. executive summary including priorities for 2021/22 and key changes from the previous plan;
- b. describe the local approach to agreeing the plan with local stakeholders e.g., hospitals, voluntary sector;
- c. governance arrangements;
- d. overall approach to integration;
- e. describe response to National Condition 4 – a plan for improving outcomes for people being discharged from hospital;
- f. describe utilisation of Disabled Facilities Grant (DFG) and bringing together health, care and housing to support remaining in their home; and,
- g. addressing equality and health inequalities for people with protected characteristics within health and care services.

2. Examples of services included in the Better Care Fund

2.1 Better Care Fund schemes support a wide range of services and support to people that are person centred, enabling independence and self-management. For example, the Disabled Facilities Grant supports adaptations in a person's home so they can remain independent in their home environment.

2.2 The integrated stroke advice and support team provide therapy, psychological support and advice on benefits and support groups for people who are stroke survivors and their families. The service works from hospital bed to home, supporting independence, a potential return to work, and providing much need advice and support following a life changing event, reducing the need for further hospital admissions.

- 2.3 The integrated reablement team support people remaining at home and continuing their journey of recovery, enabling them to reduce dependency on statutory services and remain as independent as possible.
- 2.4 The @Home team provide support to a person at home who is showing signs of deterioration and requires a clinical and potential social intervention so that they can remain at home and avoid going into hospital.

3. Finance

- 3.1 BCF income and expenditure has been agreed by Council and CCG Finance Leads, the total joint fund for 2021/22 is £43,687,276. All services are agreed, commissioned and recurrently funded. Any transformation or development workstreams are managed by the relevant programme lead. Income, expenditure and areas of spend are as follows:

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£1,678,410	£1,678,410	£0
Minimum CCG Contribution	£27,119,972	£27,119,972	£0
iBCF	£14,506,951	£14,506,951	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£381,943	£381,943	£0
Total	£43,687,276	£43,687,276	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£7,706,727
Planned spend	£14,340,957

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£12,330,769
Planned spend	£12,779,015

Scheme Types

Assistive Technologies and Equipment	£0	(0.0%)
Care Act Implementation Related Duties	£865,000	(2.0%)
Carers Services	£290,000	(0.7%)
Community Based Schemes	£339,492	(0.8%)
DFG Related Schemes	£1,678,410	(3.8%)
Enablers for Integration	£539,954	(1.2%)
High Impact Change Model for Managing Transfer of	£0	(0.0%)
Home Care or Domiciliary Care	£13,677,047	(31.3%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£476,500	(1.1%)
Bed based intermediate Care Services	£10,091,425	(23.1%)
Reablement in a persons own home	£2,753,126	(6.3%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£3,992,178	(9.1%)
Prevention / Early Intervention	£2,353,240	(5.4%)
Residential Placements	£6,630,904	(15.2%)
Other	£0	(0.0%)
Total	£43,687,276	

Lambeth Health and Wellbeing Board – Better Care Fund Plan 2021/22

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, district councils)

Lambeth's Better Care Fund (BCF) plan has been prepared and developed by Integrated Commissioning, Adult Social Care, and Finance Leads for Council and South East London Clinical Commissioning Group (CCG). Development of the plan has included discussion at the local borough Lambeth Together Strategic Board and at sub-groups and including Primary Care Network leads, Equality, Diversity and Inclusion leads, and Public Health colleagues.

The BCF plan has been presented and discussed at Councillor Members Briefings, the local Health and Wellbeing Board of which Healthwatch Lambeth is a member, and on an ongoing basis within Delivery Alliances as part of Lambeth Together.

Lambeth Together is the main driver for integrated and person-centre work, using an alliance model of programmes to support decision making. Via the delivery alliances and our Lambeth Staying Health Board, Lambeth Together continues iterative conversations and coproduction with Council services including adult social care and housing as well as with community and acute health providers, GPs, VCS, local community groups and individuals, informing commissioning and service transformation, including those identified in the Lambeth BCF plan.

In addition to an established Lambeth Together Partnership Board, Lambeth has a well-established weekly meeting of the Lambeth Together Executive Group chaired by the Strategic Director, Integrated Health and Care, and comprising key partnership executive leads and local stakeholders. That includes nominees from Guy's and St Thomas' NHS Foundation Trust, Kings College Hospital NHS Foundation Trust, South London and Maudsley NHS Foundation Trust together with the Lambeth Living Well Network Alliance, London Borough of Lambeth (Adults/ Children and Public Health, Housing), CCG borough leads, Primary Care (PCN, GP Federation and LMC Leads) along with VCS, Healthwatch, and our Delivery Alliance programme leads.

There are three alliance groups presently active in Lambeth:

Living Well Network Alliance – supports people in Lambeth who are experiencing mental illness or distress.

Children and Young People Alliance - brings together services and support for children and young people – from maternity to early adulthood.

Neighbourhood Wellbeing and Delivery Alliance – Chaired by the CEO of Age UK Lambeth, a partnership of voluntary and community sector organisations, GPs, Lambeth Council and NHS hospital trusts to improve the health and wellbeing of adults by working together in local neighbourhoods. The Alliance works closely with the many organisations and agencies that have influence and impact on people's health and wellbeing. Some are Alliance members or invited to join the Alliance Leadership Team as associates or subcontractors, while others will be stakeholders who the Alliance will link in to and work together on specific projects or services. The list includes such organisations as voluntary and community organisations, hospices, residential and domiciliary care providers, charity and other funders.

One further Alliance is in development – the Personalised Support Alliance.

Executive Summary

This should include:

- Priorities for 2021-22
- key changes since previous BCF plan

1. Development of Discharge to Assess (D2A) processes

In response to the Hospital Discharge and Community Support: Policy and Operating Model published 21 August 2020, Lambeth Adult Social Care, Integrated Commissioning and local hospitals are reviewing current discharge practice, and determining the best system approach to introducing D2A as a standard discharging process from hospital to community.

Mapping of current systems for discharge under pathways 1 and 3 of the Hospital Discharge and Community Support Policy has been completed and will lead to the development of agreed system pathways to enable safe, swift discharge.

2. Development of Lambeth Together

As identified in the Lambeth BCF plan submission for 2020/21, management of the pandemic required focused work to ensure best possible outcomes across the health and care system, and a pause on ongoing integration work via Lambeth Together.

Learning from the response to Covid-19 pandemic identified that the Lambeth Together collaborative approach of working across Lambeth Council, NHS primary, community and secondary care, and voluntary and community sector providers created a community focused response to the pandemic. Learning identified increased information sharing, connection between community and statutory services, and inclusive and collaborative work with the voluntary and community sector.

Learning has informed the Lambeth Together approach to integration, collaboration and joint working to improve health and wellbeing outcomes for Lambeth residents. Applying this approach as part of the Neighbourhood and Wellbeing Delivery Alliance (NWDA) development, a programme has been identified for focused work during 2021/22:

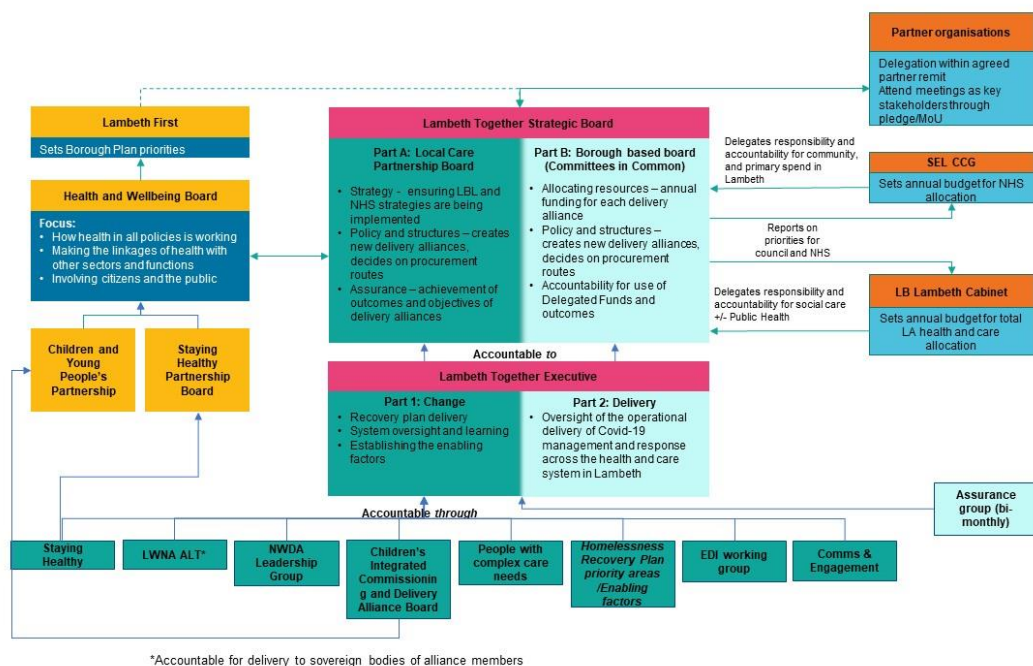
- **Improving support in the community** for residents to live longer and healthier lives and in doing so preventing ill health. Developing partnerships in neighbourhoods between local residents, local business, the health sector and voluntary and care sector to create the necessary infrastructure to support a thriving community and reduce health inequality.
- **Helping people to manage long-term health conditions** by making sure people suffering from health conditions (such as chronic pain) can manage these better by getting all the help they need. Exploring how to provide culturally appropriate community-based pain services in local neighbourhoods and creating 'easier to access' care pathways between hospitals, GP practices and community services.
- **Improving the quality of support to care homes** by delivering core services and working with care home staff and management to enhance care to residents (and their families and

carers). Undertaking small scale tests of improvement and working with care homes to understand their priorities including workforce development.

- **Coordinating excellent end-of-life care** by encouraging more people to have an end-of-life care plan that reflects their wishes. offering all Lambeth residents the opportunity to have an end-of-life care plan to improve the experience of the resident and their family or carers.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.



Lambeth Together Strategic Board brings together a borough-based director, and governing body GP members, local authority and lay members, and works with a wider range of partners through Lambeth Together. The board meets regularly throughout the year and hold meetings in public or public forums six times a year. Local people are welcome to attend a public forum or meeting in public.

The Board has direct links to both Health and Wellbeing Board and South East London CCG, and is party to the Lambeth BCF plan development and sign off.

All services identified in the Lambeth BCF plan are managed via standard contracting arrangements, including any agreed transformation in the service.

Development and transformation programmes report directly to relevant internal programme boards. This includes Housing who are party to Health and Wellbeing Board and Lambeth Together Executive Group.

Shadow governance arrangements for future Integrated Care System (ICS)

In August, the South East London ICS Executive Team received and endorsed a paper 'Leadership and Governance proposals' outlining proposed leadership and governance arrangements for the South-East London Integrated Care System (SEL ICS). In line with national guidance this addressed the role and membership of a SEL ICS Partnership (ICP) and the SEL ICS NHS Board (ICB), such that they can operate on behalf of our populations and system in shadow form before the end of Quarter 3 2021 and ahead of the assumed legal establishment of the ICS national body on 1 April 2022.

Included within SEL ICS-wide arrangements are the expectations for individual borough Local Care Partnerships (LCPs), acting as six individual Committees of the ICB, in our case the Lambeth Together Strategic Board, its associated governance, leadership and representation into the SE London ICS arrangements.

In Lambeth, through our Lambeth Together Strategic Board and associated governance arrangements, as partners we have been operating in anticipation of the development of the Integrated Care Systems (ICS) for some time. As a result, our arrangements are well placed for adaptation to meet the requirements to enable us to operate as a shadow Local Care Partnership with SEL ICS.

The Lambeth Together Strategic Board has been formally operating since April 2020. The Lambeth Together Strategic Board has met in public and operated through its Terms of Reference as a Local Care Partnership (LCP) in Part A, alongside operating its delegation from SEL CCG as a Borough Based Board (BBB) through its Part B arrangements incorporating a Committee in Common with LB Lambeth. During the spring of 2021 the Strategic Board undertook a governance review, including of membership and representation, in anticipation of the developing ICS requirements, and sits ready to act as a Shadow Committee of the ICB.

Overall approach to integration

Brief outline of approach to embedding integrated, person-centred health, social care and housing services including

- Joint priorities for 2021-22
- Approaches to joint/collaborative commissioning
- Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care.
- How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2020-21.

In Lambeth Together, the borough has a substantial and developing approach to integration. Lambeth Together includes a wide partnership of local health and care decision makers and providers, housing, voluntary sector organisations and our local communities and individual citizens. Through Lambeth Together and the alliance models, decision making and co-production for person centred health and wellbeing is part of and informs collaborative thinking, from the street through to strategic level. Lambeth Together is demonstrating integration and local working as 'business as usual', with learning informing ongoing development and prioritisation of programmes to support improving person centred health and wellbeing.

Development of Discharge to Assess (D2A) processes

A new addition to Lambeth's BCF plan is in response to the Hospital Discharge and Community Support: Policy and Operating Model published 21 August 2020. Lambeth Adult Social Care, Integrated Commissioning and local hospitals are reviewing current discharge practice, and determining the best system approach to D2A as a standard discharging process from hospital to community.

Mapping of current systems for discharge under pathways 1 and 3 of the Hospital Discharge and Community Support Policy has started and will lead to the development of agreed system pathways to enable safe, swift discharge.

Lambeth Together Neighbourhood and Wellbeing Delivery Alliance

During 2021/22 we are focusing on refreshing Lambeth Together Alliance programmes that were paused for a short period in response to Covid-19 in 2020.

The Neighbourhood and Wellbeing Delivery Alliance (NWDA) is prioritising **improving support in the community** as part of early intervention and prevention to support healthy, independent communities and reducing health inequalities; **helping people to manage long-term health conditions** including provision of culturally appropriate community-based pain services in local neighbourhoods and creating 'easier to access' care pathways between hospitals, GP practices and community services; **improving the quality of support to care homes** to enhance care to residents (and the families and carers); and **coordinating excellent end-of-life care**, encouraging and supporting residents to consider and plan for end of life.

So much of what the NWDA does is focused on enabling people to remain independent in their own home or usual place of residence. Independence and wrap around services avoids the need to be admitted to hospital, and NWDA fosters a local response to ensure independence and resilience for residents.

Integrated reablement and intermediate care services

Reablement and intermediate care services in Lambeth are excellent working examples of integrated, commissioned services, and integral to the BCF plan. Both are a mix of health and care staff supporting independence and self-management in a person's home following discharge from hospital. The services have been coproduced with Adult Social Care and our local community services provider Guy's and St Thomas NHS Foundation Trust.

Both services enable a person to return home with support for daily activities and getting back to normal, working on the principle of enabling each individual the opportunity to increase their independence.

Intermediate care will step in if further therapy support is required such as physiotherapy, so recovery and a return as close to normal life as possible is achieved. This collaborative approach considers the person and responds to their particular needs following discharge from hospital, not just delivering siloed services, and feeds into Lambeth's performance against the BCF reablement metric.

Lambeth's BCF continues to jointly invest in integration and community health services, and fund above national requirements for NHS commissioned out of hospital services. The collaborative work between health and care services brings a system response to supporting improved health and wellbeing.

Supporting Discharge (national condition four)

What is the approach in your area to improving outcomes for people being discharged from hospital?

Lambeth takes a population health approach to improving outcomes, not just for people being discharged from hospital but also to improve step-up services in the community to avoid a person having to be admitted to hospital.

Work led by Lambeth's operational locality teams and community partners are structured around the needs of the different neighbourhoods within the borough to provide support delivered in a targeted way that meets the needs of Lambeth's diverse communities. GPs in the borough are part of established primary care networks that enable social prescribing services locally. Through these networks, needs are assessed by neighbourhood and localised decisions are made about health and wellbeing.

Lambeth has a strong preventative offer, focused on admission avoidance and improving recovery outcomes. Through collaboration with partners and residents, Lambeth has developed services that respond specifically to both avoiding admission and recovering following admission.

Prevention / Early Intervention

Under the work led by Lambeth Together, Lambeth has continued to maintain a strong focus on supporting communities and individuals to manage their own health and wellbeing or condition with access to the right information and assistance, to help people (especially those living independently) avoid a crisis, or minimise it, and to build stronger community ties.

An innovative part of this is Project Smith, which uses a coproduced approach with local residents, working to improve identified issues that they felt were important:

- improve health and wellbeing
- connect isolated people
- help create healthier communities

Project Smith enables local residents to participate in development of local services, have a voice in what is important in their community, work within their community to support those who are marginalised, struggling with poor health and wellbeing, linking them with statutory services to prevent deterioration, and participating in the mixed model of social prescribing in Lambeth.

Admission Avoidance

The @Home service is part of Guys and St Thomas' community services and provides support to a person at home who is showing signs of deterioration and requires a clinical and potential social intervention so that they can remain at home and avoid going into hospital. @Home offers intensive medical support for a targeted period of time within a patient's home. This service enables patients either to avoid coming into hospital at all, or to help them return home sooner with extra support. This type of service is sometimes called a 'virtual hospital'. Referrals identified by source

into the service are from Guy's and St Thomas (GSTT) inpatient and A&E services, King's College Hospital (KCH) inpatient and A&E, GPs in Lambeth and the London Ambulance Service (LAS).

Enhanced Rapid Response

Also provided by GSTT community services is the Enhanced Rapid Response Service that facilitates discharge from hospital and provides home based rehabilitation and support targeted at adults and older people with a physical or sensory disability, or mental health condition. The aim of the service is to support patients regaining or maintaining independent living within the community and preventing unnecessary hospital admission. The service focuses on face-to-face contacts, with an average of approximately 21 contacts per person. Referrals identified by source into the service are from Guy's and St Thomas (GSTT) inpatient and A&E services, King's College Hospital (KCH) inpatient and A&E, and GPs in Lambeth.

Of note, @home and Enhanced Rapid Response services integrated on 4 November 2021 providing a collaborative and responsive service to avoid admissions and support early discharge home.

Rehabilitation

The integrated reablement team support people remaining at home and continuing their journey of recovery, enabling them to reduce dependency on statutory services and remain as independent as possible.

Stroke Support

GSTT community provide the integrated stroke advice and support team provide therapy, psychological support and advice on benefits and support groups for people who are stroke survivors and their families. The service works from hospital bed to home, supporting independence, a potential return to work, and providing much need advice and support following a life changing event for the stroke survivor and their family, reducing the need for further hospital admissions.

Falls Support

GSTT community rehabilitation and falls service has an established 30-week programme to support those at high risk of falls, and in 2019 a falls prevention programme was created to help people maintain fitness and avoid falls. Strength and balance exercises are an effective, evidence-based way to prevent falls:

- Research shows that 42% of falls can be prevented by exercise programs and exercise must be sustained to maintain the benefits.
- Older adults should do at least two and a half of moderate-intensity exercise per week to maintain their level of fitness and strength.

The services maintain contacts with local vetted exercise groups to enable residents to continue exercising in their local area once they have completed either programme.

The service is now including care homes as part of a developing approach to falls. The service will provide information and training for care home staff where falls has been identified as a concern via quality and safety reviews carried out by commissioners.

In the meantime, the introduction of Safer Steps into two care homes in Lambeth is being tested to support improved audit and understanding of falls risk amongst residents.

- How is BCF funded activity supporting safe, timely and effective discharge?

Lambeth's approach to hospital discharge is 'strengths' based, a reablement approach with an ethos of home first in order to maintain independence and reduce reliance on statutory services for as long as possible.

BCF funded activity has a strong focus on supporting safe, timely and effective discharge, and is enhanced through separate and additional discharge funding.

Lambeth's discharge plan was developed and approved via a cross organisational delivery group comprised of Kings College Hospital, Guys and St Thomas' Trust and Lambeth Adult Social Care. Partners meet regularly alongside colleagues from SEL CCG to monitor activity and demand, and share learning at three key meetings:

1. **South East London (SEL) Discharge group** – the group meet fortnightly for 1 hour on a Wednesday. This group is co-chaired by Lambeth's Executive Director of Health and Social Care. This meeting allows partners to have sight of any pressures hitting different parts of SEL, share good practice and collaborate on any asks flowing from DHSC/NSHE; e.g. work on H2 funding was done via this group.
2. **Local Southwark & Lambeth System Discharge Group** – the group meet fortnightly, chaired by Lambeth's Deputy Director of Health and Social Care, with membership at AD level and above across KCH, GSTT, Lambeth and Southwark representatives from SE London CCG. This meeting allows partners to coordinate any responses/work needed into SEL and wider as our collective voice is stronger if we can agree approach. The group also allows for early sight on any local pressures, collective problem solving and sharing of transformation strategies.
3. **Two working groups - pathway 1 and 3; reporting into pathway 2** - This meeting is chaired by Lambeth's Associate Director of Health and Social Care, supported by Southwark's Head of Service and Service Managers. Also in attendance is the Associate Director of Integrated Commissioning and representatives across KCH and GSTT.

Operational teams use a localised approach to ensure efficient discharge back to the community in a safe and effective way, utilising services funded through the BCF fund such as the @Home service, Enhance Rapid Response service, reablement and intermediate care, and integrated stroke service.

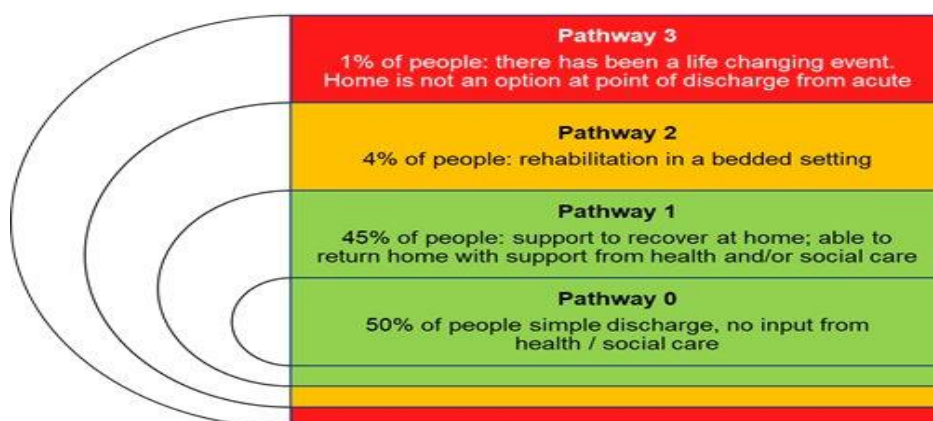
Lambeth Adult Social Care, GSTT Community Health and acute services and KCH acute services work in partnership overseeing and delivering safe, timely and effectively discharge via Integrated Internal Flow Hubs established in KCH Denmark Hill site, and St. Thomas' Hospital, to jointly manage all hospital discharge work. There is a Single Point of Access hosted by GSTT, which jointly manages all discharge related referrals and ensure continuity and efficiency.

Following discharge, Intermediate Care Lambeth which went live 10th November 2020, jointly manage therapy and reablement alongside Urgent Response teams.

For those who require nursing care in a care home, Lambeth has a block contract with two care homes that take referrals on weekends to ensure a 7-day service. All other care home placements are spot purchased. The care home market is well supported via commissioning and public health with a number of care homes able to respond to winter pressure as needed via small block contracts being awarded for a limited period.

Age UK Lambeth deliver a Home from Hospital service, supporting people with practical help in the days following discharge from hospital.

BCF funded activity directly supports safe, timely and effective via 3 distinct pathways. The pathways were identified in the Hospital Discharge and Community Support: Policy and Operating Model published 21 August 2020:



1. **Pathway 1 (Home)** makes effective and appropriate use of reablement for people who can be discharge home and are safe overnight and between care calls but will requirement some help and support to regain their independence.
2. **Pathway 2 (short term beds)** temporary bed-based rehabilitation for those who require further rehabilitation but are unable to return home e.g. a person who has rehabilitation potential but has dementia and can wander or are not safe to be left alone.

The bed-based environment will also support specialist neuro-rehabilitation beds for those who require further rehabilitation in anticipation of a return to home where community services can maintain therapies top optimize independence.

3. **Pathway 3 (long term beds)** ensures 7-day availability for people who require nursing care when they leave hospital. This will include those who are eligible for an NHS Continuing Healthcare package solely funded by the NHS.

Table 1: Lambeth - current position for discharge from hospital based on pathway model

Pathway	Description	Approximate % activity per pathway
0	Simple discharge, no input from health and social care	71%
1	Discharge to recover at home with some support from health and/or social care	20%

2	Discharge to rehabilitation in a bedded setting	2%
3	Discharge following a life changing event, unable to return home	6%
End of Life	Discharge to environment for those dying with support from health and/or social care as required	1%

With reference to these pathways, Lambeth ensures there are the right staff, support systems and services in the right places across the partnership. Using this model, BCF funded activity has resulted in reductions in the number of stranded patients.

Hospital Discharge Policy

Lambeth's Discharge to Assess (D2A) model is continuously developing. In response to the Hospital Discharge and Community Support: Policy and Operating Model published 21 August 2020, Lambeth Adult Social Care, Integrated Commissioning and local hospitals are reviewing current discharge practice and determining the best system approach to establishing D2A as a standard discharging process from hospital to community. Mapping of current systems for discharge under pathways 1 and 3 as identified in the policy has been completed and will lead to the embedding of agreed system pathways to enable safe, swift discharge.

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

Lambeth's Home Improvements Agency (HIA) and adaptations pathway supports key duties around prevention, promoting independence and support to stay well. The work carried out enables independence of individuals at home and supports quicker hospital discharge across a range of physical, sensory or mental health needs. Home adaptations are an excellent example of provision which enables wellbeing and independence. Adaptations prevent increased dependency by targeted interventions aimed at individuals who have an increased risk of developing needs. Adaptations also provide services, resources or facilities that may help slow down or reduce further deterioration or prevent other needs from emerging.

Lambeth takes a collaborative and integrated approach to ensure people are supported to remain in their own home for as long as possible, with multi-disciplinary teams and departments working together so that individuals' needs are considered and met holistically.

In 2019, Lambeth established the Health, Adult Social Care and Housing Board to consider, amongst other priorities, pathways and processes in place for the DFG, and how they might be integrated, improved and streamlined. The Board membership consists of the Director of Adult Social Care, and Assistant Directors for Housing, Integrated Commissioning, Disabilities and Children. At its inception, the Health, Adult Social Care and Housing Board set out some key priorities, to support implementation of:

- the creation of an integrated team to provide a wrap-around service for clients to include minor repairs and adaptations, major adaptations, assistive technology and telecare, enabling independence and supporting hospital transfer
- a single access point for clients
- a new cross-trained role amalgamating the roles of trusted assessor, grant officer and caseworker
- amalgamating Integrated Community Equipment Service (ICES) and Disabled Facilities Grant (DFG) budgets to simplify processes and end arbitrary divide between housing and social care responsibility
- creating new integrated IT structures to match new structures and to better catch salient performance management data
- an expansion of the trusted assessor role to ensure that relatively scarce OT resources are dedicated to the most complex cases
- working up new governance relationships to better align with new integrated structure and to ensure that the new service is properly accountable to the Health and Housing Board; and
- Improved promotion of the DFG and linked services with professional, or those who might directly benefit from the service.

Despite the impact of the Covid-19 pandemic, significant progress has been made to deliver on the intentions set in 2019. In 2019, Lambeth announced that it was going to radically redesign its repair and maintenance services in pursuit of its commitment to deliver better quality, socially responsible and digitally driven services. Further to this commitment, in November 2020 an exciting proposal was approved which saw Lambeth create an in-house Direct Labour Organisation (DLO). The idea of starting an in-house DLO communal repairs team was developed in collaboration with residents, who formed a Task and Finish group, making 21 recommendations for the council to improve the way communal repairs are reported, recorded, done and inspected after completion. This change has seen Council employees undertaking communal repairs in the community and providing tailored property adaptations for some of the borough's most vulnerable residents in need of additional support and care.

In 2020/2021, the board made strides to approve an integrated Home Improvements Agency (HIA) and Direct Labour Organisation (DLO) pathway for major and minor adaptation work. This work has seen the board take an integrated approach of bringing the HIA Occupational Therapy (OT) Team and case management team under one management structure.

Significant work has also been undertaken to review processes due to the historic challenges of operating across a number of data bases and systems cutting across housing, adult social care and finance systems. To help streamline the processes, a number of changes have been made to the system. This will improve efficiency and tracking of work orders with expected improvement in response times. The key changes are outlined below:

1. To raise all jobs for minor and major adaptations via the Northgate contractor module so that the newly formed DLO can carry out minor and major adaptations work
2. To introduce a Service level agreement to maintain the client (Internal) contractor relationship and ensure that jobs raised are being processed and delivered within an acceptable timeframe.
3. To ensure all outstanding current works are loaded and captured into the new DLO Northgate system according to DLO requirements

Building upon the work done in the period so far, the Health, Adult Social Care and Housing Board have identified and agreed the next stages to be delivered over the next period:

- The DLO being set up to deliver work on behalf of the HIA from February 2022 onwards
- Adult social care agreeing to this change as part of the partnership working agreements for the HIA
- The formal establishment of the Health and Housing Board to provide oversight on the DFG budget and report into the formal BCF reporting framework. This should be jointly chaired by an AD from both Adults and Health and Housing.
- Action plan to be developed to address waiting list for surveyors which is currently 11 months where structural works required

Equality and health inequalities

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan.
- How these inequalities are being addressed through the BCF plan and services funded through this.
- Inequality of outcomes related to the BCF national metrics

Lambeth has high levels of social deprivation. Nearly one third of the population of Lambeth live in areas which are among the most deprived 20% of areas in the country and approximately 23% of children (12,400) live in low-income families.

Lambeth's population is highly diverse with 60% describing their ethnicity as other than white British. 24% describe themselves as Black, although this varies by age group, with nearly 80% of 10-19 year olds describing their ethnicity as other than white British. There is a predicted 9% increase in residents by 2025, and a significant increase in the over 85 population.

Lambeth's vision is to improve the health and well-being of local people by services and communities working together with shared resources. We have four overriding objectives based on Lambeth Council and CCG strategic objectives, Lambeth Together and Primary Care Network development. These are:

- Health and wellbeing are improving for all, and improving fastest for those with the poorest health and wellbeing;
- People are able to reach their full potential and feel good about themselves;
- Everyone feels valued and has choices about their health and wellbeing; and People are safe from harm.

Developing picture of approach to supporting health and wellbeing inequalities

Lambeth's approach to transformation will be underpinned by the Population Health Management (PHM) methodology that enables us to support those with, and at risk of, the poorest health.

PHM means taking action to address the social, economic and environmental factors impacting on a community, to improve their physical and mental wellbeing. It requires communities and partner

agencies to work together and recognise role we can each play with the interdependent issues that affect wellbeing.

Lambeth's neighbourhood model works with and for our communities to:

- build on existing community health and care assets such as identifying funding opportunities and utilising current resources in the community and health systems
- co-produce place-based solutions that meet the health and well-being needs of residents
- prevent ill-health by addressing the systemic and environmental issues that tackle the wider determinants of health

Learning from Covid-19

In 2020/2021 Lambeth developed workstreams through Lambeth Together to focus on the impact of Covid-19 on communities and consider how to mitigate impact through a preventative approach by encouraging vaccine uptake across the whole of the community, particularly hard to reach groups and groups with high levels of vaccine hesitancy.

Health and Wellbeing Bus

One development emerging from this work is Lambeth's Health and Wellbeing Bus. Originally developed to respond to a need for a roving community vaccine opportunity, the Health and Wellbeing Bus has developed to provide a range of health and wellbeing services in addition to Covid-19 and Flu vaccines, such as stopping smoking support, health checks, culturally tailored health advice and themed events. Phase one of mobilising the bus saw the introduction of the provision of testing, information, advice and guidance and vaccination and phase two rolled out a wider range of health and wellbeing information, advice and guidance including mental health outreach. The bus is sited at strategically placed locations around the borough based on emerging needs e.g. near care homes, in areas of hard-to-reach groups and deployed in areas where vaccine uptake is lowest.

Health and Wellbeing Hub - pilot

Another development emerging from Lambeth's learning of the Covid-19 pandemic is a continued neighbourhood approach to meeting community need. Whilst not directly funded via BCF, Lambeth have established a Health and Wellbeing Hub Pilot, which is focused on health outcomes, reducing health inequalities, targeting priorities and the social determinants of health. The Hubs are developed to respond flexibly to accommodate newly identified and emerging needs stemming from the impact of Covid-19. This approach will inform learning around how we respond to health inequalities moving forward.

The Hubs Pilot is aiming to:

- Support communities to manage and improve their health and wellbeing and address the impact of Covid-19 and underlying social determinants and inequalities of health
- Developed from and aligned with Food Hubs - which provide a resilient and coordinated food offer, receiving and distributing surplus nutritional food
- Work in partnership the Voluntary Community Sector (VCS), contributing to ensuring a stronger and more sustainable sector in Lambeth, in line with the fundamentals of the VCS Strategy

- Be part of bringing local communities, Council, VCS, Primary Care Networks (PCNs) and NHS together on a neighborhood basis

Lambeth's Health and Wellbeing Hubs will:

- Support local community and VCS response to need
- Universal aspects – signposting, information, opportunities to connect, vaccination
- Most targeted at communities that experience health inequalities and poorer health outcomes
- Address determinants of poor health: housing advice; benefits; training and employment; stop smoking; alcohol; mental health promotion
- A range of community resources, events, interventions and services

Neighbourhood and Wellbeing Delivery Alliance – Lambeth Together Equalities Group

The COVID-19 pandemic highlighted the disproportionate affect the virus had on Black Afro-Caribbean, Black African, Asian and other ethnic communities in Lambeth.

The Lambeth Together Equalities Group proposes the following overarching programme be developed:

- comprehensive & quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on diverse communities
- community participatory research
- improved access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by diverse communities
- fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working in partnership with local diverse and faith communities to reinforce individual and household risk reduction strategies
- rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability
- accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma

Primary Care Network (PCN) response to health inequalities

For better understanding of residents on their registers who have protected characteristics, Primary Care Networks in Lambeth will be ensuring the following from October 2021:

- Identify and include all patients with a learning disability on the learning disability register, and make all reasonable efforts to deliver an annual learning disability health check and health action plan for at least 75% of these patients who are aged over 14

- Identify and include all patients with a severe mental illness on the severe mental illness register, and make all reasonable efforts to deliver comprehensive physical health checks for at least 60% of these patients
- Have recorded the ethnicity of all patients registered with the PCN (or have recorded that the patient has chosen not to provide their ethnicity)
- Appoint a lead for tackling health inequalities within the PCN

And by 31 December 2021, a PCN and commissioner must jointly:

- Utilise available data on health inequalities, to identify a population within the PCN experiencing inequality in health provision and/or outcomes, working in partnership with their Integrated Care System, including local medical/pharmaceutical committees, and local authority commissioners
- Have held discussions with local system partner organisations who have existing relationships with the selected population to agree an approach to engagement
- Begin engagement with the selected population to understand the gaps in, and barriers to their care
- Have defined an approach for identifying and addressing the unmet needs of this population

Understanding and shaping responses to health and wellbeing inequalities within Lambeth communities, including critical understanding via data, will be developing during this year. The BCF plan 2021/22 focuses on developing strong discharge systems, community services to support independence for residents to remain as much as possible in their place of residence, including adapting their home environment. Learning from the developing approaches described above will inform future service delivery and inclusion in the Better Care Fund plan.

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Better Care Fund 2021-22 Template

6. Metrics

Selected Health and Wellbeing Board:

Lambeth

8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only	n/a	950.0	We are basing this metric on available data at the point of submission - 2019/20 only, and SE London CCG Business Intelligence data. Actual data for 2020/21 when available, is likely to be skewed by C-19. In-depth review of data driving this metric will be required with local acute hospitals Guy's and St Thomas NHS Trust and	Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.
>> link to NHS Digital webpage					

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments	
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	11.7%	11.7%	Percentages are based on forecast data provided by BCF London Team, and SE London Business Intelligence data. The development of a Discharge to Assess process across the system is part of Lambeth's BCF plan 2021/22 and supports reduction in length of stay at both 14 and 21 days. Meaningful discussion with the two local acute trusts (Guy's and St Thomas NHS Foundation Trust - GSTT; and King's College Hospital NHS Foundation Trust - KCH) within our footprint regarding this metric has not	Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.
	Proportion of inpatients resident for 21 days or more	4.9%	4.9%		

8.3 Discharge to normal place of residence

	21-22 Plan	Comments	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	95.5%	This percentage is based on forecast data provided by BCF London Team and SE London Business Intelligence data. Lambeth supports people returning safely to their place of residence with services enabling them to remain independent and resilient. Community services and community support is central to Lambeth's BCF plan. A	Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	501	484	414	470	The stretch target is a steady state/minimal reduction for admissions to residential and nursing homes. This is based on annual improvement from 2019, excluding 2020/21 data as skewed by C-19. The target is seen in the context of an increasing population of older adults with higher levels of acuity; the likelihood of long term
	Numerator	137	133	116	137	
	Denominator	27,261	27,500	28,050	29,126	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

8.5 Reablement

		19-20 Plan	19-20 Actual
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	93.2%	93.5%
	Numerator	396	115
	Denominator	425	123

21-22 Plan	Comments
91.9%	The stretch target is a steady state for reablement in the context of an increasing population of older adults with higher levels of acuity; the likelihood of long term conditions management reduced during the covid pandemic, requiring increasing need for care; home first approach is being tested as part of Discharge to Assess
171	
186	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.



Report to: Lambeth Together Strategic Board

Date: 24th October 2021

Report Title	Nine Elms/ Vauxhall - Full Business Case
Author	Andrew Parker/ Malcolm Brydon
Summary	<p>The purpose of this paper is to report back on decisions taken under Chairs Action by Lambeth Together Strategic Board (LTSB) – Part B (SEL CCG -Lambeth Borough Based Board).</p> <p>These decision were taken under Chairs action as they did not fall with the normal meeting cycle of LTSB, were required to fit with a wider set of governance requirements/timescales both within SELCCG and London Borough of Lambeth and contained information that was commercial and in-confidence</p> <p>The Nine Elms Vauxhall (NEV) Opportunity Area covers the geographical area from Battersea Park in the West to Vauxhall and the Albert Embankment to the North East and spans the boundaries of both the London Boroughs of Lambeth and Wandsworth.</p> <p>It is expected that the population in the locality will increase by 32,480 by 2029 as a consequence of the significant new residential development within the Opportunity area. The expected increase in the local Lambeth population is predicted to be 7,525 with the remainder of the new population falling within the London Borough of Wandsworth.</p> <p>To support the expected growth in the population in the North of the Borough, and to maintain the existing level of Primary Care services within the locality, additional capital investment is required within the locality to increase the clinical capacity within the locality to meet the expected future demands upon Primary Health Care services.</p> <p>To increase this capacity locally, the project proposes to deliver nine additional consulting rooms through the modernisation/ refurbishment/ extension of three existing General Practices in Nine Elms Vauxhall – Binfield Road Surgery, Mawbey Brough and South Lambeth Road Practice.</p> <p>The funding for the Project is sourced from section 106 funding (s106) and Community Infrastructure Levy (CIL) funding to the value of £2,217m accompanied with £243k non-recurrent revenue being provided through South East London Clinical Commissioning Group – Lambeth (SEL CCG – Lambeth).</p>



	<p>A note of the two meetings held, on 12 August and 28 October in support of these decisions is contained within the report along with the summary front-sheets of the supporting reports considered at those meetings.</p> <p>The final decision regarding the recommendation to approve the full business case is scheduled to be taken at the SEL CCG Governing Body meeting on 18 November and the outcome will be reported back at this meeting.</p>
Recommendation(s)	<p>1. To note the following recommendations agreed under Chairs action:</p> <p><u>12 August 2021</u></p> <p>The board members agreed to support the recommendation to make available £243,604, non-recurrent resource from Lambeth BBB non recurrent borough budget, to meet the identified shortfall in the draft Full Business Case.</p> <p><u>28 October 2021</u></p> <p>That a decision be taken to approve the Full Business for the Nine Elms Vauxhall Project and to recommend for onward approval to the SEL Primary Care Commissioning Committee; the SEL Commissioning Strategy Committee; and the SEL CCG Governing Body</p>



1.Record of Special Meeting of Lambeth Together Strategic Board Part B – 12th August 2021

NHS SEL CCG (Lambeth) Borough Based Board

Nine Elms/ Vauxhall Capital supplementary Capital Investment

Members

Andrew Eyres – Strategic Director – Integrated health and Care

Dr Adrian McLachlan – GP and SEL CCG Member

Dr Raj Mitra –GP and local BBB Member

Sue McLachlan – Lay member

Apologies

Dr Di Aitken – GP and SEL CCG Member

In attendance

Andrew Parker – Director of Primary Care and Transformation

Malcolm Brydon – SEL CCG (Lambeth and Greenwich) Estates Lead

Summary

The purpose of the meeting was to consider a recommendation to make available £243,604, non-recurrent resource from NHS SEL CCG/Lambeth non-recurrent borough budget, to meet the identified shortfall required to finalise the Full Business Case (FBC) for the development of primary care estate in Nine Elms/Vauxhall.

Members received a background paper (summary front-sheet below) which was discussed.

Issues raised were with regards to:

- Reasons for the delays in the delivery of the Project from approval of the Outline Business Case in 2017
- Increase in costs between 2017 and tendered costs, causing the shortfall
- Mitigations against unpredictable / volatile construction market / costs
- Risks to deliverability within the time frames identified
- Consideration that the Project still delivers the required outputs due to the length of time passed
- Decanting arrangements regarding South Lambeth Road practice.

In response, it was agreed to incorporate updates/ responses against these issues in the updated Full Business Case / cover report for future consideration.



Decision

The Lambeth Borough Based Board agreed to approve the £243,604 non recurrent revenue funding to fund the shortfall and enable progress to Full Business Case for the delivery of the Nine Elms Vauxhall Project

2 . Summary Report to Special Meeting of Lambeth Together Strategic Board Part B – 12th August 2021

Report Title	Nine Elms Vauxhall – Funding Approval
Authors	Malcolm Brydon Borough Estates Lead (Greenwich and Lambeth) South East London Clinical Commissioning Group
Summary	The Nine Elms/Vauxhall Project is delivering the modernisation and refurbishment of 3 GP Practices in the North of the Borough to deliver additional Primary Care clinical capacity to address the expected population growth resulting from major new housing developments in the Nine Elms Vauxhall locality. The Project has a funding gap/shortfall of £243,604. The Borough has identified non recurrent revenue funding to address the shortfall.
Recommendation(s)	The Lambeth Borough Based Board is requested to approve the £243,604 non recurrent revenue funding to fund the shortfall and enable progress to the Full Business Case for delivery of the Nine Elms/Vauxhall Project.



3.Record of Special Meeting of Lambeth Together Strategic Board Part B - 28 October 2021

NHS SEL CCG (Lambeth) Borough Based Board

Nine Elms/Vauxhall Full Business Case

Members

Andrew Eyres – Strategic Director – Integrated health and Care

Dr Adrian McLachlan (Chair) – GP and SEL CCG Member

Dr Raj Mitra –GP and local BBB Member

Sue McLachlan – Lay member

Dr Di Aitken – GP and SEL CCG Member

In attendance

Andrew Parker – Director of Primary Care and Transformation

Malcolm Brydon – SEL CCG (Lambeth and Greenwich) Estates Lead

Summary

This purpose of the meeting was to inform and support a discussion between members of NHS SEL CCG-Lambeth Borough Based Board in support of a Chairs Action to formally recommend approval to the Full Business Case (FBC) for the Nine Elms Vauxhall (NEV) Project. A Chairs Action decision is sought due to the required decision timescales falling outside of the cycle of the formal meetings of Lambeth Together Strategic Board (Part B)

Members received a full set of background papers including the FBC and associated appendices (summary front-sheet below) which was discussed.

Members were supportive of the Full Business Case, noting the need to ensure satisfactory progress is made regarding outstanding lease issues.

Decision

That a decision be taken under Chairs Action to approve the Full Business for the Nine Elms Vauxhall Project and to recommend for onward approval to the SEL Primary Care Commissioning Committee; the SEL Commissioning Strategy Committee; and the SEL CCG Governing Body



4. Summary Report to Special Meeting of Lambeth Together Strategic Board Part B – 28 October 2021

Title	Nine Elms/Vauxhall (NEV) Project – Full Business Case		
This Paper is to inform and support a discussion between members of NHS SEL CCG-Lambeth Borough Based Board in support of a Chairs Action to formally recommend approval to the Full Business Case (FBC) for the Nine Elms Vauxhall (NEV) Project. A Chairs Action decision is sought due to the required decision timescales falling outside of the cycle of the formal meetings of Lambeth Together Strategic Board (Part B)			
Borough	Lambeth		
Practice Details	Practice Names	Binfield Road Surgery Mawbey Brough Health Centre South Lambeth Road Practice	
	Contract Types	Binfield Road Surgery Mawbey Brough South Lambeth Road Practice	PMS PMS PMS
	Site Address(s) inc. branch sites	Binfield Road Surgery 1 Binfield Road Stockwell London SW4 6TB Mawbey Brough Mawbey Brough Health Centre 39 Wilcox Close London SW8 2UD South Lambeth Road 1 Selway House 272 South Lambeth Road London SW8 1UL	
	List Sizes	Binfield Road Surgery Mawbey Brough South Lambeth Road Practice	7,914 10,688 8,131
	No. of Partners	Binfield Road Surgery Mawbey Brough South Lambeth Road Practice	2 4 2
	Current CQC Rating	Binfield Road Surgery Mawbey Brough South Lambeth Road Practice	Good Good Good



	The North Lambeth PCN	Comprising of the Hurley and Riverside Practice; Lambeth Walk Practice; Mawbey Brough Group Practice; The South Lambeth Road Practice; The Vauxhall Surgery; and Waterloo Health Centre. List size: 68,724
	The Stockwell Being PCN	Comprising of Beckett House Practice; Binfield Road Surgery; The Grantham Practice; Springfield Primary Care Centre; and Stockwell Group Practice. List size: 44.061
Recommended action for the Committee	That a decision be taken under Chairs Action to approve the Full Business for the Nine Elms Vauxhall Project and to recommend for onward approval to the SEL Primary Care Commissioning Committee; the SEL Commissioning Strategy Committee; and the SEL CCG Governing Body	

Background (and Project Overview)

The Nine Elms Vauxhall (NEV) Opportunity Area covers the geographical area from Battersea Park in the West to Vauxhall and the Albert Embankment to the North-East and spans the boundaries of both the London Boroughs of Lambeth and Wandsworth. It is expected that the population in the locality will increase by 32,480 by 2029 as a consequence of the significant new residential development within the Opportunity area. The expected increase in the local Lambeth population is predicted to be 7,525 with the remainder of the new population falling within the London Borough of Wandsworth.

The programme to deliver the new health care capacity is planned to be delivered in four phases as follows:

Phase 0: the absorption of the initial demand at the Riverside Medical Practice in Lambeth

Phase 1: the creation of nine additional clinical rooms in Lambeth through the modernisation / refurbishment / extension of the Binfield Road Surgery / Mawbey Brough / South Lambeth Road Practice accompanied with the continued of resources at the Thessaly Road Branch Surgery in Wandsworth on a temporary basis

Phase 2: the delivery of a new s106 funded Primary Health Care facility located at Sleaford Street in Wandsworth

Phase 3: a further s106 funded Project at Nine Elms Square should this be required

Phase 0 is complete, and it is expected Phase 1 – all three elements – will be delivered by September 2022. Phase 2 will be delivered towards the end of 2023. Phase 3 will be reviewed and evaluated in 2025 and to determine whether or not further investment is required.

To support the expected growth in the population in the North of the Borough, and to maintain the existing level of Primary Care services within the locality, additional capital investment is required within the locality to increase the clinical capacity within the locality to meet with the expected future demands upon Primary Health Care services. To increase this capacity locally, the project proposes to deliver nine additional consulting rooms through the modernisation / refurbishment / extension of three existing General Practices in Nine Elms Vauxhall – Binfield Road Surgery / Mawbey Brough / South Lambeth Road Practice.

The former Lambeth Clinical Commissioning Group (LCCG) with the former Wandsworth Clinical Commissioning Group (WCCG) and NHSE England (as the Primary Care Commissioner) have worked in partnership to produce an Outline Business Case (OBC) to secure the resources to



increase the clinical capacity within Primary Care services to meet with the expected growth in the population and increased demand for Primary Health Care services. The OBC was approved in July 2017 by the Cabinets / Executives of both the London Borough of Lambeth and the London Borough of Wandsworth and the Governing Bodies of the previous Lambeth and Wandsworth Clinical Groups.

The funding for the Project is sourced from section 106 funding (s106) and Community Infrastructure Levy (CIL) funding to the value of £2,217m accompanied with £243k non-recurrent revenue being provided through South-East London Clinical Commissioning Group – Lambeth (SEL CCG – Lambeth).

The Business Case has been evaluated through the SEL CCG internal due diligence processes in advance of being recommended for approval

The investment in Primary Infrastructure within the locality is aligned to the objectives identified in the Nine Elms Vauxhall Opportunity Area plan.



Lambeth Together & Integrated Health and Care

Assurance Report November 2021

Lambeth Together Strategic Board 24 November 2021



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1. Executive summary

1.1 Introduction



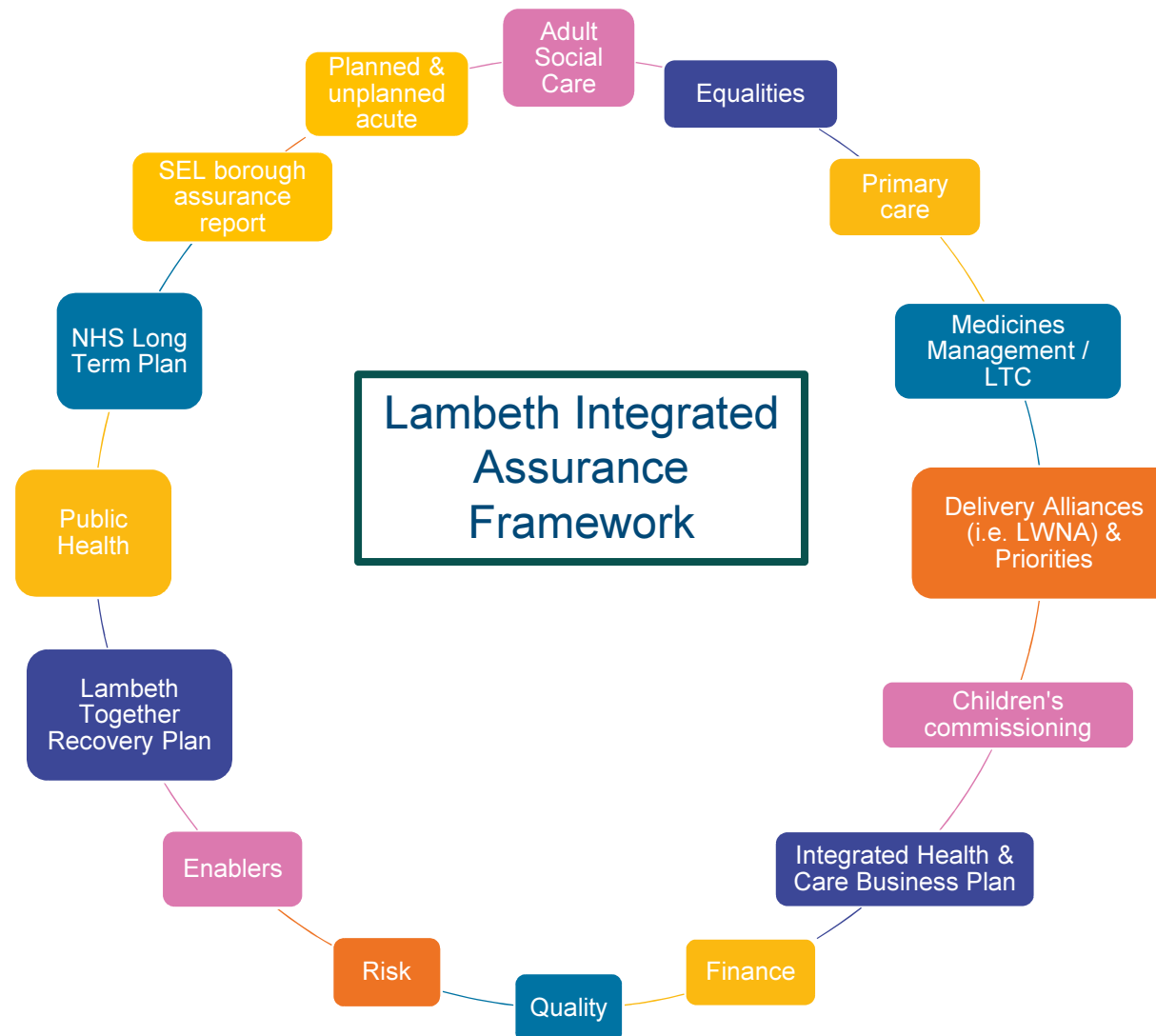
- This report provides in one place an integrated summary of assurance across **Lambeth Together** and **Lambeth integrated health and care** arrangements.
- This report does not seek to duplicate, but to draw upon existing assurance, performance or quality reporting arrangements, such as those within alliance and programmes boards.
- This report's format and flow is structured along the Lambeth Together Strategic Board arrangements, 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 feedback and as our assurance evolves, 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.
- **The Lambeth Together Assurance Group** reports directly to the Lambeth Together Strategic Board and meets bi-monthly to provide dedicated oversight and assurance on behalf of the board. A short summary report from this groups discussions accompanies this integrated assurance report when presented to the Lambeth Together Strategic Board.



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	Sophie Taylor, Programme Lead, Lambeth Together and Paul Fawcett, LBL
Data source / period	Bi-monthly programme highlight reports x 7 / Enabler reports, September - October 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  including a summary of key points on slide 17) 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	September and October 2021	Overall status
Vision	To improve health and wellbeing and reduce inequality for people in Lambeth					There has been a major step up in the preparations regarding the programmes move towards becoming an ICS. The majority of workstreams remain on 'amber' status.
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	G	↑	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 September 29 th . A review of the 2020 Covid Recovery Plan is being performed, and key developments have been made in preparing the partnership towards the ICS transition. A new programme manager has started.
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	A	→	All four workstreams continue to work at pace with a number of projects at project initiation phase (e.g. diabetes / health inequalities, MLTC and loneliness / employment projects) alongside projects currently in delivery e.g. loneliness test & learn). The thriving communities model has gathered pace with over 50% of PCN areas in Lambeth now having embedding a thriving community infrastructure. Partner Away Day took place in Sep with 90% of senior partners in attendance. Clear reaffirmation and commitment to alliance working and started some difficult conversations in a safe space to address some of the barriers 'the elephants'

↑	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.

ST1

should this be me now? or as it always been AP?

Sophie Taylor, 01/11/21



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	-	A		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 of 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). 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 after March 2023.
Homelessness	-	A		The purpose of the Homelessness Next Steps and Recovery Plan is to continue to deliver on our strategic priorities, whilst building lessons learned during the response to the Covid-19 crisis and to provide a framework to address the specific challenges that we are experiencing as a result of the lockdown and ongoing health emergency.
Assurance	A	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		A		Lambeth Together Equalities Group was formed to develop and improve the EDI approach in 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.

ST2

end of sentence?

Sophie Taylor, 01/11/21



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"> Interviewed all system leads with regards to progress on the Covid Recovery Plan Progressed with actions regarding the Governance Review Started workstreams relating to Organisational Development and ICS preparations 	<ul style="list-style-type: none"> Appointing new members to and developing engagement via the Strategic Board, process ongoing 	<ul style="list-style-type: none"> Take a draft of the recovery plan review to partners To implement a new forward plan for the executive group Commence OD Task & Finish Group
Living Well Network Alliance	<ul style="list-style-type: none"> Alliance partners and Lambeth Together Strategic Lead held a briefing session to give an update on our Equalities strategy and the Patient Carer and Race Equality Framework Pilot led by SlaM Culturally Appropriate Peer Support and advocacy roles are out to advert and have been shared with a number of network partners. The Alliance partners attended and held a stall sharing information on access to services at the Black Thrive CommUNITY event on 18th September. The Alliance Partners took part in SlaM Right Care event held on 27th September 	<ul style="list-style-type: none"> Service levels – we continue to support those receiving our services by prioritising the most urgent and significant needs, increasing face to face following Covid-19 Infection Control Guidance, using telephone and online as needed. Contingency Plans – services across the Alliance are operating contingency plans to ensure that urgent and high-level needs are supported, with significant switching to home working and telephone and Microsoft teams support. The Addictions and Mental Health interface meeting was relaunched on the 28th September. The group agreed to review a Joint working protocol, meet bimonthly to share learning and the Lambeth Dual diagnosis lead will set up a smaller group for staff across the system Discussions continue with several service user and carer representatives from the Involvement Register, keen to be involved in the programme and will disseminate information to SUCAG 	<ul style="list-style-type: none"> Community Development: Monthly programme meetings are underway and a programme outline has been drafted to outline high level priorities and workstreams. This is a 3-year programme linked to national transformation funding, additional posts and work has been progressing to develop JDs for the additional posts to be recruited this year. Continuing with 5 week staff engagement on the Alliance Workforce Strategy using the monthly Staff Webinar and Jam board. Risk Share work: 48/103 initial reviews now completed, not made quite as much progress as hoped largely due to leave or competing priorities for staff involved in the project.



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
Neighbourhood and Wellbeing Delivery Alliance	<p>Preventing ill-health</p> <ul style="list-style-type: none"> Loneliness test & learn & Thriving Communities: 28+ referrals already into the bespoke referral pathway Catalyst of 'Thriving HBD' - an emergent vibrant connective community infrastructure. Community event on 1st Sep Increased PCN investment in Link Worker resource to develop community infrastructure Thriving Stockwell, Thriving HBD, Thriving North Lambeth, Thriving Streatham, Thriving Fiveways - all established Identified a clear need to extend project to younger age adults with a project underway as follows; Phase I - Breaking Barriers Innovation report to explore partner involvement Phase II - targeted inequalities lived BAME experience research with Black Thrive 	<p>Preventing ill-health</p> <ul style="list-style-type: none"> Loneliness test & learn / Thriving HBD: Remaining two practices to refer into loneliness project referral pathway 	<p>Preventing ill-health</p> <ul style="list-style-type: none"> Loneliness test & learn / Thriving HBD: Establish project plan and metrics for Black Thrive project Panel to review and agree on successful Eol's for mental health initiative
	<p>MLTC Project</p> <ul style="list-style-type: none"> Project Steering Group drafted outcomes of project Draft model of care developed Project planning commenced for workstreams 	<p>MLTC Project</p> <ul style="list-style-type: none"> Organisational development coaching sessions organised for operational group Project dashboards to be finalised (patient dashboard and performance dashboard) Roll out new model of care with 2/3 live case studies 	<p>MLTC Project</p> <ul style="list-style-type: none"> Case studies identified by ops group Draft review of care pathway (with anonymised data) Patient engagement to commence via Patient Engagement Groups and other thriving North Lambeth means
	<p>Diabetes / health inequalities</p> <ul style="list-style-type: none"> Project overview and timeline established 	<p>Diabetes / health inequalities</p> <ul style="list-style-type: none"> Begin to explore project outcomes and benefits framework 	<p>Diabetes / health inequalities</p> <ul style="list-style-type: none"> Identify project steering group and begin arrangement of kick off meeting Begin to explore project outcomes and benefits framework
	<p>End-of-life-care</p> <ul style="list-style-type: none"> Over 100 attendees to primary care PLT (Oct) for clinical and non-clinical workforce development sessions Workshop held (with wider system partners) to identify 'features of a good advance care plan' 	<p>End-of-life-care</p> <ul style="list-style-type: none"> Workstream meeting to be held pre Christmas 	<p>End-of-life-care</p> <ul style="list-style-type: none"> Primary care 'guidance pack' to be created and cascaded to practices including how to set up recall systems, features of a good ACP etc.
	<p>Supporting care homes</p> <ul style="list-style-type: none"> Recruitment of care homes community matron Joybrook Care Home and Collingwood Court care homes have begun pilot of digital app to reduce falls in older adults 	<p>Supporting care home</p> <ul style="list-style-type: none"> Standardise MDT approach across all care homes Continued learning from other areas including Southwark on developing MDT support model 	<p>Supporting care home</p> <ul style="list-style-type: none"> Confirming SLAM input to MDT Confirming geriatrician model and funding stream Induction and work plan for care home matron Finalise future work plan and governance structure
	<p>Managing LTCs – Chronic Pain</p> <ul style="list-style-type: none"> Second workstream meeting held in Sep with 15+ partners / clinicians across health & care system involved Referral audit review held between primary and secondary care colleagues to highlight gaps and themes in referrals 	<p>Managing LTCs – Chronic Pain</p> <ul style="list-style-type: none"> Training for clinicians for Leva Clinic pilot scheduled for 5th November on how to recruit use shared decision making to recruit appropriate patients, promote proactive self-management and finalise the patient information leaflet. 	<p>Managing LTCs – Chronic Pain</p> <ul style="list-style-type: none"> Third workstream meeting to agree outcome measures via jamboard Baseline data to be collated



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. Integrated Commissioning and Delivery Alliance Board meeting took place in early September, with positive discussion regarding emotional health and wellbeing needs assessment. Next board is early December and agenda being finalised. The emotional health and emotional wellbeing needs assessment is nearing completion and will soon be out for further consultation. The needs assessment has undergone a couple of further drafts since June and is awaiting sign off from councillors. We are in the process of arranging focus groups and presentations to different groups of stakeholders, these are scheduled for November Programme Lead has been appointed and started in October 		<ul style="list-style-type: none"> Establishing the more formalised governance requirements Identify the work strands that make up the Alliance and progress the formal governance structures to ensure progress is developed at pace. Deliver next steps for emotional health and wellbeing meeting, presenting at Emotional Health and wellbeing workstream and Board during December. Finalise ToR's and governance for the 3 workstreams The Early Years workstream has met once and agreed some objectives Now the Programme Lead has been appointed these meetings will be set up and progressed accordingly.
Learning disabilities and autism and people with continuing complex needs	<ul style="list-style-type: none"> During July-September five people were successfully discharged from inpatient settings to community placements after intensive MDT support. One further person was discharged which unfortunately broke down resulting in readmission Covid- 19 vaccinations: 90% of people with LD living in residential care, 83% in supported living and 67% as a total have received two doses 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 Covid-19 vaccinations - Ramp up of engagement with families, community groups and care providers and roll out of targeted interventions to reach approx. 450 people not fully vaccinated (32%) 	<ul style="list-style-type: none"> Ongoing - Intensive MDT approach to facilitating the transfer or discharge of two exceptionally complex cases who are at risk of current provider serving notice Options appraisal for use of NHSE LDA capital funds to secure accommodation for service user at risk in the community Covid-19 vaccinations: Accessing in reach vaccination service to supported living providers and trailing pop-up clinics in the community, Lambeth Healthwatch to continue 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.



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"> Option appraisal completed for mediation and floating support service. Young Persons Supported Housing Programme: Pathway Manager, Bidding Officers and Project Coordinator all in post. Submitted bid for accommodation for Offenders being released. Completed financial modelling for the Young Person Supported Housing Pathway. Draft proposal for Multi-Agency Young Hub completed and identified funding to support initiative. Draft bid for Lambeth Made Safer out of borough provision. 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Identify suitable properties for the Young Person's Supported Housing Pathway. accommodation for young people. Commission all non-accommodation based service through APL. Review Register Provider Protocol to reduce eviction from Social Housing. Complete proposal for Multi-Agency Support Hub. Business case to bring forward alternative TA model. Undertake service specification workshop with partners and young people to co-design accommodation based service.
Communication and engagement	<ul style="list-style-type: none"> Continued activity to support vaccine take-up including Vaccine news stories for Lambeth Talk, LT and LBL websites and local media Editorial advice and messaging support to assist sign-off and launch of films/other resources from 'grassroots programme' Weekly briefings for Health and Wellbeing Bus ambassadors/ team and promotion of HWB Bus flu, Covid and other wellbeing offers through local channels Continuing links with VCS and commissioned projects including Beacon Project to support increased uptake among multi ethnic populations Launch of new multichannel pregnancy-focused campaign (SEL) Support to NWDA - annual report production; animation Recruitment of Lambeth PPV to SEL ICS Diabetes and Obesity Programme Board Seminar for LTSB on public voice in governance Training of new LT website editors to support self-management of Alliance areas 		<ul style="list-style-type: none"> Winter campaign development and delivery including <ul style="list-style-type: none"> - Development of integrated flu/Covid vaccine flier /poster for local use - 'Staying well through winter' page on LT website - Lambeth Talk two-page article - films in community languages (flu/booster) COVID-19 vaccination campaign delivery across all strands, with focus on VCS, community engagement and promotion of positive messages and answers to questions across all cohorts Health and Wellbeing Bus – continue briefings, aiming to hand on to team, support promotion of wider offer as this develops NWDA – launch animation, promote NWDA – publication of progress report, promote NWDA – support development of 2022 coms plan Further LTSB seminar on public voice in governance Sharing of Alliance/LT news stories and people- and partnership-focused content Promotion of Public Forum to diverse groups, linking with meeting in public agenda / presentation items



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
Equality, Diversity and Inclusion	<ul style="list-style-type: none"> Lambeth Together Pledge refresh Periodic update to be brought back for EDI Working Group information/oversight Data Task and Finish Group update a paper has been drafted setting out a number of proposals. For example a recommendation for reporting against the Public Primary care EDI support, a new contract nationally provides opportunity to use to lever support LT Pledge/presenting to the next board; A nearly final version noting the process undertaken and proposing some additions with regards to EDI was reviewed by LTEG on 21st September and subject to minor amendment was approved 	<ul style="list-style-type: none"> Update on ICS work; Contact individual members of the group over next couple of weeks Staff conference; Decision taken to defer item to the next meeting due to limited time to cover. 	<ul style="list-style-type: none"> Engage Black Thrive with PHE inequality recommendations response. Reverse mentoring; on 21st September LTEG members were supportive of the programme and agreed discussion is required on how to roll it out across a partnership model. Following discussion there was consensus by EDI members that the reverse mentoring programme is worthwhile and should be adopted Inequalities metrics; DA to take a discussion paper to LTEG/LTAG for its November meeting as a means of starting to report on Strengthen programme management structures and arrangements prior to new PM role
Assurance	<ul style="list-style-type: none"> Bi-monthly Lambeth Together Assurance Group meetings have been in place since July 2021. The integrated assurance report is produced, received and reviewing by this new group. The LTAG group also provides focus on specific areas at each meeting and has agreed a forward plan of areas for the year ahead. Feedback is presented at each Lambeth Together Strategic Board Meeting 	<ul style="list-style-type: none"> None noted 	<ul style="list-style-type: none"> Continue to evolve the assurance report, including building in equalities metrics as these develop over the coming period.
Staying healthy	<ul style="list-style-type: none"> GSTT have resumed option of face to face delivery of weight management service and stop smoking in line with Covid guidance. Extension of stop smoking contracts for up to an additional 18 months (2022/23) approved. 	<ul style="list-style-type: none"> North Lambeth PCN pilot health and wellbeing project to begin in October following delay Full re-mobilisation of pharmacy stop smoking service 	<ul style="list-style-type: none"> Ongoing work with GP Federation to support practices to remobilise NHS Health Checks Pilot weight management project using additional PHE funding begins.
Sexual health	<ul style="list-style-type: none"> Approval for single year extension (22/23) for GSTT, KCH and LGT contracts secured each in Lambeth, Southwark and Lewisham (spring/summer '21) LARC demand and capacity audit (autumn '21) Future Insights Partnership Project completed its Phase 2 'Shaping the Future' process – action-based co-creation workshops with citizens and providers (autumn '21) 	<ul style="list-style-type: none"> Activity and financial analysis of LSL residents' activity at local sexual health clinics 	<ul style="list-style-type: none"> Continue with activity and financial analysis 1. Finalise chair and participant recruitment for Phase 3 'Rapid Co-design' workshops of the Future Insights Partnership Project 2. Potentially scope a part b of the LARC demand and capacity audit to focus on obtaining more data from primary care



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					
Lead	Prog.	Area	Risk Description	Risk Score	Actions / Assurance
LG	Home	Demand	Furlough scheme ended in September 2021, 28,000 people in the borough furloughed (11.6% of the working population).	12	Working with the DWP to try and identified households who's economic circumstances have changed to provide targeted interventions.
AC	NWDA	Demand	Winter pressures; reduced resource / capacity for project(s) stakeholders	16	- Working with stakeholders to identify future meeting times / dates. - Working towards agreed commitment of work time to deliver workstreams / projects
DO	LDA	Operational	Levels of covid-19 vaccination among people with LDA may not be high enough to provide protection if prevalence of covid-19 increases	16	Targeted work with supported living providers to reach those most vulnerable is being ramped up Interventions already being offered – GP led vax service, LD Support Pathway from GSTT LD Nurse service, training to staff
JR	Sex H	Workforce	SEL digital co-chair is not identified for co-design technical workshops of sexual health digital platform	16	Commissioners liaising with other co-chair, Lambeth's DPH, as well as CCG colleagues for other possible co-chairs from SEL Digital.
JR	Sex H	Workforce	Public health registrar not identified to undertake a primary care deep dive as part of the LSL LARC demand and capacity audit.	16	Commissioners discussing with public health colleagues across LSL if any registrars have capacity to undertake this work
AJ	Stay H	Operational	Current pressures on primary care limit capacity and engagement due to Covid recovery, vaccination prioritization etc.	16	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 Regular briefing to LMC to ensure they are kept updated



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
2	NWDA	Data	Data gap for partners to understand service user demographics, access and outcomes	Med.	Data request to be provided to all partners
3	Sex H	Finance	Some difficulty in agreeing extension year governance and funding envelope with 1 of the 3 NHS clinical providers	High	Regular meetings with provider. Escalation route in use in council and trust. Communication is frequent
4	Sex H	Finance	London Sexual Health Programme makes decisions on payment/funding that can impact on local LSL decisions on our contracts, sometimes which are already agreed	High	LSL commissioners keep clear audit trails of local decision and as far as possible, London Programme decisions and communicate these to commissioning and finance staff and Trust finance and contract staff.



Key alliance points for the Executive Group / Assurance group

Children and Young People Alliance

- Programme Lead has been appointed (Karen Sanderson) and started in October 2021.

Neighbourhood Wellbeing Delivery Alliance - MLTC project

- Progressing at pace with project mgrs. now supporting specific workstreams.
- Project planning underway and key activities due to take place throughout November and December 2021 to trial model of care pathway with multi-agency team and establish patient engagement.
- Thriving Communities.
- Appetite to expand model across Lambeth. Over 50% of PCN areas now covered with thriving community / H&WB infrastructure and events.

Living Well Network Alliance

- Staff numbers – LWCs continue to have high number of agency staff.
- Contingency Plans – services across the Alliance are operating contingency plans to ensure that urgent and high-level needs are supported, with significant switching to home working and telephone and Microsoft teams support.

2.2 Equalities indicators



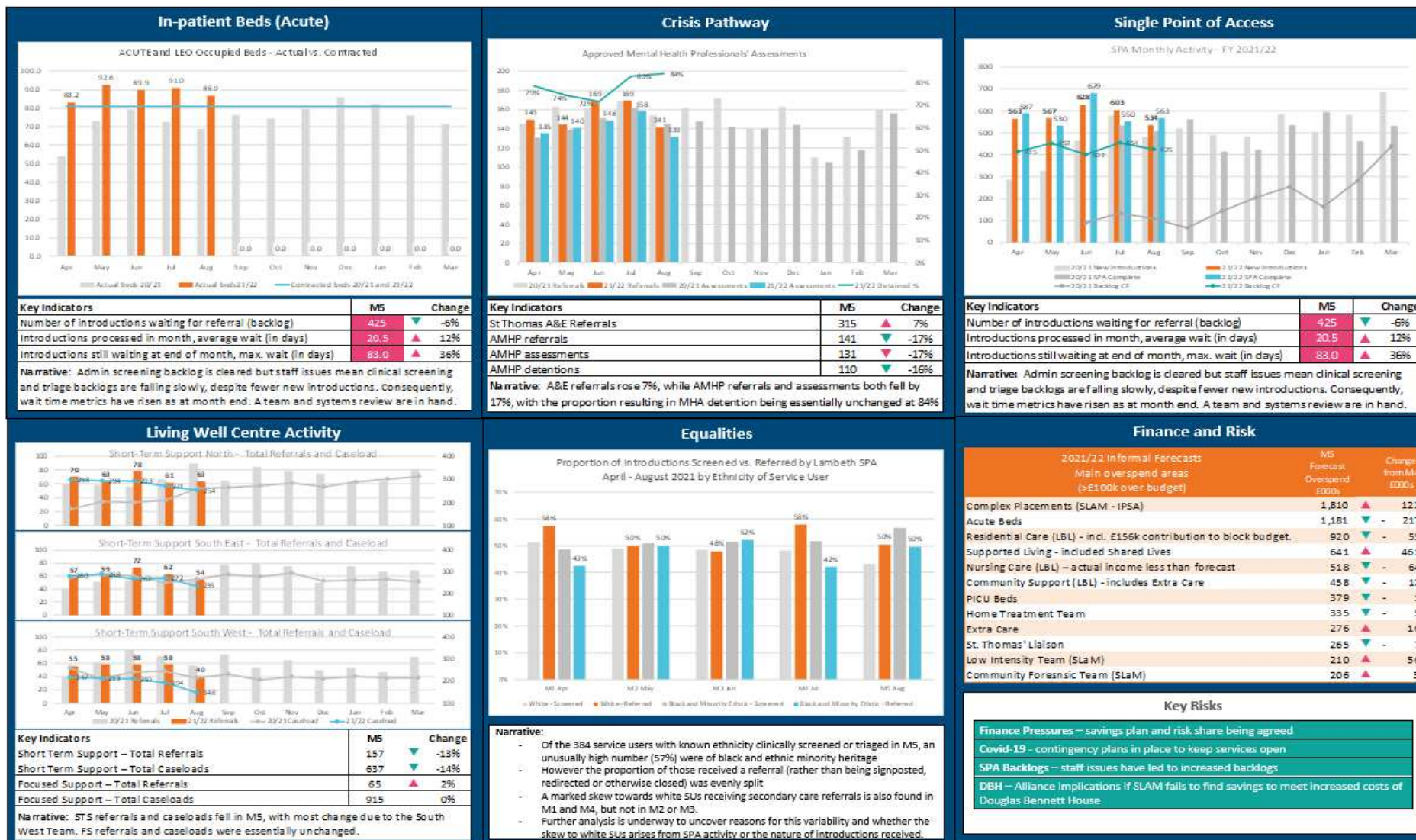
Equalities

- 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 is 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.
- As focused update was provided at the Lambeth Together Assurance Group on 09 November 2021, with progress to be reported back to that group over the coming period.
- We are also connecting into work and resources locally and nationally, for example the FutureNHS Equality Health and Inequalities Network and developing Health Inequalities and Improvement Dashboard (HIID).

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 05, August 2021



2.3 Alliance Dashboard Highlights - continued



- The other delivery alliances will continue to report progress against key activities and priority areas through the Lambeth Together Programme Highlight Reports in section 2.1.
- 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

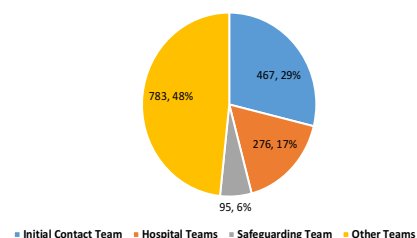


Director / lead	Fiona Connolly, Executive Director Adult Social Care
Management Lead	Richard Outram, Deputy Director Adult Social Care
Data source / period	Mellissa Murphy, Service Improvement Lead – Adults and Health, London Borough of Lambeth. September 2021

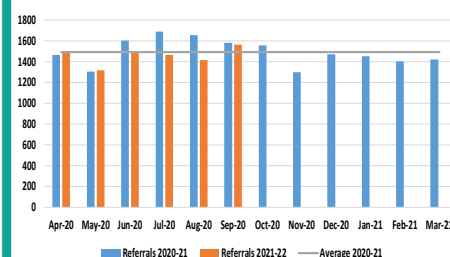
Overall Contact/Referrals completed by all teams

- A total of 1,561 contact/ referrals in September, this represents an increase of 10% (147) from previous month.
- 214 (14%) were raised as Safeguarding Concerns, representing a 5% increase from previous month.

Contact/Referrals- September 2021



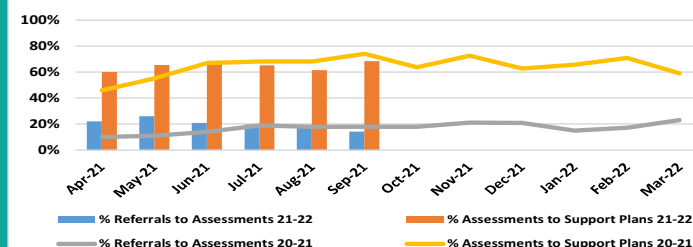
Contact/Referrals completed by all ASC Teams 2021-22



Overall Contact/Referral and Assessment Conversion Rates

- Conversion rates from contact/referrals to assessment has decreased in September from 20% to 14%.
- Conversion rates for assessments to support plans have increased from 61% to 68% in September.

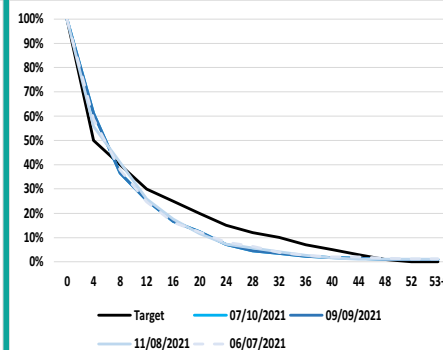
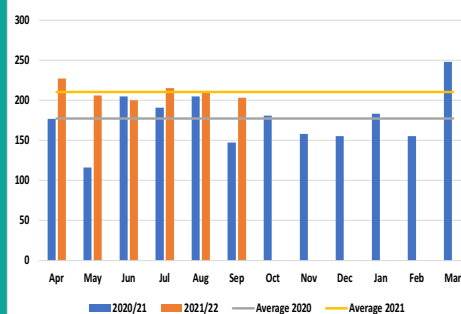
Referral and Assessment Conversion Rates for adult social Care - 2021-22



Safeguarding Information

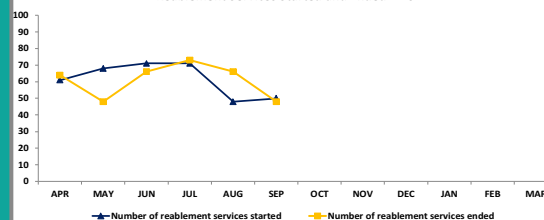
- The number of cases started in September have decreased from the previous month but is still above the same period in the previous year.
- There are 2 cases open for last 12 months or more. The same as the previous month.

Safeguarding Concerns Started

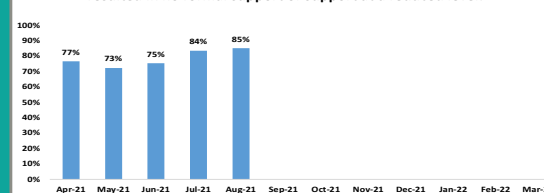


Reablement

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 in June have increased and returned to similar activity levels before the pandemic.
- The outcome of people completing reablement at a reduced level or no support has increased in Q2 to 83% (total of 161 people completing reablement)

3.2 Public Health

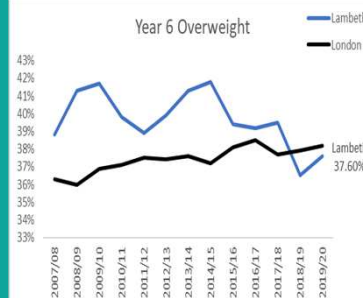


Director / lead	Ruth Hutt, Director of Public Health
Management Lead	Ruth Hutt, Director of Public Health
Data source / period	Vince Wakfer Head of Business and Performance Public Health Data: Fingertips and Service Monitoring, October 2021

Year 6: prevalence of overweight

No data update since last reporting.

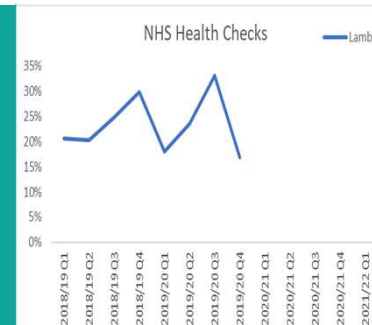
Preparations are being made to conduct the 2021/22 NCMP exercise.



NHS Health Checks

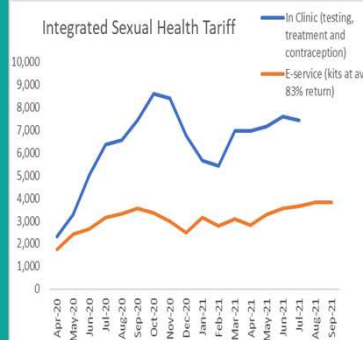
Performance from 2020/21 Q1 cannot be calculated as denominator (number of health checks offered) has been zero during Covid.

Practices have continued to offer opportunistic checks to those who are eligible and most at risk of CVD. Due to a national supply shortage of blood bottles, the Health Check programme was disrupted following nationally issued guidance that GPs only request urgent blood tests. The supply chain is no longer as constrained and NHS Health Checks have resumed, however it has not been completely resolved and is being monitored.



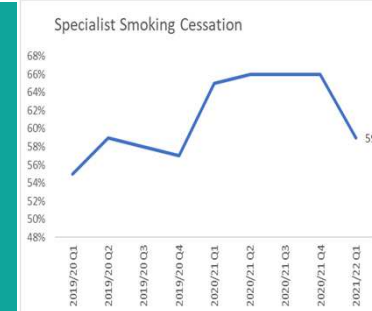
In Clinic and E-Service STI Testing & Treatment and Contraception

Since lockdown restrictions eased over spring and summer, all sexual health activity has been steadily increasing at both clinics and via the e-service. Testing has seen greater increases online than in clinics. User dependent methods of contraception have increased online whereas long acting methods of contraception are over baseline in clinics.



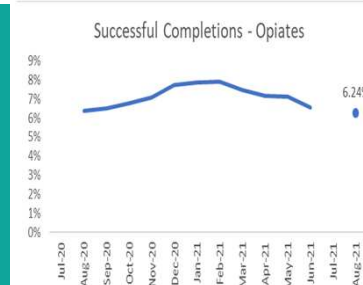
Success Rate at Smoking Cessation Services

The Lambeth Specialist Smoking Cessation service continues to see patients via the remote offer developed during the pandemic, but have also re-introduced face to face sessions. Quit rates remain high and above target. The pharmacy service which was severely impacted by the pandemic is being remobilised with 12 out of 13 pharmacy providers live. Pharmacy activity remains below pre-pandemic levels and commissioners are supporting pharmacies to increase activity, this is reflected in the lower quit rate percentage in Q1 as pharmacy providers have begun seeing patients again. The Specialist service continues to accept clients from the pharmacy service where capacity is limited.



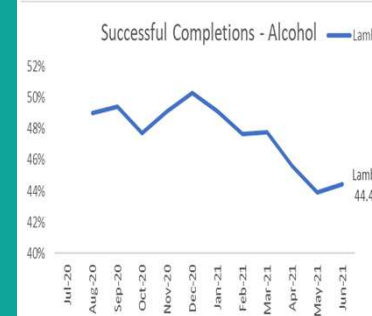
Successful completion of drug (opiate) treatment

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 moved extra resources to the alcohol pathway to meet changing demand during the pandemic although that demand has now stabilised.



Successful completion of alcohol 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 provision. 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 trial of buprenorphine over methadone treatment continues.



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 (27/10/2021)

Public Health dashboard and/or data overview (27/10/2021)

- Testing rate holding steady (710 per 100,000), positivity rate steady after recent increase by 1% (4.1%)
- Incidence rate gradually declining (184.4 per 100,000) against higher rates in London (291) and England (479)
- 34% of cases in 0-19 cohorts in last 14 days (13% in all prior weeks)

Testing

- PCR in person testing rate and LFD test kit distribution rates remain high
- 5x Mobile Testing Units confirmed throughout November.
- DHSC consulting on approach to rightsizing future Local Testing Site (in person symptomatic PCR) provision likely from February 2022 – currently three sites in Lambeth

Contact tracing

- Small increase in cases with numbers of school aged children remaining high (237 out of 690)
- Now receiving comparative data from DHSC for all London Boroughs. Lambeth LCT w/e 13 October:
 - Dealt with the second highest number of cases
 - Completed the highest percentage cases in London - 80% compared national average of 71%

Self-isolation support

- Reduction in applications for the support grant but an increase in referrals for Stay Home Safely's practical services
- Support grants are now paid quicker than previously
- New KPIs are being set for the SHS and working with internal teams to ensure these are cohesive with other Age UK KPIs
- Covid Response team will be taking on processing demographic data for the grant payments

Vaccination

- Focus of uptake programme is on increasing uptake in Black communities and cohorts 2-4 and 6 (older, vulnerable and at risk)
- 12-15 programme challenging – low consent rates, local interventions in place including paper-based consent pilot and half-term walk-in provision



3.3 Childrens Commissioning



Director / lead	TBC, 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 October 2021, SEL Borough Based Report November 2021

Overweight and obese children Year 6

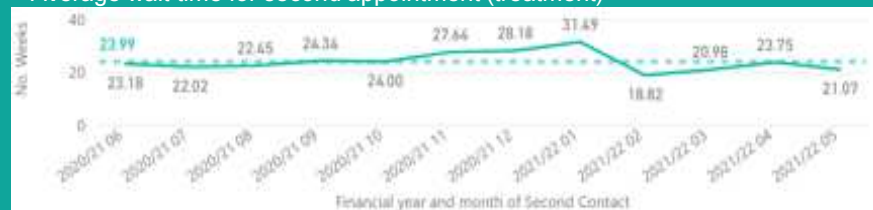
- Since our last report in September, data is not available for 20/21 figures. In relation to, the National Child Measurement Programme (NCMP) for 21/22 exercise preparations are being made to initiate this work.

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 05 only
13	14	31	19	33	17

Childhood immunisations in primary care

- The Quarter 1 2021/22 borough performance across a number of the six-in-one vaccination rates (compared with the
 - Children receiving DTaP/IPV/Hib % at 12 months: 84.9% (London average 85.1%)
 - Children receiving DTaP/IPV/Hib % at 24 months: 89.5% (86.6%)
 - Children receiving DTaP/IPV/Hib % at 5 years: 69% (71%)
- MMR performance for Quarter 1 2021/22 (compared with the London average).
 - Children receiving MMR1 at 24 months: 44.3% (78.2% London)
 - Children receiving MMR1 at 5 years: 87.8% (88.1%)
 - Children receiving MMR2 at 5 years: 77% (73.3%)

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 decreased to 34% in Q2 2021/22 from 36% in Q1 2021/22. 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 Q2 we are in line with our target rate. This small decrease may be due to referrals returning to pre-pandemic levels, as suggested by the decrease in the number of cases discussed.

2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2
30.56%	31.06%	34.44%	31.47%	22.65%	33.17%	36.06%	34.34%

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

Flu

- Lambeth has a flu uptake working group which has set local trajectories to achieve the year end targets and is monitoring progress
- Flu uptake % as of 29 October 2021. Source: EZ Analytics.
- Borough Average (national target for March 2022)
 - 65+ years olds 43.4% (85%)
 - At Risk 20.0% (75%)
 - Pregnant Women 16.5% (75%)
 - 50-64 Year olds 11.7% (75%)
 - 2 year olds 18.9% (70%)
 - 3 year olds 18.9% (70%)

Learning Disability Annual Health Checks

- The Learning Disabilities (LD) health check scheme is one of several GP enhanced services in the Quality and Outcomes Framework (QOF).
- The 21/22 LD register (1,918) taken from BI/ Analytics data shows an increase on service user profile when compared with 20/21 (1,467). This is due to a QOF coding update.
- The uptake position on LD Annual Health Checks (AHC) in Q2 21/22 shows 275 (19%) service users have had an annual check against a year end target of 75%.
- Despite not meeting Q2 operational target of 450 service users having an AHC, Lambeth services have met the year end target in previous years.
- There are inherent challenges under a pandemic backdrop and winter pressures though services are being supported.
- The SEL Programme Management Office (PMO) team are monitoring progress, attending LD task and finish or steering groups for annual health check improvement in local areas holding them and supporting them to improve where possible by collating and sharing resources and best practice.

Covid Vaccinations – primary care

- Walk-in clinics continue to operate across a number of settings including Local Vaccination Sites, Hospital sites, Pharmacy and the Health & Well-being Bus to support the vaccination programme including the booster campaign
- Task force/working groups are in place to continue to develop and support vaccination (incl. booster) uptake across priority groups:
 - Children and young people (incl. support to the school-based 12-15 programme)
 - Black communities (building on recent successful events focussed on health in our Black communities)
 - Cohorts 2-4 and 6 (older, vulnerable and at-risk incl.)
 - Care homes (incl. staff and resident uptake)
 - Vulnerable adults (Learning disabilities and mental health)
- A grassroots programme of work is in place working particularly with VCS groups that work with our younger and Black, Asian and Multi-ethnic communities and Covid Wellbeing Ambassadors (VCS-based community champions) continue to operate alongside the health and wellbeing bus and in the community supporting vaccination uptake and messaging. Communications and engagement support continues to be provided from SEL CCG and Lambeth Together Community Health and Engagement resource.

CQC Ratings – October 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 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)

- Some of the primary care measures are included elsewhere i.e. SMI physical health checks contained within the Adult Mental Health chapter, and are therefore 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 Royle 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)

The Group supports the delivery of medicines and long term condition (LTC) optimisation priorities of the Lambeth Together strategic alliances by developing and implementing strategies to promote high value, safe, effective medicines in LTC management within Lambeth. It has met four times since April 2021.

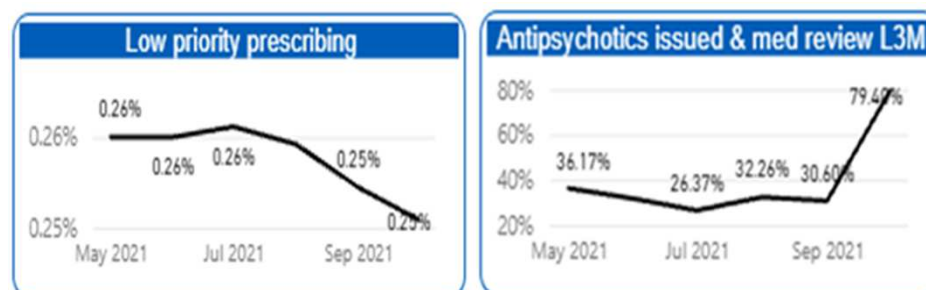
Membership is formed of representatives from the Governing Body, Primary Care Networks, Local Medical Committee, Community Pharmacy, SLAM, GSTT Community Services, Lambeth Together Strategic Alliances as well as other partners.

To ensure Lambeth's MO and LTC strategic approach is encompassed, the Group has recently been actively collaborating to support: Multi-Agency Care co-ordination for those with Multiple Long Term Conditions; Clinical Effectiveness across South East London (CESEL); NHS England Network Contract Directed Enhanced Service; Community Pharmacy Contractual Framework's CVD prevention and diagnosis requirements.

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

The MO and 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. There is particular focus on reducing unwarranted variation by prioritising those individuals who have experienced health inequalities and are at highest risk, as a result of, or despite the pandemic.

To identify patients for review within the prioritised improvement areas, the EZ Analytics (EZA) Medicines Optimisation and Long Term Conditions Dashboards provide real-time data for practices. Figure 1. below gives examples of the tracking data from EZA. Refresh of OptimiseRx® continues to support up to date joint prescribing decision making and all aspects of the MOS and LTC sections were successfully launched through a well-attended Summer webinar. Furthermore, recent PCN sessions have taken place to reinforce and share PCN specific MO and LTC data.



These graphs from EZA Medicines Optimisation Dashboard show progress on: decreasing number of patients on low priority prescribing drugs; increasing number of patients with a learning disability on a psychotropic medicine who have had a medicines review in line with the STOMP/STAMP guidelines.

Figure 1. Examples of EZA MO Dashboard tracking

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 Royle 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, 4,500 patients have been vaccinated via the walk in service.
 - Community Pharmacy Vaccine Champion Scheme: to initiate conversations about health and wellbeing, proactive identification of patients with Long Term Conditions or polypharmacy from pharmacy records, and build in covid vaccine positive messages to address questions and concerns. From over 8,000 interventions, over 5,500 people have had a positive outcome and either been vaccinated or booked/signposted for vaccination.

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. 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. Also, 'Patient Access' (an EMIS add on functionality) has been commissioned to support digital referral to community pharmacies.

Cardiovascular diagnostics

- A new Cardiovascular diagnostics service has been mobilised from May 21 to provide Electrocardiogram (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 the 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. The service has improved access for Lambeth people to receive care closer to their homes and has reduced waiting times for these booked diagnostic services.

Respiratory Diagnostics

- The community respiratory diagnostic service will restart in November following securing a suitable venue and air filtration equipment. Review of the existing service continues as part of a wider SEL review to ensure services have sufficient capacity. Communication was sent to practices in October.

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, November 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. Despite the efforts of the BI team, real time data on uptake by borough is no longer easily extractable. Work on this is being undertaken but as a result, it is not possible to tell if problems of uptake are affecting specific geographies or boroughs.

Breast screening:

- Breast screening services have largely been maintained during phase 2 of the pandemic. Further staffing issues have meant that full programme recovery for south east London is not expected until September 2022. Staffing levels have improved over recent months but this is still the biggest constraint in catching up.
- Mutual aid with sharing (loaning) of staff to the SEL breast screening service is being considered
- The NHS Regional Director for London has met with trust chief executives to highlight the issues and enlist their direct support in addressing challenges to the programme - this will be followed up within SEL.

Bowel cancer screening:

- Screening service operations and staffing have all returned to normal.
- The service continues to perform well though there are still some colonoscopy backlogs which are being cleared as part of the wider waiting list work.

Cervical screening:

- The programme is functioning as normal. Colposcopy services have almost all returned to business as usual, though there are fewer clinics overall than pre –covid. Waiting lists are beginning to build up, but we are undertaking some demand and capacity work to manage the workload.
- There is a shortage of trained colonoscopists.

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 offered screening by March 2022.
- Current uptake levels suggest that uptake is 7-8% below pre pandemic levels. London Region are liaising with the ICS diabetes group to assess what general measures might be taken such as greater availability of screening resources for patients in practices and diabetes clinics, systematic identification of non responders in practice and active promotion when they visit the surgery.
- A pilot scheme to improve uptake in a low uptake PCN is being considered.

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 2 2021/22, had 2% of assessments taking place in an acute setting.

Healthy Weight Tier 3 Programme

- The HWP Tier 3 monthly meetings continue with the focus being on working through the backlog. Lambeth refer a high number of patients to the service – the meeting group are working on comms plan to primary care to ensure that referrals are appropriate/criteria is met.

Referral management

- Consultant Connect – GP practice usage varies across the borough and recording the outcome for the patient as a result of the call is low across the borough. PhotoSAF is well used in Lambeth. CC meeting group are working on further communications to our to general practice to promote the service.

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, David Orekoya, Associate Director Adults Mental Health
Data source / period	NHS South East London non-acute Performance Report, November 2021

Personal Health Budgets

- Lambeth is currently achieving 295 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 has been 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							
Year end actuals – 2020/21	371	481	520	396	85	215	2,068
September 2021	295	658	493	295	100	244	2,085
Q2 2021/22 trajectory							1,642

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

- Continue to progress Covid vaccination and Annual Health Check (AHC) uptake in line with drive to reduce health inequalities. Improve synergies between the AHC and vaccination programmes and ensure operational streamlining. There has been a positive increase in Covid vaccine uptake to 90% of LD in care homes and 82% in other supported living settings.
- Ongoing work with SEL CCG to deliver Transforming Care Programme to ensure continued transfer of patients from long stay institutional to community settings.
- There are 6 patients due for discharge within 6 months, and 4 with a date TBC.

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, November 2021

Urgent and Emergency Care

- The Lambeth and Southwark Urgent & Emergency Care Board continues to submit a monthly highlight report detailing milestone updates, risks and any issues. The highlight report aligns with SEL priorities and includes updates on:
 - Performance and recovery planning with trusts
 - 2021/22 Winter Plan
- Significant focus is currently on the Winter plan including the allocation of funding and how schemes can be implemented to ensure performance is maintained over the winter period.

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, November 2021

SMI Physical Health Checks

- Lambeth has established a SMI Physical Health Checks group to identify and take forward improvements.
- 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.
- Performance in this area is well below the national standard of 60% and below the local agreed trajectory of 30%. Primary Care colleagues are committed to provide improvements in this area, however, their current focus is on delivering the SEL Covid-19 vaccination programme.
- Work is underway to test a population health management approach to improving the uptake of SMI Physical Health Checks. The first steering group meeting was held in September. The steering group is chaired by the GP Clinical Lead for Mental Health.

	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 (Q2 2021/22) – target 60%							
% patients receiving check	31.8%	16.2%	12.9%	27.8%	25.0%	33.6%	24.9%
Trend since last quarter	+1.9%	+2.1%	-0.2%	+1.5%	+2.7%	+1.0%	+1.5%

Improved Access to Psychological Therapies

- Lambeth has traditionally performed very well across the range of IAPT measures in 2019/20. See table with 2021/22 July data.
- 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%.
- * Borough baselines not available at present – published performance data does not include expected population figures for locally commissioned services

	Standard	Lambeth
IAPT Access Rate – rolling three months	6.2% Q1	*
IAPT Recovery Rate – rolling three months	50%	58%
IAPT Waiting Times 6 weeks	75%	98.7%
IAPT Waiting Times 6 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 July 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 (July 2021)							
Current month	Data was not submitted by Bexley Mind for July 2021	65.4%	86.3%	95.9%	88.5%	82.5%	86.2%
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. SMT Quality Update: Borough of Lambeth September 2021

Summary

- The SMT Quality Update report at September 2021 provides high level activity information on the following areas,
 - Quality Alerts
 - Serous Incidents
 - Infection Prevention and Control
 - Mental Health Serious Incident Themes
 - CQC Updates
 - Access to services – Ethnic Minorities communities
 - Primary Care Quality

Serious Incidents

- September's report identifies eight Serious Incidents. These SIs were reported at GSTT (3), KCH (3) and SLaM (2).
- The SIs categories range from
 - Abuse/ Alleged abuse of adults patient by staff
 - Apparent/ actual/ suspected self-inflicted harm
 - Diagnostic Incident including delay
 - Maternity/ Obstetric incident meeting SI criteria: baby only
 - Pressure Ulcers
 - Medication Incident
 - Surgical Incident

Quality alerts

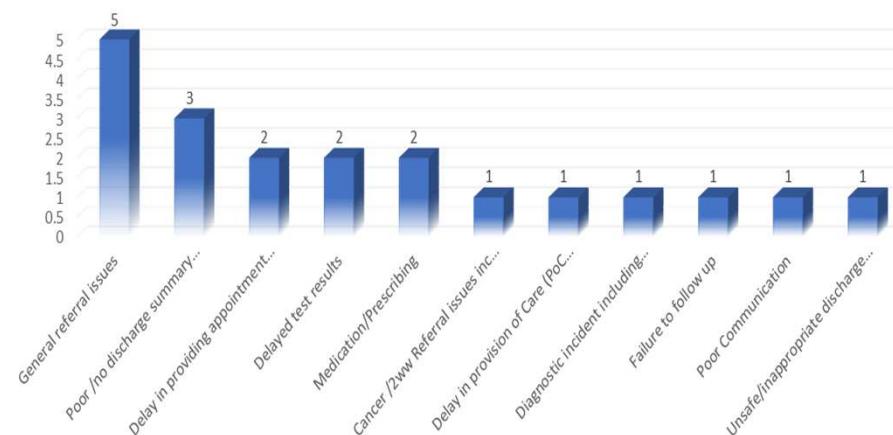
- There were 20 Quality Alerts (QA) raised in Lambeth in September 2021. The top five categories themes were: Referrals, Discharge, Appointment delays, Test results and Medication. These themes are currently being monitored and reviewed via the QA system.

Infection Prevention and Control

Covid Outbreak in SLaM Services

- In September and October, SLaM reported Covid outbreaks in two of their wards in Maudsley Hospital and Lewisham Hospital. In Maudsley, an outbreak was recorded on the John Dickson ward (2 patients). The two patients who tested positive were already double vaccinated before the outbreak. Virginia Woolfe ward in Lewisham Hospital recorded three cases (2 staff members and 1 patient). All three were already double vaccinated prior to the outbreak.
- The CCG Infection Prevention Control is working with the Trust to ensure the safety of patient and staff.

No. of Quality Alerts Reported by type



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. SMT Quality Update: Borough of Lambeth September '21

Mental Health Serious Incident Themes

- The following key themes were identified from the SI meeting with Mental Health provider are highlighted below,
 - Lack of staff professional curiosity re: identifying the risks patients pose to themselves. Quite often, the focus is usually on the risk posed to others. A couple of suicides highlighted this issue as a concern.
 - Failure to escalate safeguarding and domestic abuse concerns to the appropriate quarters. A particular case in reference was where a patient who constantly verbally and physically assaulted their mother was not escalated and they eventually killed their mother. This was because the mother never wanted police involvement in her case and the staff complied with her request by not escalating concerns.
 - Poor multidisciplinary and multiagency communication (police, probation service, primary care, social care, etc). Linked to this is poor information sharing / clarity of information.
 - Working with family – Think Family Approach.
 - The CCG Quality and Safeguarding Teams work with the providers to support them in addressing any issues of concern through effective monitoring of action plan to prevent future reoccurrences.

CQC Updates

- An inspection of the Emergency Department at Denmark Hill (Jul 21) noted improvements on CQC five domains and the report was published on 30 September 2021. The service was not rated during inspection and the previous rating of 'requires improvement' remains.

Access to services – Ethnic Minorities communities

- Healthwatch Greenwich has produced a report and video of the Nepalese experience in Greenwich, which has useful learning for supporting minority communities in all Boroughs. Key points included:
 - Beware of digital exclusion
 - Promote language services available in practices and a role for practices to champion services for some local communities
 - Do not assume messages are being heard within all communities
 - Recognise and meet support needs of GP Receptionists
 - This work is best taken forward at Place

Primary Care Quality

- A draft dashboard for primary care is in development by the CCG.
- Practice packs have been developed with primary care reporting information already available to the analytical team such as acute data and referrals, QOF and prescribing as well as age and gender profiles of population. The information has been converted to activity per 100,000 people to enable comparison and can be viewed at south east London, borough and PCN and practice level.
- The results of the GP survey have been reported at SEL level. Local primary care teams have access to the data at Borough level
 - Overall experience rated as good by 81%
 - Access by telephone was rated as difficult by a third of respondents
 - 29% of respondents found using websites difficult
 - 14% reported a poor experience booking appointments
 - The GP Patient Survey data did not correlate well with CQC ratings illustrating the need to look at quality from a variety of perspectives.
 - Place based Directors have noted that local boroughs are producing local improvement action plans.



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.

Lambeth Risk Register

- All risks up to date and reviewed.
- SEL will be adding risks related to Care Home workforce levels and already have a risk related to workforce within Primary Care. Need to have a discussion with Area leads to look at possible addition of Lambeth specific risks to Lambeth Risk Register.
- Lambeth Risk Register is on the following pages.

Risk Forum

- The latest Risk Forum took place on the 18th October 2021.
- Omar Al-Ramadhani from the SEL Assurance Team attended to speak about the SEL BAF and how borough risks are escalated.
- At November Risk Forum there will be a deep dive into the Quality risks currently held on each borough's register.

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 Register: Lambeth

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
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 8€" including Kooth, Centrepunt and more., Successful bid for MHST funding - MHST programme commences Jan 2021, 8 Redesigned model of CAMHS implemented July 2019 has seen improvement in performance, Monitored via monthly CMMs. Performance is improving.	6	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		3
129	Failure to reduce diagnostic waiting times for children and young people awaiting an Autism or ADHD assessment.		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 8 pathway, The additional capacity in place is overseen by Evelina Contract Management meeting - any issues escalated and managed there.	6	Bi-monthly contract monitoring meetings with Evelina., Monthly ADHD meetings with Evelina and SLAM.		4
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.		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, 16 SEL rebate schemes continue to be processed, Continue to focus on areas of potential savings and value improvement as well as any emerging pressures, Additional capacity secured to support the team including financial specialist who has helped cleanse and analysed data, usefully identifying underlying trends. Routine catch-up sessions with SEL finance team in place to maintain co-ordinated working	12	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		8

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:			
132	Risk that transfer of high cost Learning Disability clients from Specialised Commissioning under the Transforming care Programme results in potential unbudgeted costs	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.	8	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	6
134	Possible risk of failure to safeguard children and identify and respond appropriately to abuse.	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 " 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.	15	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, 10 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	5
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	16	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, 8 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	8

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:

140	Risk that uptake of Covid-19 vaccination is suppressed due to issues of Hesitancy leading to poorer Health outcomes and inequalities	16	Hesitancy Plan in place for Lambeth, Comms and Engagement plan in place overseen through the Lambeth Vaccine Steering Group in turn reporting to the Lambeth Together Executive Group, Vaccination uptake programme is delivering a range of projects aimed at increasing vaccination uptake incl. grassroots programmes, deployment of covid wellbeing ambassadors (community champions), making every contact count training programme, and the provision of vaccination through the borough's mobile health and wellbeing bus alongside support from the SEL communications and engagement team. The uptake programme operates alongside targeted task-and-finish groups to increase uptake in particular cohorts e.g. care homes and children and young people and reports into the weekly Vaccination Steering Group. A team to oversee the uptake programme over the next period across the CCG and Public Health is currently being recruited	8	Regular reporting to LTEG through vaccine steering group, Regular meetings with Comms teams within Lambeth Council to ensure engagement plan reaching as much of the local population as possible	6
141	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.	12	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 "Mental Capacity Law" 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, Liberty Protection Safeguards & Mental Capacity Act Designated Lead in place at SEL level.		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
142	Failure to maintain high immunisations performance will pose a risk to young peoples health and subsequent need to access services.	12	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	12	Appropriate working groups and documentations in place., Public Health scrutiny of commissioning arrangement for immunisations programs	3

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:

143	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.	12 Ongoing campaign of staff awareness to business continuity and resilience issues. Commitment to participating in appropriate multi-agency exercising. Staff made aware of process to be followed upon receipt of suspicious email. Have seen improvement in staff awareness especially of mail coming into the generic mailboxes. All being sent as files to the spam report email address for further investigation.	8 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., Improved awareness of staff has been noted with an increase in spam emails being sent as files to the spam reports email rather than forwarding to others for advice	Impact of Covid on capacity has led delays to running exercise.	8
145	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, Funding proposal submitted to Lambeth Council for NEV project.	9 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)		4
158	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	16 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	12 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, Lambeth Council Covid team to oversee the response and management of Covid across the partnership to be fully recruited to over the next period – FTE Lambeth Together Programme Lead in post from 1st Sept with focus on return to transformation.		12



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 6 (September 2021), the borough is reporting an overall year to date position of £112k overspend, within which the CHC (£536k overspend) and prescribing (£373k overspend) budgets represent the biggest risk to the borough financial position and currently mitigated by non-recurrent flexibilities and underspend in other budget areas. Funding allocation and financial arrangements for the second six months of 2021/22 (H2) were announced at the end of September 2021 and finance team are currently working through the details.
- Continuing Care: The position reported (£536k overspend) is built off the patient database, risk adjusted for identified reporting issues and local adjustments. The borough is seeing increasing underlying pressure as the impact of high-cost clients and activity levels of the pandemic start to impact. The database cleansing and analysing exercise has indicated that further actions are needed to ensure the robustness of the patient database on a recurrent basis. As previously reported, the position reflects an anticipated budget adjustment to transfer funding from GSTT to Lambeth CHC budget for the impact of Minnie Kidd House closure. Work to implement mitigations and manage in-year pressures required. Further challenge expected as the system starts to 'normalise' from the impact of the Hospital Discharge Programme. The Hospital Discharge Programme changed the funding arrangement from 6 weeks in Quarter 1 to 4 weeks in Quarter 2.
- Prescribing: The reported position (£373k overspend) based on Month 4 (July 2021) year to date actual data available indicates some level of financial risk (price pressure and activity pressure). This position is showing a slight improvement compared to the Month 3 data with a reduction in the price pressure seen in previous months. , and what could be seen as a "normal" level of activity growth. These numbers are volatile, so further monitoring is required over the coming months. 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.

6.1 Finance highlights



Director / lead	Andrew Eyres, Strategic Director: Integrated Health and Care
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2021-22 Lambeth Council

- Adult Social Care is forecasting to breakeven for 2021/22, as of September 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 £3.8m 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 two years and the overall position is approximately £3m more in expenditure than pre-pandemic trends suggested. One main reasons for this are that home care expenditure for older people has increased substantially, along with some increases in nursing care, and the increased cost has only been partly off-set by reductions in residential care expenditure. In addition, long-term cost increases in Learning Disabilities have accelerated over the last year with new high cost placements for people transitioning from children's to adults services and for people that have moved from acute to community settings as part of transforming care.



Annex

A1 Glossary



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

Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
ADHD	Attention Deficit Hyperactivity Disorder	ICS	Integrated Care System
AHC	Annual Health Check	KCH	King's College Hospital NHS Foundation Trust
BAF	Board Assurance Framework	KPI	Key Performance Indicator
BI	Business Intelligence	LBL	London Borough of Lambeth
CCG	Clinical Commissioning Group	LSAB	London Safeguarding Adults Board
CHC	Continuing Healthcare	LSCB	London Safeguarding Children Board
CQC	Care Quality Commission	LSCP	Local Safeguarding Children Partnership
DIPC	Director of Infection Prevention and Control	LTEG	Lambeth Together Equalities Group
DoLS	Deprivation of Liberty Safeguards	LTSB	Lambeth Together Strategic Board
FTE	Full Time Equivalent	LWC	Living Well Centre
GP	General Practice	LWNA	Lambeth Living Well Network Alliance
GSTT	Guy's and St Thomas' NHS Foundation Trust	MCA	Mental Capacity Act
H1	Half 1, referring to the first 6 months of the financial year, April - September	MHST	Mental Health Support Team
H2	Half 2, referring to the last 6 months of the financial year, October - March	MLTC	Multiple Long-Term Conditions
HDP	Hospital Discharge Programme	NCSO	No Cheaper Stock Obtainable

A1 Glossary



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

Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
NEV	Nine Elms and Vauxhall		
NHSPS	NHS Property Services		
PAU	Project Appraisal Unit		
PPA	Prescription Pricing Authority		
QA	Quality Alerts		
QIPP	Quality Innovation Productivity and Prevention		
SEL	South East London		
SI	Serious Incident		
SLaM	South London and Maudsley NHS Foundation Trust		
SMI	Severe Mental Illness		
SMT	Senior Management Team		
STP	Sustainability and Transformation Partnership		
VAWG	Violence Against Women and Girls		
VCS	Voluntary Care Sector		

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