

LAMBETH TOGETHER STRATEGIC BOARD

Date: **Wednesday 26 January 2022**

Time: **1.00 pm**

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

Members of the Committee

Part A Members

Part B Members plus:

Natalie Creary, Black Thrive

Sandra Jones, Lambeth Patient Participation Group Network

James Lowell, South London and the Maudsley NHS Foundation Trust

Julie Lowe, Kings College Hospital Foundation Trust

Therese Fletcher, GP Federations

George Verghese, Lambeth Clinical Cabinet Co-Chair

Sadru Kheraj, Lambeth Clinical Cabinet Co-Chair

Graham Gardiner, Age UK Lambeth

Part B Members with voting rights

Andrew Eyres, NHS SE London CCG (Lambeth) and LB Lambeth

Adrian McLachlan, NHS SEL CCG, Lambeth Living Well Network Alliance

Dr Dianne Aitken, NHS SEL CCG, Lambeth NWDA

Sue Gallagher, Lay Member

Councillor Jim Dickson, LB Lambeth

Council Councillor Lucy Caldicott, LB Lambeth

Councillor Jessica Leigh, LB Lambeth

Fiona Connolly, LB Lambeth

Merlin Joseph, LB Lambeth

Part B Members in attendance

Penelope Jarrett, Lambeth LMC

Ruth Hutt, LB Lambeth

Catherine Pearson, Healthwatch Lambeth

Raj Mitra, Lambeth Children and Young People Alliance

Further Information

If you require any further information or have any queries, please contact:

Cheryl Smith, Email: lamccg.lbsat@nhs.net

AGENDA

	Page Nos.
1 Agenda	1 - 4
1a Introductions	
2 Declarations of Interest	
3 Minutes of the Meetings 24 November 2021	5 - 14
4 Introducing the Lambeth Together Care Partnership	
5 Developing our Lambeth Together Care Partnership public voice in governance and the public forum	15 - 24
6 New Lambeth Emotional Health and Wellbeing Pilot for Children and Young People	25 - 38
7 Deep Dive - Substance Misuse	39 - 48
8 Lambeth Together Assurance Sub-Group	49 - 108
9 AOB	



Lambeth Together Care Partnership Public Forum and Board Meeting in Public

Wednesday, 26 January 2022


1 p.m. to 4.15 p.m.

[Microsoft Teams meeting](#)

AGENDA

Members of the public are welcome and encouraged to attend the public forum and Board meeting.

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
1 p.m.	Public Forum		Co-Chairs: Dr. Di Aitken and 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.	Board Meeting in Public		Co-Chairs: Dr. Di Aitken and Cllr Jim Dickson
1.	<p>Introductions</p> <p>Welcome, introductions and apologies</p>		Dr. Di Aitken
2.	<p>Declarations of Interest</p> <p>Members are asked to declare any interests on items included in this agenda</p>		Dr. Di Aitken
3.	<p>Minutes of the Meetings 24 November 2021</p> <p>Approve and review matters arising.</p>	Paper Enc.	Dr. Di Aitken
4. 2.10pm	<p>Introducing the Lambeth Together Care Partnership</p> <ul style="list-style-type: none"> Introducing the Co-Chairs and the Executive Place Lead 	Presentation	Dr. Di Aitken / Cllr Jim Dickson / Andrew Eyres

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	<ul style="list-style-type: none"> Introducing the Lambeth Together Care Partnership (LTCP) 		
5. 2.40pm	Developing our Lambeth Together Care Partnership public voice in governance and the public forum Board members are asked to approve the proposals for: <ul style="list-style-type: none"> recruitment of two additional patient/public voice members to the Lambeth Together Care Partnership development of the Lambeth Together Public Forum. 	Presentation Enc.	Catherine Flynn / Gerry Evans
6. 3.15pm	New Lambeth Emotional Health and Wellbeing Pilot for Children and Young People Board members are asked to note progress and endorse the development of the Emotional Health and Wellbeing pilot with SLaM and the Well Centre.	Paper Enc.	Dan Stoten / Karen Sanderson / Harold Bennison Clinical Lead: Dr Raj Mitra
7. 3.30pm	Deep Dive – Substance Misuse Board members are asked to receive an update on the developments of the Integrated Treatment Consortium, including: <ul style="list-style-type: none"> Performance of the Integrated Treatment Consortium Partnership working across the consortium Benefits of consortium working for service users Future development. 	Presentation Enc.	Service User Representative / Luke Mitcheson / Cassie Dyer / Rob Goodwin Clinical Lead: Mike Kelleher
8.	Lambeth Together Assurance Sub-Group Board members are asked to note the accompanying report from the Lambeth Together Assurance Sub-Group.	Paper Enc.	Brian Reynolds
9. 4.15pm	AOB Close  Date of next meeting – 23 March 2022 - 1pm – 5pm		Dr. Di Aitken

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	<p>Future dates of Lambeth Together Care Partnership Public Forum and Board Meeting in Public 2022 (all 1pm-5pm):</p> <p>25 May 2022 27 July 2022 28 September 2022 23 November 2022 25 January 2023 29 March 2023</p>		

This page is intentionally left blank

LAMBETH TOGETHER STRATEGIC BOARD MINUTES

Wednesday 24 November 2021 at 1.00 pm

TBC

Members Present:

Dr Dianne Aitken	NHS SEL CCG, Lambeth Neighbourhood & Wellbeing Delivery Alliance
Sarah Austin	Guys' and St Thomas' Trust
Jane Bowie	NHS SE London CCG (Lambeth) and LB Lambeth
Councillor Lucy Caldicott	Lambeth Cabinet
Fiona Connolly	LB Lambeth
Natalie Creary	Programme Director, Black Thrive
Councillor Jim Dickson	Lambeth Cabinet
Andrew Eyres	NHS SE London CCG (Lambeth) and Lambeth Council
Therese Fletcher	Managing Director, GP Federations
Sue Gallagher	Lay Member
Graham Gardiner	Age UK Lambeth
Penelope Jarrett	GP & Chair, Lambeth LMC
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
George Verghese	GP & Primary Care Clinical Cabinet Co-Chair

In attendance:

Matt Dibben	LB Lambeth
Gerry Evans	LB Lambeth
Andrew Parker	NHS SE London CCG (Lambeth)
Edward Odoi	NHS SE London CCG (Lambeth)
Catherine Flynn	Head Comms & Engagement
Peter Hesketh	LB Lambeth
Sabrina Phillips	Lambeth Living Well Network Alliance
Jo Keats	Associate Director Integrated Commissioning (Older Adults)
Samantha Lasbury	Lambeth Together
Sam Alexander	NHS SEL CCG

Daniel Noruwa	LB Lambeth: Graduate Trainee
Sonia Colwill	NHS SEL CCG
Amanda Coyle	Lambeth Together (Neighbourhood & Wellbeing Delivery Alliance)
Karen Sanderson	LB Lambeth
Brian Reynolds	NHS SEL CCG
Niyemeti Ramadan	Lambeth Together Programme Officer
Sophie Taylor	LB Lambeth: Lambeth Together Programme Lead
Vanessa Wilson	LB Lambeth: Residents' Services

Apologies:

Ruth Hutt	LB Lambeth: Director of Public Health
Merlin Joseph	LB Lambeth: Strategic Director of Children's Services

1 Agenda - Lambeth Together Strategic Board

1a Introductions

Andrew Eyres welcomed attendees to the meeting.

2 Declarations of Interest

There were none.

3 Minutes

The minutes of the meeting of Wednesday 29 September 2021 were agreed as an accurate record of the meeting.

4 Neighbourhood & Wellbeing Delivery Alliance

Amanda Coyle, Director of the Lambeth Together Neighbourhood & Wellbeing Delivery Alliance, provided an overview on Alliance progress over the last year, next steps for 2022/23 and introduced a short, animated video on the work of the Alliance.

It was noted that:

- The progress report had been circulated to Board members.
- There were five active Thriving Community Networks meeting virtually and in person

across the Borough, and these were made up of Voluntary Sector organisations, community groups and residents.

- With the support of Health and Care partners, Thriving Community Networks encourage active participation in communities, support wider social and economic wellbeing needs and augment traditional healthcare needs.
- Health and Wellbeing hubs and community assets, like Lambeth Made Communities, were being piloted across the Borough.
- Five new Primary Care Networks were to go live next year, with an emphasis on locally led community groups.
- Managing long-term health conditions is a priority work area for the Alliance, to improve the lives of those living with conditions such as Chronic Pain, which was linked to existing inequality, disproportionately affecting women, and those from Black communities.
- The Chronic Pain Programme used user data analysis and referral mapping, as well as mapping of community services.
- The work across GP Practices for End-of-Life Care was noted and the need to meet targets for the increased number of advance care plans across Lambeth.
- The Diabetes and Health Inequalities Project started in November 2021 with a multi-agency primary care team delivering culturally appropriate services with the aim of improving outcomes for a targeted population.
- Challenges existed in financial pressures across the system, especially voluntary and community sectors, but also in capacity issues for staff and services across the health and community care sector.

Ross Lambdon, Neighbourhood & Wellbeing Delivery Alliance Programme Manager, outlined the Loneliness Test and Learn Project and noted that:

- The project targeted residents aged over 65, referred by General Practice.
- Pilots of the Project were taking place in Hills, Brooks & Dales Primary Care Networks (PCN), of Tulse Hill, Herne Hill & Thurlow Park to evaluate effectivity and Social Prescribing Link Workers providing holistic and specific support plans to individuals and referring them into community programmes.
- Data was used to target those who may not necessarily seek GP support with a social isolation issue.
- There was appetite in PCNs to work better together and the project had encouraged connective community infrastructure, termed 'Thriving HBD'.
- Increased investment in Link Worker resources had allowed exploration of mental health and Health and Wellbeing initiatives, co-produced with local organisations and communities.

Ruth Marie Vidal-Tunkara, Social Prescribing Link Worker, told members of her experiences working with patients and noted that:

- She had moved to South London eight years ago and had a background in adult education, counselling, advice and support work and community development.
- She had worked with Hills Brook and Dales Primary Care Network since 2019 and there were two Social Prescribing Link Workers across the Primary Care Network to increase capacity and activities.

- The COVID-19 pandemic had added additional challenges to complex casework.
- The Link Worker Service was not an emergency service and supported users through issues of low self-esteem, social activity needs, befriending and training and wider referral needs.
- Referrals came through General Practice, but there were more ways to be referred as the 'Thriving HBD' had made approximately 612 referrals to the Link Worker Service and the usual period for working with a service user was three months, which took place in person or over to telephone.
- The Community Networking Breakfast encouraged collective awareness for local issues as well as relationship building between different organisations, sharing information, personal and professional experience and resources to develop ideas. These informal events had received positive feedback.
- Meetings with stakeholder groups and forum discussions ensured the concerns of Patient Engagement Groups were addressed, as well as developments on specific issues across practices and the PCN.
- Support calls often resulted in signposting or referral, while other patients appreciated contact as the COVID-19 pandemic had meant certain support had been lost or the ability to join activities.
- There had been important learnings from community transport, as those with existing health issues did not wish to use public transport, or it was seen as unreliable, and the taxi card scheme was not as accessible as it could be.
- Community development activities were being planned as well as a series of Library events with the Wellbeing Ambassadors.
- A learning had been taken from the COVID-19 pandemic to collaborate with partners with close links to communities, to seek and distribute funding effectively.

In discussion it was noted:

- There was work undertaken on Social Prescribing ecology, within the context of the Thriving Communities Network Model, to look at integrating teams to distribute workloads and provide wider system support, for example on housing issues.
- The NWDA was a data usage committee in the ICS and now had access to Primary Care and Hospital Data together. This had enabled targeted interventions in the multiple long-term conditions project, which was in a learning phase and allowed the team to scrutinise the data.
- Data on the Loneliness Test and Learn programme was arriving in January 2022, and compared to initial data, would track the financial impact that increased socialisation is having on nonelective surgery and A&E admissions.
- Community led work and workshops were underway, as well as work with faith-based organisations in Lambeth North PCN, to determine activities and how and the environment in which people live can inform weight management. This work was building on information from the Mayor's Office and The Obesity Health Commission, as well as asking communities what was culturally appropriate for them.
- Link Workers had peer support and supervision which was process led. Caseloads often encompassed around 150 patients and staff could experience burn out due to contact with areas of trauma. It was important that Link Workers had appropriate supervision that did not come from a manager, realistic expectations and targets for their patients, as

well as a diversified workload.

- The values demonstrated by Social Prescribing Link Workers was reflected in the culture of the organisation and this learning could be captured formally in writing.
- The NWDA website had been updated and a comprehensive plan was being devised by the communications and engagement team.

RESOLVED

- To note the report.

5 Deep Dive - Homeless Health

Lee Georgiou, AD: Housing Needs and Paul Davis, Head of Commissioning, LB Lambeth, introduced the report and noted that:

- Lee Georgiou's remit included statutory homelessness service, allocation of social housing in Lambeth and housing commissioning and had been working for LBL Lambeth for ten months.
- While this was a statutory service, early intervention was key, before statutory duty had been activated and preventing homelessness at the earliest opportunity reduced costs due to the cost of Temporary Accommodation (TA).
- Collaborative working prevented homelessness which was required by the Homelessness Reduction Act to draw plans to prevent homelessness, rather than enforcing the service on people.
- Partnerships allowed the service to reach more people and the offer included financial support, employment advice and specialist training.
- In terms of innovation, officers were able to explore alternatives to costly TA through joint ventures and used data to reach people at early stages of vulnerability.
- There was high demand on the service, and this had increased by 20% since March 2020 due to pressures of COVID-19, with 5,000 people seeking assistance under homeless provisions and there was a statutory duty to provision for 750 every year.
- Supply issues existed across London in terms of social lets, and this linked into affordability. The benefits of the Local Housing Allowance did not reach the rent levels of the private sector and meant an employment offer was needed to prevent people from becoming homeless.
- Lambeth was the most successful London Borough in this service over the last financial year, but this was not enough to stem the flow of those going into TA.
- Partnership working was essential to preventing homelessness and that included statutory partners, community groups and charities.

Paul Davis, Head of Commissioning, LB Lambeth provided a summary of funding received from external sources for the programme and noted that:

- His remit covered pathways for vulnerable adults, Care Leavers and looked after children, young people that had become homeless, rough sleepers and tenancy support.
- The Rough Sleeping Initiative was in its fourth year of funding and had the fifth-year announcement made for a three-year settlement.
- This funding had covered added interventions such as a Prison Release Navigator and Lambeth Night Shelter.

- The recovery systems in place covered support in the private rented sector, resettlement workers from the hotels and personalisation funding which allowed a whole system of sustained support.
- In Lambeth, there were 20 rough sleepers at any one time and this compared well to other London Boroughs.
- The Rough Sleeping Drug and Alcohol Treatment Grant was a public health pilot and Lambeth was one of seven Local Authorities across the country that had won the competitive bid. This pilot was focused on dual diagnosis of substance abuse and mental health and was in its second year, with a third announced.
- All the public health work was assessed by Sheffield Hallam University, undertaking research into the complex dual diagnosis group.
- Approximately £4.5m had been received to repurpose two hostels which provided 25 units of accommodation to rough sleepers in Lambeth, as well as revenue support to staff them. Funding had also been received for a 'Housing First' pilot and this was six months into its four-year term.
- At the outbreak of the COVID-19 pandemic, an unprecedented number of people came off the streets. Accommodation was found for 176 people; 82 housed in hotels procured in Lambeth, with the remainder housed in GLA funded hotels.
- During this time, there was a robust system of support, which included health checks, on-site support workers, local voluntary sector organisation meal provision and nurses administering rapid services, and this has enforced the need for partnership.
- The rough sleeping outreach team rapidly assessed each rough sleeper to provide support.
- A case study was provided with an example of how this work positively affected and improved the lives of entrenched rough sleepers.

In discussion it was noted that:

- Resource and capacity issues would be addressed through early intervention which would consume less time and resource in the long term as later support may include secondary medical services and TA.
- Housing Associations did not have a Duty to Refer, but there was a protocol in place to prevent homelessness as there was a responsibility to provide support before eviction. There was a General Practice referral mechanism which was monitored with clear process to prevent homelessness.
- The details of the referrals team could be found on the Lambeth Website and referrals could be made by email, via the duty line or to the outreach team.
- Early intervention was key and while there were 580 beds for this cohort of vulnerable adults, the issue was to quickly allocate accommodation and enable them to find sustainable accommodation.
- Councillor Jim Dickson thanked partners and suggested members attend an outreach evening with Thames Reach to see the work of these organisations.
- More needed to be done in terms of prevention and response to referral and this related to the Homelessness Reduction Act to reach all groups.

RESOLVED

- Board members received an update on the programme area of homeless health.

6 **Lambeth Together - Continuing the development of our Local Care Partnership; Leadership and Governance**

Andrew Eyres, Strategic Director, Integrated Health & Care NHS SE London CCG (Lambeth) and LB Lambeth, introduced the report as three sections, being the development of Lambeth Together in the context of the Integrated Care System, the work of the Lambeth Together Equalities, Diversity and Inclusion (EDI) and Lambeth Together Assurance Sub-Groups.

Andrew Parker, Director of Primary Care and Transformation at SE London CCG, noted progress in developing the Local Care Partnership:

- To be fully operational as a Local Care Partnership within the Southeast London ICS from April 2022, the Leadership and Governance Arrangements of Lambeth Together was transitioning to fulfil requirements.
- The membership for a Local Care Partnership Committee was being established and a Governance Review confirmed that existing Part A and Part B arrangements of the Lambeth Together Strategic Board exceeded requirements to meet bi-monthly in a “Committees in Common” arrangement from April 2022.
- The Lambeth Together Executive Leadership Team had been meeting weekly to review the membership of a multidisciplinary Executive Team and this exceeded requirement of the LCP constitution.
- Councillor Claire Holland, as Leader of the Council, would represent LB Lambeth on the Integrated Care Partnership Board at the Southeast London level, substituted by Councillor Jim Dickson.
- It was confirmed that the existing Strategic Director, Integrated Health & Care fulfilled the eligibility requirements of a Place Based Leadership Executive, to deliver Integrated Care Systems in the Borough transparently.
- Dr Dianne Aitken and Councillor Jim Dickson were nominated to be Co-Chairs of the Local Care Partnership in shadow arrangements from January 2022.

Councillor Jim Dickson informed that he had corresponded with Richard Douglas, Chair Designate of the ICS Southeast London, and confirmed that:

- All arrangements as agreed and outlined above were in accord with requirements of the ICS.
- Terms of Reference for the Local Care Partnership Committee were being drafted by the ICS and these may be adapted.
- To confirm arrangements for the Lambeth Executive Place Lead, procedures for replacement were needed.

Juliet Amoa and Dr Dianne Aitken provided an update on the work of the Lambeth Together Equalities, Diversity and Inclusion (EDI) Sub-Group and noted:

- Discussions with the EDI Group had taken place to ensure the Lambeth Together Pledge achieved its vision.
- It was suggested that Board members recite and agree the Pledge as the Local Care Partnership went live, and a recording of this would be edited together.
- Current priorities included the recruitment of a Project Manager, ethnicity data collection

and the development of metrics to measure and support Alliance objectives on health care inequalities.

- Data was central to support Primary Care in tackling health inequalities.

Brian Reynolds presented the Lambeth Together Assurance Sub-Group update and noted that:

- The report itself was updated as a result of developments of the SEL CCG/ICS and regularly reviewed with additional detail on Lambeth Together in an integrated health space.
- Work Programmes for the Lambeth Together Medicines and Clinical Pathways Group were underway, which employed metrics developed by the EDI Group.
- The Assurance Group had considered Liberty Protection Safeguards which was to replace the Deprivation of Liberty Safeguards (DoLS) from April 2022.
- The Assurance Group received an executive summary of planning guidance from NHS England for the second half of the financial year 2021/22.

RESOLVED

- To approve the report.
- To approve all five recommendations for developing the Local Care Partnership.
- To ratify the position of Co-Chairs for the Local Care Partnership, to start initially as Designate Co-Chairs from 1st January 2022.
- To note the Lambeth Together Equalities, Diversity and Inclusion (EDI) and Assurance Sub-Groups Update.

7 Lambeth Together - Better Care Fund (BCF) submission 2021/22

Adrian McLachlan provided a summary of the report and noted that:

- Lambeth's BCF plan had been prepared and developed by Integrated Commissioning, Adult Social Care, and Finance Leads for Council and South East London CCG.
- The BCF was announced by the Government in 2013 to ensure a transformation in integrated health and social care.
- Planning requirements for BCF 2021/22 were published on 30 September 2021 and the final submission required sign-off by the Health and Wellbeing Board, CCG Accountable Officer and Local Authority Chief Executive, Director of Adult Social Care.
- The plans approval was expected on 11 January 2022.
- A large focus had been placed on the BCF service to transfer patients from hospital bed to home as quickly and as safely as possible.
- Lambeth Together, Discharge to Assess (D2A) processes, and Alliance Models were being developed, with a further Personalised Support Alliance in development.
- The Narrative Plan responded to addressing equality and health inequalities and the work of the EDI Sub-Group was commended.

RESOLVED

- To note the Better Care Fund Submission for 2021/22.

8 Nine Elms / Vauxhall - Full Business Case

Andrew Parker, Director of Primary Care Development, introduced the report following decisions taken under Chairs Action by LTSB Part B and noted that:

- The Nine Elms Vauxhall (NEV) Project was designed to support expected growth in the population in the North of the Borough, as additional capital investment was needed to increase the clinical capacity and meet demand for Primary Health Care services.
- Population increase was projected by 32,480 by 2029, due to residential development within the Opportunity area and in local Lambeth the predicted increase was 7,525, with the remainder falling within LB Wandsworth.
- The Project was funded by section 106 (s106) and Community Infrastructure Levy (CIL) funding to the value of £2,217m and this had been leveraged through LB Lambeth, with some input CCG.
- The Chairs Actions were twofold and once these had been noted, the Project could move into the implementation phase.

RESOLVED

1. To note the following recommendations agreed under Chairs action:
 - 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.
 - 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.

9 AOB

The meeting ended at 16:22

CHAIR
LAMBETH TOGETHER STRATEGIC BOARD
Wednesday 26 January 2022

Date of Despatch: 19 January 2022
Contact for Enquiries: Julia Skinner
Tel: 020 7926 0147
E-mail: jskinner@lambeth.gov.uk
Web: www.lambeth.gov.uk

This page is intentionally left blank

Lambeth Together Public Voice in Governance and the Public Forum

Lambeth Together Care Partnership Board 26 January 2022



Working in partnership for a healthier borough



Public Voice in Lambeth Together...

Integrated care systems and the development of Lambeth Together Care Partnership provide opportunity to strengthen involvement of local people at borough level

Focus today on proposals in two key areas:

➤ **Public voice in governance**

➤ **Public Forum**

Wider Lambeth Together commitment to involve people at all levels

- developing and reviewing overall priorities and strategy
- developing and delivering priority plans; and
- in the governance of the partnership itself





Public voice in governance

Aims

- Further develop and strengthen patient/public voice on the Board to increase overall participation by local people in decision-making
- Diversify public voice in governance to support equalities agenda of Lambeth Together - so that the membership over time is more reflective of Lambeth's population
- Enact principle of transparency regarding role, eligibility, recruitment, term
- Acknowledge patient/public voice role distinct from voluntary and community organisation representation on Board
- Reassure and remind that Board remains responsible for ensuring that appropriate engagement takes place and informs decisions at all levels

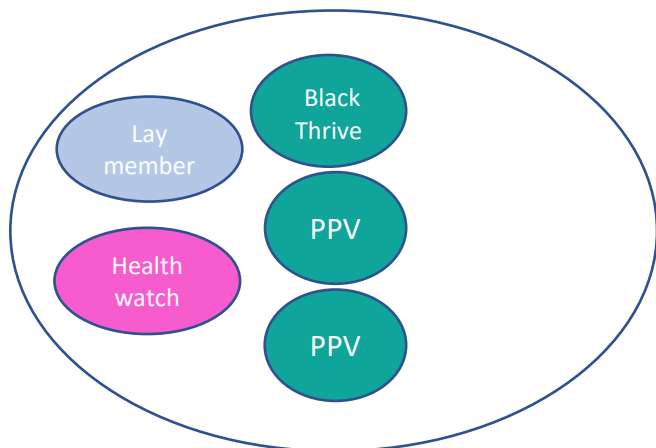




**Lambeth
together**

Proposal for additional Patient / Public Voice roles

Two additional Patient Public Voice roles - in addition to Lay Member, Healthwatch and Black Thrive



Eligibility and recruitment

Open recruitment against role outline and criteria including

- Residence/service usage /other live connection to Lambeth
- Active interest in health and care
- Active local networks
- 2 year term with review

Purpose

- Champion for patient and public perspective rather than single group or individual interest
- Bringing individual perspective to bear on discussions, informed by experience, identity, interests and affiliations
- Critical friend, bringing internal challenge to support better decision-making and community conversation
- Ensuring issues of particular local significance are identified and heard

Responsibilities

- Attending Lambeth Together Care Partnership meetings and Public Forum
- Maintaining networks and channels for staying in touch with community interests and experience
- Potentially being involved in specific areas of work, eg time-limited projects community sessions or Public Forum

Support

- Pre-application information, induction
- Nominated liaison member/officer
- Pre-meets with lay member + engagement lead
- Links to south east London peers and to Healthwatch
- Expenses for participation
- Development opportunities – mentoring, training

Public Forum Development Plan



Refreshed Board ambitions for Public Forum

- VCS groups and interested individuals are informed, aware and supported to participate
- The Lambeth Together Care Partnership Board hears from a more diverse range of groups and voices directly about what matters to them
- An accessible format maximises effective and collaborative participation

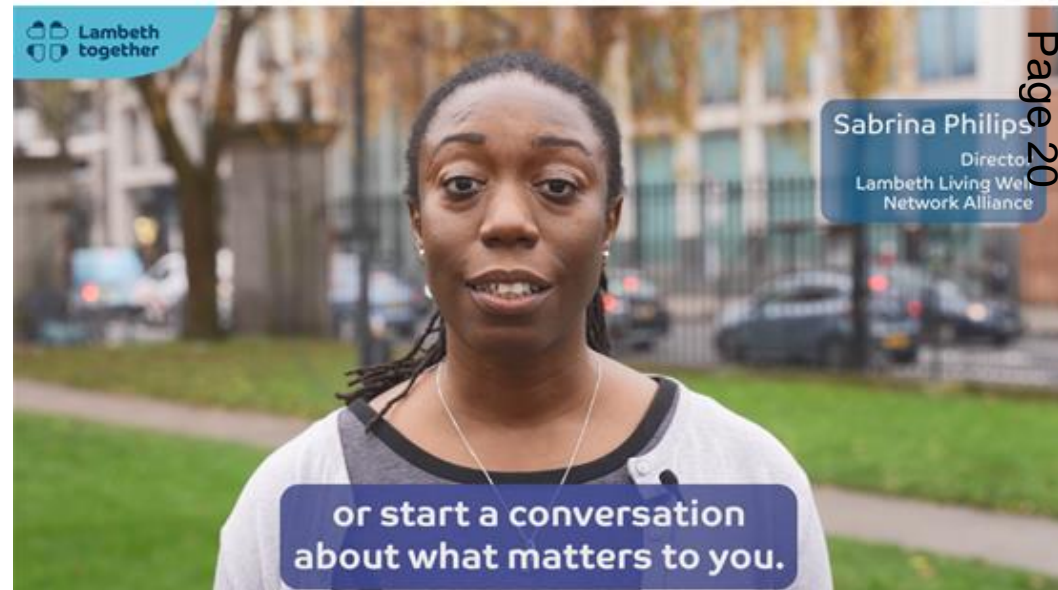


Public Forum Development Plan



Path to the Plan

- Sep-Nov 2021: Board discussions on scope to refresh Public Forum
- Dec-Jan: Board workshops generate broad consensus and options for further development
- 26 Jan: recommendations to Board
- Feb 2022-Jan 2023: recommendations implemented with continuous learning applied
- Early 2023: review sessions





Immediate Actions

- Agenda published before meetings used to target promotion and cascading
- Strengthen thematic contact routes for dissemination including targeted outreach and information via Alliances and workstreams
- Capacity-building support to potential attendees, e.g. question development
- Consult with Digital Inclusion Network on best practice for online meetings
- Enhanced emphasis on need to avoid jargon and Plain English training for Board members
- Explicit focus of Chairs on building participation from a more diverse range of groups and voices, e.g. by limiting questions from single groups or individuals and balancing live questions with those submitted in advance
- Board presentations saved for Board meeting
- Feedback from Public Forum attendees and insight from non-attendees
- Forum recording links to attendees for dissemination to their 'constituencies' and/or to wider audience after each meeting - in addition to web publication





Medium-Term Actions

- Information sessions with/via established voluntary and community networks
- ‘You said, we did’ – actions following last Public Forum published on LT website and briefly referenced by Chair
- Development of potential for capable and community-credible chairing, e.g. Healthwatch or lay member, or Patient and Public Voice members of the Board
- Shareable Public Forum information and engagement resources developed for Alliances, workstreams and partners
- Develop a way to capture contact details, interests and demographics of attendees where possible





Possible Longer-Term Actions

- Annual internal review by Board – how are we doing / how does the Forum itself work for us/for you / how do you feel about opportunities to influence our strategy /ask your questions? (survey of all who've attended and at meeting)
- Annual Public Forum impact report for publication and sharing
- Variety of formats: virtual and real life - constrained to online for now
- Guest VCS co-Chair relating to one-off themed forum sessions
- Presentations from VCS/public on 'hot' issues





Recommendations

Members are asked

- 1) To approve the proposals for recruitment of two additional patient/public voice members to the Lambeth Together Care Partnership Board**
- 2) To approve the proposals for development of the Lambeth Together Public Forum**

All actions are intended to be kept under continuous review - a 'living' plan that will continue to develop

LTSB workshops generated ideas and thoughts not only for development of the Public Forum or for the expansion of public voice in governance but also other suggestions for communications and engagement teams to consider, including annual conferences, VCS hosted fora, Board member 'roadshows', visits to VCS groups for focused discussion, hosting an 'assembly' to support the development of the Partnership's Health and Care Plan... these can be looked at outside of planning for a refreshed Public Forum and new public voices on the Board, as part of wider development of engagement channels and approaches

ENCLOSURE:

AGENDA ITEM:

South East London
 Clinical Commissioning Group

Committee Title

DATE:

Title	The Well Centre / SLAM Pilot	
This paper is for information		
Executive Summary	<p>This project will be a two-year pilot to see how Lambeth’s mental health services can work with third party providers to create a joined-up offer for young people in the borough, with the long term aim of reducing demand on CAMHS.</p> <p>As part of the pilot we are looking to establish the processes and legal basis for sharing relevant information between providers and partners for two key purposes:</p> <ul style="list-style-type: none">- To provide a seamless service for a young person accessing mental health and wellbeing support in Lambeth, by enabling service providers to share with each other, when necessary, the data they hold on the needs of the young person and the support they have received, so that when a young person transitions to a different service they receive the support they need as quickly as possible- To enable the tracking of the outcomes for young people accessing the services covered by this pilot so that we can determine the effectiveness of those services in meeting the needs of the young people and, in the long term, reducing the proportion of young people with severe or acute mental health needs. <p>Lambeth will be commissioning two voluntary sector organisations, Place2Be and Coram, to deliver services that complement the borough’s existing mental health and wellbeing services, which will enable us to test and refine the data sharing processes designed in this pilot. Once effective processes and the legal basis are established, Lambeth will be able to replicate them with other partners so that we can scale up our involvement of partners to help us meet the needs of our 0-18 population, as well as thinking up to 25. This approach also means that Lambeth will have additional services available for its young people during the pilot, delivered by Place2Be and Coram.</p> <p>The pilot will also build on the work of The Well Centre, based at the Herne Hill Group Practice, which provides young people with open access to GPs, counsellors and health & wellbeing practitioners in one place and assesses the needs of presenting young people via a holistic assessment (Teen Health Check). We will explore how to scale and / or replicate this model to extend its availability across the borough, and look at how to seamlessly transition young people to the relevant services once their needs have been assessed.</p>	
Recommended action for the Committee	<ul style="list-style-type: none">• <i>To note this proposal and agree to provide oversight</i>	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	<p>This is a pilot, so there is a level of risk to its success. The three key risks are:</p> <ol style="list-style-type: none">1. Unable to overcome any significant barriers to data sharing – we will work with relevant IG leads and practice managers to determine what data needs to be

		<p>shared and develop a data sharing protocol. A DIA will be completed as part of the pilot once there is clarity on what needs to be considered</p> <ol style="list-style-type: none"> 2. Demand for mental health support continues to rise – we will work to minimise slippage in this project as the impact would be worse without this project but additional pressures on the system will make it more difficult to achieve the desired outcome 3. Partners do not have enough capacity to engage sufficiently with the pilot – we will maintain stakeholder relationships and buy-in to pilot's objectives with regular engagement and communication. If wider circumstances (e.g. pandemic) affect capacity we will review the project plan and adjust
	Equality impact	<p>The main risk factors for adolescent mental disorder include social disadvantage / poverty, trauma, stress, identity issues, family dysfunction and substance misuse. Stigma, discrimination or exclusion also increase the risk, meaning that adolescents from minority ethnic or sexual backgrounds (or other discriminated groups), adolescent parents and those with long term physical or mental health conditions are disproportionately affected.</p> <p>Since this pilot is aiming to support those with mental health disorders, the above factors indicate that our work will be mostly supporting disadvantaged young people and their families. For example, the Well Centre currently sees twice as many women as men; half of those presenting are from the lowest three IMD deciles; and 40% of the young people whose ethnicity is recorded are BAME.</p> <p>Using schools as part of this project to deliver services means we could reach a wider demographic of young people, but our intention is to target those young people who are currently experiencing worse outcomes as a result of systemic and structural inequalities to try and meet their needs.</p> <p>We do not anticipate a negative impact on any groups of young people since this project will provide support additional to what already exists, support that has been shown to have worked elsewhere; and the project aims to make the provision of that support timelier without impacting on the delivery of other services.</p>
	Financial impact	<p>There are four key resources to be funded by this two-year project. The total budget is £400k and has already been approved.</p> <p>Both Place2Be (1) and Coram (2) will be allocated £85k per annum (£340k in total) to set up and deliver services in Lambeth aimed at preventing mental health issues from escalating, using existing infrastructure (e.g. in schools). They will focus on providing young people and their families with the tools to strengthen their resilience and help deal with any adversity they might experience.</p> <p>The Well Centre (3) will be allocated £20k in total to help replicate and scale their offer across Lambeth. We will draw on their experience of creating and running their service, and support them to grow the capacity of their own service.</p> <p>Finally £40k will be allocated to fund project management and evaluation resources (4), which will be needed as this will be a</p>

		complex undertaking with lots of stakeholders and will be managed using agile principles – developing, testing / evaluating and refining the operating model in short cycles to enable us to minimise the risk of failure while also taking steps to improve the experience of young people in need of mental health support.
Which corporate objective does this item link with? (please mark the relevant line with an x in the right hand box)	1: To ensure we commission services which meet the health and wellbeing needs of the population and reduce health inequalities	X
	2: To work in partnership to maintain and improve the quality of our commissioned services, and ensure all safeguarding protections are in place	X
	3: To enhance collaborative working with other health and care organisations to develop and deliver an effective ICS – able to deliver national, ICS and local objectives - with our population at the centre	X
	4: Strengthen our partnership working and develop a culture which embraces lessons learned and surfaces and embeds best practice	X
	5: To secure the active participation and visibility of patients and local people, including from diverse and seldom heard groups, in the planning and design of local services	
	6: To ensure that clinical leadership is embedded in our ways of working and our change programmes including the involvement of member practices and system partners	
	7: Develop an organisation and workforce capable of delivering the CCG's objectives and ensure members of the organisation feel valued and enjoy coming to work.	
	8: Ensure that the CCG meets its commitments with regards financial and performance improvement, maintains effective governance within the organisation and across partnerships, and optimises progress against the delivery of NHS constitutional standards	
Wider support for this proposal	Public Engagement	The public has not been engaged in this proposal to date. As part of the evaluation of the project we will seek the views of young people accessing the relevant services about the quality of the support they received and their experience in dealing with the services.
	Other Committee Discussion/ Internal Engagement	LBL CMST Emotional Health and Wellbeing workstream of the CYP Programme
Author:	Kevin Yong	
Clinical lead:	Harold Bennison	
Executive sponsor:	Dan Stoten	

This page is intentionally left blank



Emotional Health and Well Being Pilot briefing 26th January 2022

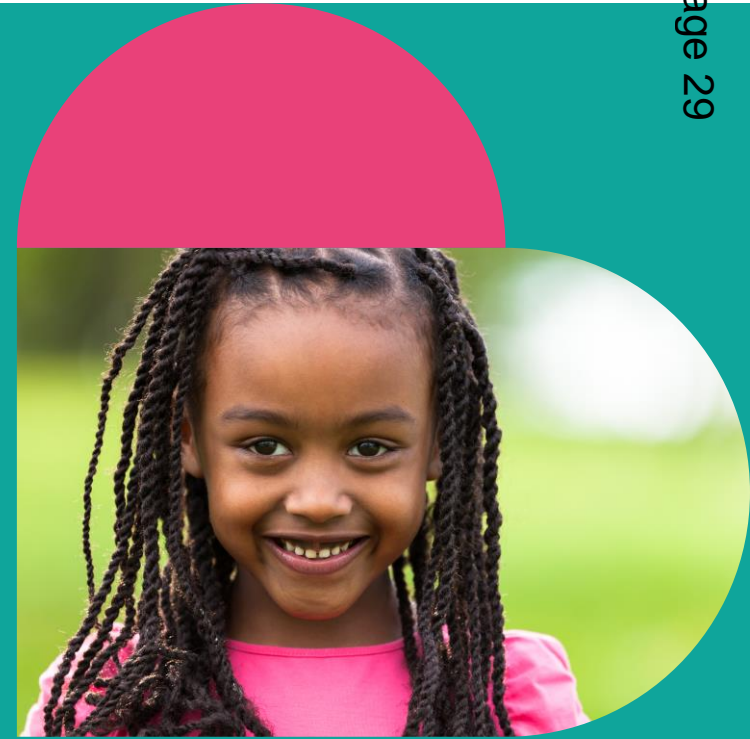
Presenters:

Dan Stoten

(Integrated Associate Director - Children's Integrated Commissioning)

Harold Bennison

(CAMHS Service Director at South London and Maudsley NHS Foundation Trust)



Description of Pilot



- The pilot will build on the work of The Well Centre, based at the Herne Hill Group Practice, which provides young people aged 11 – 20 open access to GPs, counsellors and health & wellbeing practitioners in one place and assesses the needs of presenting young people via a holistic assessment (Teen Health Check)
- The pilot will scale and / or replicate this model to extend its availability across the borough, and look at how to seamlessly transition young people to the relevant services once their needs have been assessed
- This two year pilot has been developed to measure how Lambeth's mental health services can work with third party providers to create a joined-up offer for young people in the borough, with the long term aim of reducing demand on Child and Adolescent Mental Health Services (CAMHS)
- The total budget is £400k has already been approved and two voluntary sector providers have been appointed to deliver the pilot
- The pilot will ensure developments are aligned with work in schools and other areas of early help and prevention.



Aims and work strands



Aims

- To provide a seamless service for a young person accessing mental health and wellbeing support in Lambeth
- Enabling service providers to share, when necessary, the information describing the needs of the young person, so that when a young person moves to a different service they receive the best support they need quickly and without having to tell their story repeatedly.
- Tracking the outcomes for young people accessing the services covered by this pilot to determine the effectiveness of those services at meeting the young person's needs and, in the long term, reducing the proportion of young people with severe or acute mental health needs.

Main work strands

- Mapping existing preventative and early intervention services and the referral pathways between them and also CAMHS
- Working with third sector organisations and defining the services they will provide
- Establishing a protocol and legal basis for data sharing between these services
- Defining and implementing a child-centric model of working

This page is intentionally left blank

The Business Case

Officers should seek advice from their Head of Service or Budget Holder before completing a project business case or options analysis and use the template as required by their department or section. If there is no established business case form in the service team, officers can use this template for project approval by directorate management.

1.0 Project Details

Project title:	The Well Centre / SLAM Pilot
Contract type:	<input type="checkbox"/> Supplies <input checked="" type="checkbox"/> Services <input type="checkbox"/> Works <input type="checkbox"/> Consultancy <input type="checkbox"/> Framework Agreement
Directorate:	Children's Services and Adults & Health
Division:	Integrated Commissioning
Total estimated contract or purchase value:	£400,000
Name of report author:	Kevin Yong, Project Manager
Name of presenter:	Karen Sanderson, Children and Young People's Alliance – Programme Lead

2.0 Summary Description of Proposal

This project will be a two-year pilot to see how Lambeth's mental health services can work with third party providers to create a joined-up offer for young people in the borough, with the long term aim of reducing demand on CAMHS.

As part of the pilot we are looking to establish the processes and legal basis for sharing relevant information between providers and partners for two key purposes:

- To provide a seamless service for a young person accessing mental health and wellbeing support in Lambeth, by enabling service providers to share with each other, when necessary, the data they hold on the needs of the young person and the support they have received, so that when a young person transitions to a different service they receive the support they need as quickly as possible
- To enable the tracking of the outcomes for young people accessing the services covered by this pilot so that we can determine the effectiveness of those services in meeting the needs of the young people and, in the long term, reducing the proportion of young people with severe or acute mental health needs.

Lambeth will be commissioning two voluntary sector organisations, Place2Be and Coram, to deliver services that complement the borough's existing mental health and wellbeing services, which will enable us to test and refine the data sharing processes designed in this pilot. Once effective processes and the legal basis are established, Lambeth will be able to replicate them with other partners so that we can scale up our involvement of partners to help us meet the needs of our 0-18 population, as well as thinking up to 25. This approach also means that Lambeth will have additional services available for its young people during the pilot, delivered by Place2Be and Coram.

The pilot will also build on the work of The Well Centre, based at the Herne Hill Group Practice, which provides young people with open access to GPs, counsellors and health & wellbeing practitioners in one place and assesses the needs of presenting young people via a holistic assessment (Teen Health Check). We will explore how to scale and / or replicate this model to extend its availability across the borough, and look at how to seamlessly transition young people to the relevant services once their needs have been assessed.

3.0 Project Background

Not all young people in Lambeth are receiving the support they need to prevent or address mental health issues. For example, the Five Year Forward View committed to increasing the proportion of children and young people with mental disorder receiving treatment to 35% by March 2021. COVID-19 has disproportionately affected children and adolescents, with a national survey indicating a 50% increase in prevalence of probably mental health disorders in 2020 (NHSD, 2020) that has persisted in 2021 (NHSD, 2021).

SLAM has set out a strategic priority to be a 'partner in prevention', so that it is not only focusing on delivering CAMHS; and, with Lambeth partners, it is seeking to be a national lead in meeting the mental health needs of local young people up to the age of 25. This means developing a system that is child-centric rather than driven by the services available, which currently results in a disjointed system. For example, we want to avoid move between services where possible, else otherwise for that transfer to be seamless for the young person: achieved via a joined-up commissioning plan and a clear understanding of how services fit together. This is particularly important if we want to avoid a 'cliff edge' in support to young people when they turn 18 and transition to adult services.

To this end, we are looking to develop a new way of working between the relevant providers and partners in Lambeth so that they can effectively collaborate to provide Lambeth residents aged 0-18 years old with the emotional health and wellbeing support they need at the right time and in the right place. It is expected that this will reduce the demand on CAMHS as a result of prevention and early intervention, and enable a more even distribution of resources across the tiers of support.

The project is a joint initiative between SLAM, NHS South East London CCG and the London Borough of Lambeth council, through the Children's programme within Lambeth Together. The pilot will look at how to break down silos between providers, particularly in education and health, so that they can provide a seamless service from the point of view of the child / young person. We will look at how governance, joint working, data sharing and re-engineering of referral pathways can achieve this with third party providers, and we will be commissioning two voluntary sector organisations, Place2Be and Coram, to test how this would work in practice.

These two charities have been identified since SLAM has a memorandum of understanding in place with Place2Be, who already deliver services in Lambeth and provide universal mental health support and targeted child counselling in schools; and Coram is the largest external provider of support to schools for PSHE, reaching 10% of English and Scottish primary schools, and runs an Innovation Incubator for Children's Social Care as well as providing therapeutic support to vulnerable children and delivering parenting programmes for adopters. In particular, both organisations have a track record of delivering similar pilots successfully. Coram is one of only a few organisations to win two grants from the DfE's Children's Social Care Innovation Programme, developing new ways of working to improve outcomes for children in care; and recently worked with the City of London on a mental health project aimed at helping their UASC to settle and integrate. Similarly Place2Be has been funded by UBS to pilot working with both secondary schools and their associated primary schools as part of an integrated programme of work to support transition from primary to secondary; and by SW London CCG to deliver the Journey of Hope pilot, providing group work interventions for primary school children who demonstrate high emotional and/or peer difficulties score on SDQ.

The project will have four main strands of work:

- Mapping existing preventative and early intervention services and the referral pathways between them and also CAMHS
- Piloting of working with third sector organisations, including defining the services they will provide.
- Establishing a protocol and legal basis for data sharing between these services
- Defining and implementing a child-centric model of working

The **first strand** will look at the relevant services available to children, young people and their families in The Well Centre's locality – such as parenting programmes, counselling delivered in schools, school lessons on mental health – to determine the capacity and coverage provided by existing preventative services and the associated referral pathways.

The outputs from this will inform the **second strand**, where we will first specify the distinct services to be provided by Place2Be and Coram for a small cohort of children, aimed at increasing access to preventative support and providing a route to CAMHS where needed; and then pilot the implementation and integration of those services.

The **third strand** will be undertaken in parallel with the second strand. We will work with the relevant people in SLAM, Lambeth, KCL, Coram and Place2Be to establish the legal basis for sharing data between services and then develop a protocol for how this will work in practice. The data sharing arrangements are needed for two purposes:

- To enable services to provide joined up support to young people
- To enable us to monitor the impact of this project

The **fourth strand** will be an overarching change management strand, working with stakeholders to change ways of working to enable effective, joined up support for young people. For example, when a young person needs more targeted intervention, we want a system that can holistically assess their needs quickly and accurately, regardless of where they 'are' in the system, and provides the support they need without delay. This work will include:

- Establishing how assessments will be delivered (e.g. via The Well Centre)
- Determining how the referral pathways will be managed on behalf of the young person
- Testing and refining the data sharing protocol

4.0 Expected Outcomes & Critical Success Factors

- *Please set out the intended outcomes from this proposal.*
- *Please indicate how the success of this proposal will be measured i.e. the KPI's used to monitor and measure the success of this proposal.*

The principle driver of the pilot is to reduce the prevalence of acute and severe mental health needs among the target population – the number of children / young people (aged 0-18) worked with by Lambeth CAMHS tier 3 in 2020/21 was 2,558; with a further 18 being admitted to hospital. This in turn will lower demand on CAMHS and lead to a reduction in waiting times for those services. While this pilot will provide an initial injection of funding, it is anticipated that in the long term there will be a more even distribution of resources across the four tiers, which will equate to greater value for money in treating mental health needs as we move away from primarily spending on high cost interventions.

Another key outcome is to deliver a better experience for young people, by giving them the support they need when they need it; and not be subject to multiple needs assessments if they move between services. This should reduce the chances of their needs becoming more severe; and help to empower young people in dealing with their mental health concerns.

Given the timeframe and scale of the pilot, it will difficult to attribute particular outcomes to this work. To measure the success of this proposal we propose to:

- Count the number of young people accessing the services that fall under this pilot
- Track how long it takes these young people to receive support, and compare timescales with similar services in the borough – we are looking reduce the time taken for young people to receive the support they need
- Count how many go on to receive support at a higher tier, compared with elsewhere in the borough – we are looking to have fewer move to a higher tier and or return for support at their current tier
- Measure their satisfaction with the support they received

We will also look at the characteristics of the young people being supported to see whether specific groups are benefitting or missing, and adjust our approach as necessary.

5.0 Financial Implications, Resources & Change Management

There are four key resources to be funded by this two-year project.

Both Place2Be (1) and Coram (2) will be allocated £85k per annum (£340k in total) to set up and deliver services in Lambeth aimed at preventing mental health issues from escalating, using existing infrastructure (e.g. in schools). They will focus on providing young people and their families with the tools to strengthen their resilience and help deal with any adversity they might experience.

The Well Centre (3) will be allocated £20k in total to help replicate and scale their offer across Lambeth. We will draw on their experience of creating and running their service, and support them to grow the capacity of their own service.

Finally £40k will be allocated to fund project management and evaluation resources (4), which will be needed as this will be a complex undertaking with lots of stakeholders and will be managed using agile principles – developing, testing / evaluating and refining the operating model in short cycles to enable us to minimise the risk of failure while also taking steps to improve the experience of young people in need of mental health support.

This project will be overseen by the Emotional Health and Wellbeing work stream, within the Children and Young People's Alliance, under Lambeth Together.

6.0 Dependencies

Table 1 – Risk Register

Item	Risk	Likelihood	Impact	Score	Control Measures	Risk Owner
1	Barriers to data sharing	Likely	Serious	12	Work with relevant IG leads and practice managers to determine what data needs to be shared and develop a data sharing protocol. A DIA will be completed as part of the pilot once there is clarity on what needs to be considered	Kevin Yong
2	Demand for mental health support continues to increase	Likely	Significant	6	Ensure minimal slippage in this project – the impact will be worse without this project but additional pressures on the system will make it more difficult to achieve the desired outcome	Lambeth
3	Partners do not have enough capacity to engage sufficiently with the pilot	Very likely	Significant	8	Maintain stakeholder relationships and buy-in to pilot's objectives with regular engagement and communication. If wider circumstances (e.g. pandemic) affect capacity we will review the project plan and adjust	Kevin Yong

Key

Likelihood	Very Likely	4	Likely	3	Unlikely	2	Very Unlikely	1
Impact	Major	8	Serious	4	Significant	2	Minor	1

7.0 Responsible Procurement

- **Good Quality Jobs with Fair Pay and Decent Working Conditions**

The Living Wage is applicable for all directly employed and sub-contracted staff with respect to this project.

The size of this contract means that providers do not need to comply with the Modern Slavery Act (2015).

Employees of both Coram and Place2Be are free to join a trade union and not be treated unfairly as a result of belonging to one.

8.0 Consultation & Stakeholder Engagement

Please complete stakeholder matrix below inserting relevant details of the stakeholders, their interest and action that needs to be taken to ensure that they are properly consulted and informed.

Table 2 – Stakeholder List

PROJECT ROLE	ORGANISATION	INDIVIDUAL
Project sponsor	London Borough of Lambeth & NHS South East London Clinical Commissioning Group	Dan Stoten, Integrated Associate Director - Children's Commissioning
Project sponsor	South London and Maudsley NHS Foundation Trust	Harold Bennison, CAMHs Service Director
Governance Board	Emotional Health and Wellbeing workstream	
Key Stakeholder	Coram	Tbc
Key Stakeholder	Place2Be	Tbc
Key Stakeholder	The Well Centre	Tbc
Key Stakeholder	Schools	Tbc

17 December 2021

Harold Bennison

Karen Sanderson

Dan Stoten

Kevin Yong

This page is intentionally left blank

Lambeth Addictions Consortium

we are
withyou

Phoenix Futures 

humankind®


Lambeth




South London
and Maudsley
NHS Foundation Trust

Jan, 2022

Working in partnership across the council and health and social care system

- Overlapping nature of substance misuse work
- Wide ranging examples of partnership working:
 - Rough sleepers pathway
 - Criminal Justice
 - Safer Lambeth Partnership
 - Mental Health
 - Fulfilling lives
 - Reducing Harm from Alcohol Group
 - DASH

Lambeth Addictions Consortium

Background

- Statutory/Voluntary Sector
- Sharing Skills, Experience, Expertise.
- Efficiency/Effectiveness
- Service Users/Peer Support



Consortium Care Pathways and Partnership

- Opioids
- Alcohol and other Drugs
- GP Shared Care
- Recovery



Service Users

Collaboration

Impact on people's lives

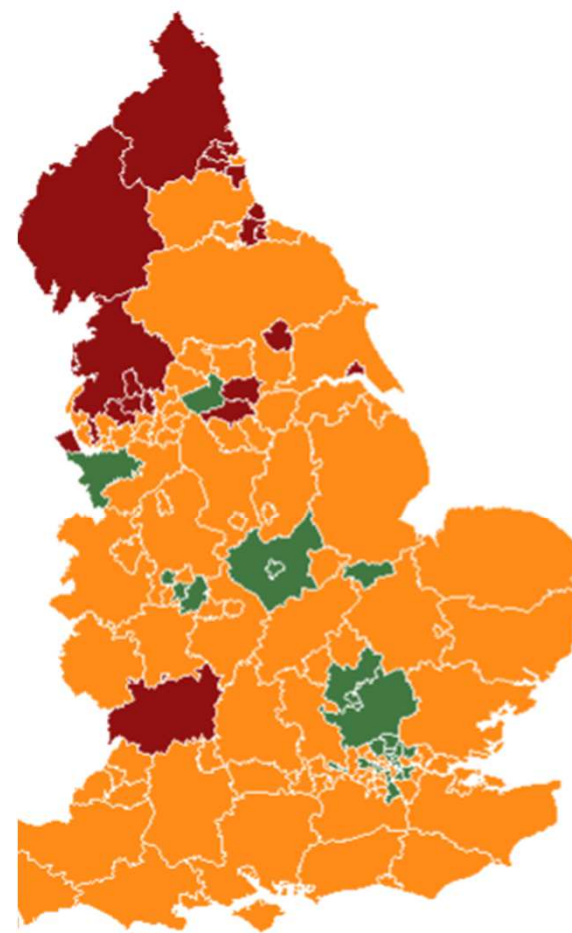
Quality based on service user perspective



Service Delivery - Deaths in Treatment

Strength of Partnership responses

- There were 3,726 recorded deaths in treatment in 2020/21, which represented 1.4% of all people in treatment. People with opiate problems accounted for nearly two-thirds (65%) of these deaths, and the alcohol only group a further 29%.
- Naloxone distribution and development of access and availability



Comparison to
England mortality rate:



Page 44

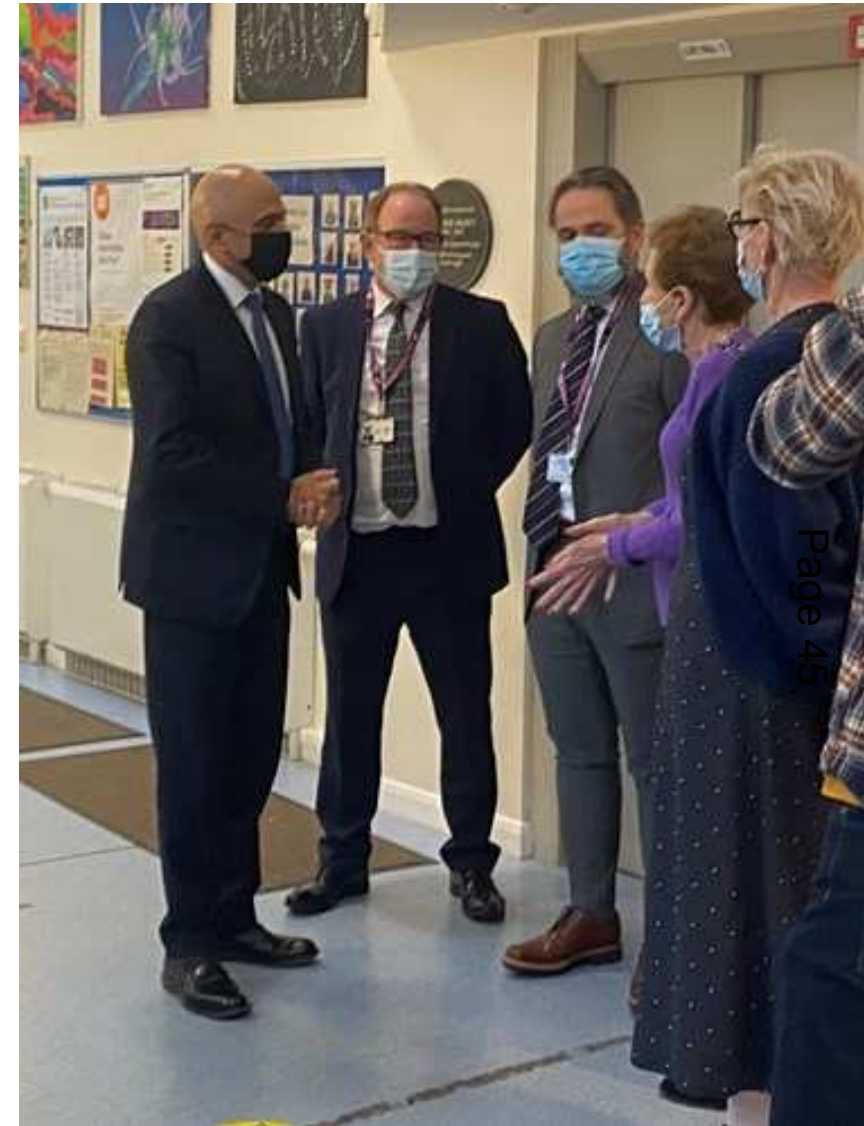
Greater London



Challenges & Opportunities

- working jointly for the future

- New National Drug Strategy
- Specialised Staff/Learning Environment
- Quality and Investment in Service Users Experiences
- Innovation
- Vision & Long-Term Planning
- Prevention and early interventions



Challenges & opportunities

– working in partnership across the sector

- **New Government 10-year Drug Strategy (December 2021)**
 - Break drug supply chains
 - Deliver a world-class treatment and recovery system
 - Achieve a generational shift in demand for drugs
- **Additional funding:** £780m overall and £533m for treatment and recovery in England
- **Strong focus on partnership working**
 - Better integration of services
 - Supporting the new Integrated Care Systems (ICS)
 - Improving access to accommodation and employment opportunities
 - Increasing referrals into treatment in the criminal justice system
- **What does this mean for Lambeth?**
 - How do we build on existing Integrated Treatment Consortium?
 - Possible Alliance model and sector inclusion

Working Together

- How can we better work in partnership with your organisations and communities ?
- Who else should we think about working with?
- What do we need to consult on? And who do we need to consult with?
- How should we engage with people not currently accessing our services?

This page is intentionally left blank

Report to: Lambeth Together Care Partnership

26 January 2022

Report Title	Lambeth Together Assurance Sub-Group
Lead	Andrew Parker – Director of Primary Care and Transformation, NHS South East London
Author	Brian Reynolds – Associate Director Health and Care Planning and Intelligence
Summary	<p>The purpose of this paper is to update the Lambeth Together Care Partnership on our ongoing assurance arrangements.</p> <p>In recognition of the continued focus on our immediate operational response to the Covid pandemic during this time we made the decision to stand down the Lambeth Together Assurance Group meeting on Tuesday 11 January 2022, and held a Covid only meeting of the Lambeth Together Executive Group.</p> <p>In order to maintain continued visibility and engagement of our assurance all of the prepared assurance group materials and papers were circulated to members of the Lambeth Together Assurance Group inviting comments and questions.</p> <p>The latest Lambeth Together Integrated Assurance Report is included for information for Board members. The next full Lambeth Together Assurance meeting will be 08 March 2022.</p>
Recommendation(s)	<p>The Lambeth Together Care Partnership is asked to:</p> <ol style="list-style-type: none"> 1. Note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report for January 2022.

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.

This page is intentionally left blank



Lambeth Together & Integrated Health and Care

Assurance Report January 2022

Lambeth Together Care Partnership 26 January 2022



Contents

Chapter	Sub section	Slide number
1. Executive Summary	1.1 Introduction 1.2 Source material	3
2. Lambeth together assurance summary	2.1 Lambeth Together Programme highlights	6
	2.2 Equalities indicators	18
	2.2 LLWN Alliance Dashboard	19
3. Integrated Health and Care assurance summary	3.1 Adult Social Care and Older Persons 3.2 Public Health 3.3 Childrens Commissioning 3.4 Primary and Community Care 3.5 Medicines Management / Long Term Conditions 3.6 Planned and Unplanned Care 3.7 Adults Mental Health	22 23 25 26 27 29 32
4. Quality summary	4.1 Quality highlights	33
5. Risk summary	5.1 Risk highlights	36
6. Finance summary	6.1 Finance highlights	42
Annex	A1 Glossary	46



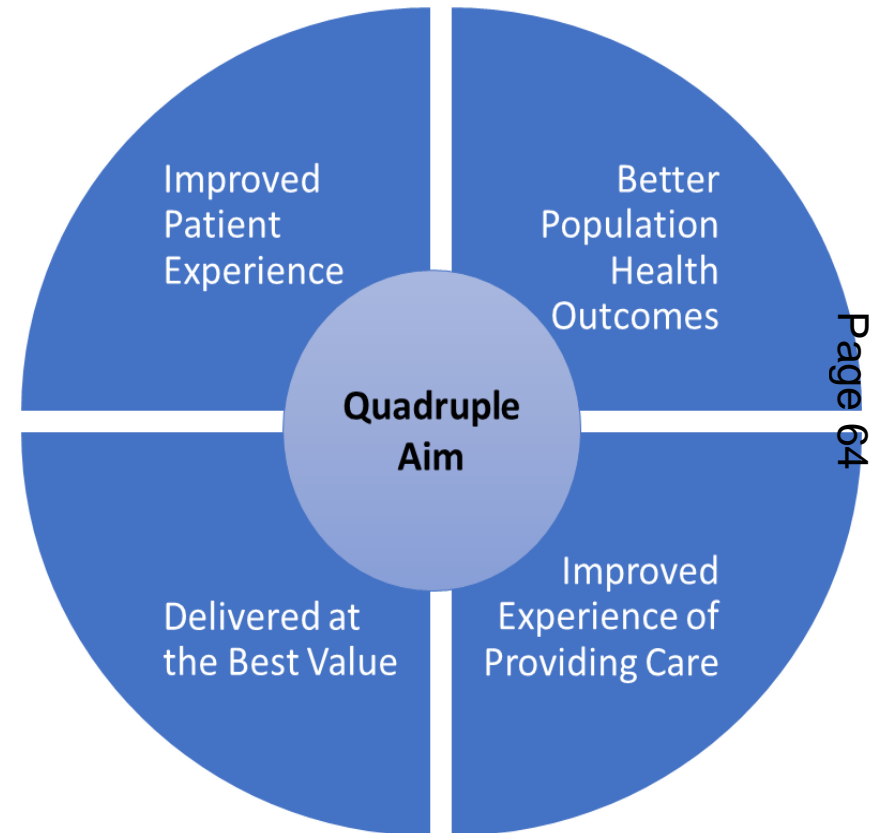
1. Executive summary

Page 63

1.1 Introduction



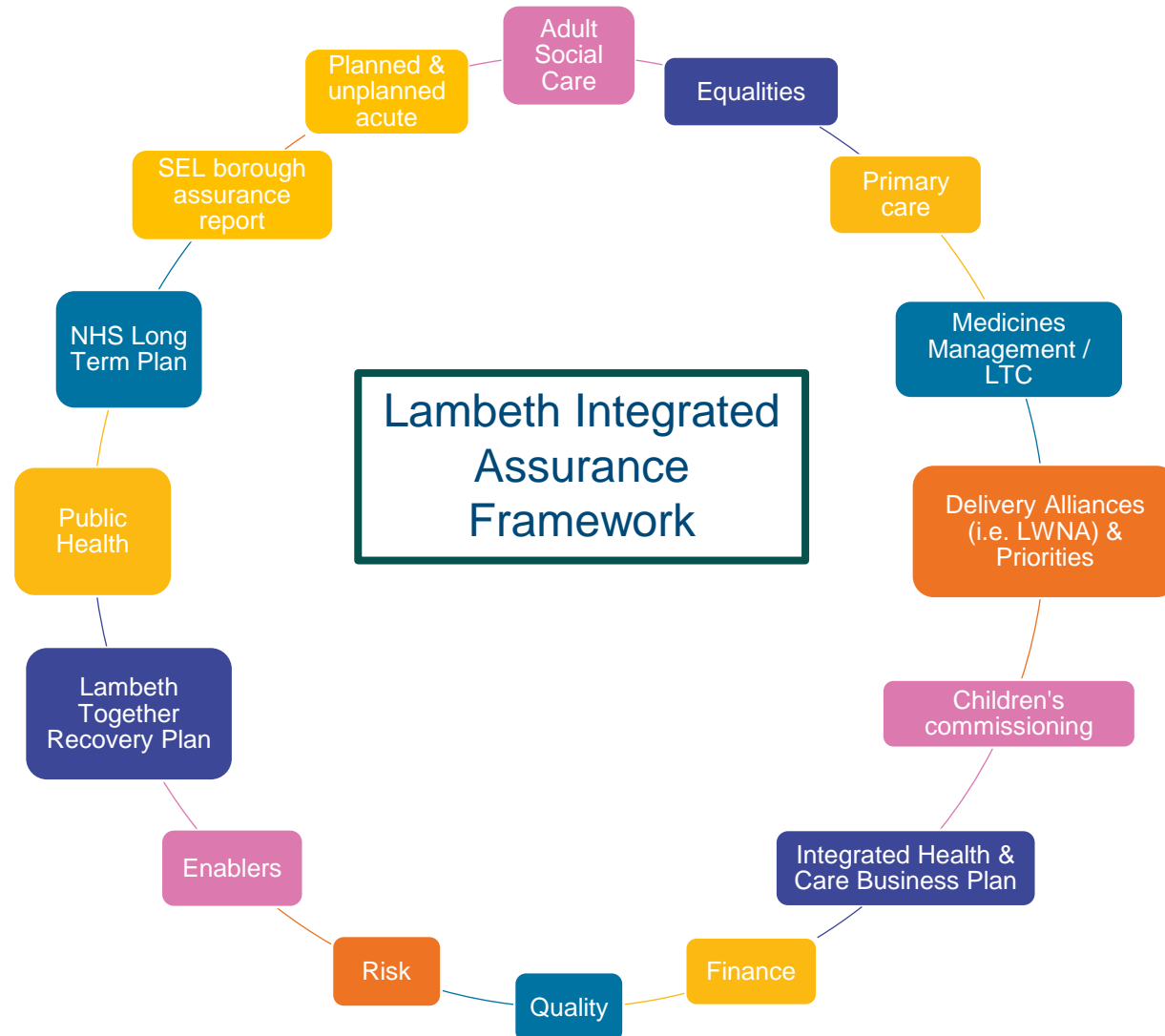
- This report provides in one place an integrated summary of assurance across **Lambeth Together** and **Lambeth integrated health and care** arrangements.
- This report draws upon existing assurance, performance or quality reporting arrangements, and does not seek to duplicate what is covered within those 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/ICS priorities, key policy changes and the development of the NHS planning guidance for 2022/23.
- **The Lambeth Together Assurance Group** reports directly to the Lambeth Together Care Partnership and meets bi-monthly to provide dedicated oversight and assurance on behalf of the board. A short summary report accompanies this integrated assurance report when presented to the Lambeth Together Care Partnership board bi-monthly.



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, November - December 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 (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	November and December 2021	Overall status
Vision	To improve health and wellbeing and reduce inequality for people in Lambeth					The emergent of the Omicron variant is challenging for all partners, and the risk around workforce is high. Transformation work is being focussed on key areas.
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	G	G	→	Lambeth Together progressed with agreeing key decisions to prepare for the 2022 transition into the ICS – made by the board on Nov 24 th . A seminar for the board was held on December 15 th looking at: 1) Developing our public forum 2) Patient and public voice in governance 3) Developing our strategic board. Significant development has also been made on the strategic review and the annual programme review.
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 have been focussing on providing information to staff members about vaccination as part of their employment.
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 a thriving community infrastructure embedded across Lambeth covering 75% of the population. For our individual projects, we are establishing our evaluation frameworks to demonstrate impact and identify the learning

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



Programme/recovery plan status 2/2

Programme/ Alliance	Overall RAG		DoT ↑→↓	Commentary
	Last Period	This Period		
Children and Young People	G	G	→	Establishment of the Children and Young People's integrated commissioning and delivery alliance board and associated workstreams. We are in the formation stages of this work at present with some of the workstreams further along than others. 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	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 off Covid transmission: minimise any disproportionate impact of Covid on people on this population cohort; maximise as far as possible opportunities to realise their potential by promoting independence, participation and engagement with supportive services and the wider community.
Staying Healthy	A	A	→	The Staying Healthy commissioned services include weight management, stop smoking, and NHS Health Checks programmes. These services have been disrupted during the Covid-19 pandemic but have now remobilised with a remote or digital offer, however activity is yet to reach the same levels as previous years'.
Sexual Health	A	A	→	Sexual health commissioning in Lambeth, Southwark and Lewisham (LSL). 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	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 bi-monthly Lambeth Together Assurance Group third meeting took place on 9 November. The Lambeth Together Strategic Board meeting approved its terms of reference on 21 July 2021.
Equalities, diversity and inclusion	A	A	→	The Lambeth Together EDI group is attended my colleagues who represent the Lambeth Together programme. This group was established to hold a (constructive) mirror to the 'system' in Lambeth. Specifically, the Delivery Alliances, and also other areas such as workforce development and Quality Improvement. We want to develop and adopt a shared measurement approach/system and shine a light on good local action (with a view to it being shared/adopted).
Communication and engagement	A	A	→	Communications and engagement – focus has been largely on COVID-19 vaccination and preparations for the new LCP.



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"> Agreed developments in preparation for the Integrated Care Partnership: <ol style="list-style-type: none"> 1) the nature and scope of our committee arrangement 2) minimum membership requirements of our LCP and our multi-disciplinary executive leadership team 3) ICP representation 4) our Executive Place role 5) the Chairing arrangements for Lambeth Together Local Care Partnership Board, initially as Designate Co Chairs, from 1st January 2022 6) Agree the refreshed Lambeth Together Pledge Shared first draft of the review of the Covid Recovery Plan Started drafting the annual programme review 	<ul style="list-style-type: none"> Final version of the recovery plan Final version of the annual programme review 	<ul style="list-style-type: none"> To host our first Lambeth Together LCP board sessions Assist with external audit Host 2 final sessions of Organisational Development Task and Finish Group Produce a refreshed highlight report
Living Well Network Alliance	<ul style="list-style-type: none"> Culturally appropriate peer support and advocacy 12 month pilot in South West Living well centre starts today with staff and team leader in post Alliance Recruitment fair held on the 3rd December at Gracefield Gardens giving tips, insights on community working for staff interested in working in community teams . Vaccination as a Condition Of Deployment - We are in the process of identifying all Alliance staff who will not have been fully vaccinated by 1st April, and are putting in place various communications, 121s and staff webinars to maximise vaccine uptake, identify options for those who remain unvaccinated and summarise the implications for the service. 	<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. 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 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 <u>Loneliness test & learn & Thriving Communities:</u></p> <ul style="list-style-type: none"> 34% of individuals referred into VCS sector Initial evaluation report: Feb 2022 Identified a clear need to extend project to younger age adults with a project underway as follows: <u>Phase II (Nov-Mar '22)</u> - targeted inequalities lived BAME experience research with Black Thrive → Phase II: Recruitment of a researcher to coordinate specific engagement focus groups to explore the link between loneliness and unemployment for young black adults (18 – 35 years) <p><u>MLTC Project</u></p> <ul style="list-style-type: none"> Project plans developed for workstreams (model of care, patient engagement, workforce) Individual meetings held with the clinical ops group members & OD coach 3 OD coaching sessions held with the clinical ops group <p><u>Diabetes / health inequalities</u></p> <ul style="list-style-type: none"> Project overview and timeline established Project Steering Group kick off meeting held Exploration of project outcome and benefits framework <p>End-of-life-care</p> <ul style="list-style-type: none"> Workshop held (with wider system partners) to identify 'features of a good advance care plan' Increase in no. of CMCs in Lambeth from 0.2% to 0.3% in 6 months Apr '21: 1000 CMCs > Nov '21: 1090 CMCs <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>Managing LTCs – Chronic Pain - TBC</p> <ul style="list-style-type: none"> Third workstream meeting held in Nov with 15+ partners / clinicians across health & care system involved Bid submitted for Get You Better app (self-referral app improving mgmt of patients with OA based on preferences of support needed). 	<p>Preventing ill-health <u>Loneliness test & learn / Thriving HBD:</u></p> <ul style="list-style-type: none"> Remaining two practices to refer into loneliness project referral pathway Mental Health Promotion & Prevention project underway. <p><u>Loneliness & Employability:</u></p> <ul style="list-style-type: none"> Initial progress report 14th January Black Thrive to hold three online focus groups to be held to explore link between loneliness and employability <p><u>MLTC Project</u></p> <ul style="list-style-type: none"> Expert Population Health Management facilitator to assist with a team coaching session in January Primary Care outcome metrics to be agreed with GP and PCN Ops lead in January <p><u>Diabetes / health inequalities</u></p> <p>End-of-life-care</p> <ul style="list-style-type: none"> Draft document developed for key features of an ACP and scoring criteria reviewed and signed off <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>Managing LTCs – Chronic Pain – TBC</p> <ul style="list-style-type: none"> KCH pain service referral letter review to ascertain potential themes in the quality of the referrals and the profile of patients being referred into the service along with any underrepresented groups. 	<p>Preventing ill-health <u>Loneliness test & learn / Thriving HBD:</u></p> <ul style="list-style-type: none"> Mental Health project: continuation of activities available to public Community event on 15th January @ Big Kid Foundation related to isolation and mental health (Blue Monday) <p><u>Loneliness & Employability:</u></p> <ul style="list-style-type: none"> Breaking Barriers Innovation to attend the Black Thrive Community Event workshop on 26th February for sense making and recommendations based on the January focus groups <p><u>MLTC Project</u></p> <ul style="list-style-type: none"> Draft review of care pathway (with anonymised data) AND/OR run through with a real live patient? Discussions with 2 / 3 case studies including patient <p><u>Diabetes / health inequalities</u></p> <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 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 <p>Managing LTCs – Chronic Pain - TBC</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"> None noted 	<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"> None noted 	<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 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 Creation of material for new LCP promotions 	<ul style="list-style-type: none"> None noted 	<ul style="list-style-type: none"> Winter campaign development and delivery incl <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



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"> Share and develop a shared measurement system- Black Thrive The Lambeth Together Pledge has been agreed and a video of commitment recorded Black Londoner event - held in October with over 500 attendees We have diverse representation on this programme 	<ul style="list-style-type: none"> The recruitment of the Development manager- Lambeth Together EDI – advertisement is now out Ethnicity data collection & sharing – in progress, need regular reporting Develop Metrics and data needed to measure and support Alliance objectives on health/care inequalities → Assurance reporting Reverse mentoring programme 	<ul style="list-style-type: none"> Review Lambeth Together website in relation to EDI Recruitment, representation and retention Training opportunities for all staff ICS Place mapping – Juliet Amoa is now the lead for Lambeth Collation of anchor institution initiatives Collation of responses to PHE June 2020 recommendations Collation of WRES data Launch workforce race strategy in General Practice Core20PLUS Connectors programme
	<ul style="list-style-type: none"> The integrated assurance report is produced, received and reviewing by this new group. The LTAG group also provides focus on specific areas at 	<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 <i>Risks where assurance is weakest</i>					
Lead	Prog.	Area	Risk Description	Risk Score	Actions / Assurance
AC	NWDA	Operational	Omicron variant – redeployment of staff	24	<ul style="list-style-type: none"> - Working towards agreed commitment of work time to deliver workstreams / projects - Working with directorate to identify opportunities to be redeployed and/or times specific for NWDA work
AC	NWDA	Operational	Black Thrive Loneliness & Employability project: focus groups delayed to January	12	<ul style="list-style-type: none"> - Project timelines revised and agreed with AC - Agile project approach to deliver other areas early or in tandem.
AC	NWDA	Demand	Winter pressures; reduced resource / capacity for project(s) stakeholders	16	<ul style="list-style-type: none"> - Working with stakeholders to identify future meeting times / dates. - Working towards agreed commitment of work time to deliver workstreams / projects
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.
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
JA/DA	EDI	Operational	We don't receive applications for the Development manager portion	8	Unlikely to happen, position is being widely advertised across partners



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.



CYPA

- No Update

NWDA

MLTC project

- Progressing at pace with project mgrs. now supporting specific workstreams
- Project planning underway and key activities due to take place throughout Nov & Dec '21 to trial model of care pathway with multi-agency team and establish patient engagement.

LWNA

- 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.



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, scheduled for further update at the meeting on 11 January 2022, with progress to be reported back to that group over the subsequent 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

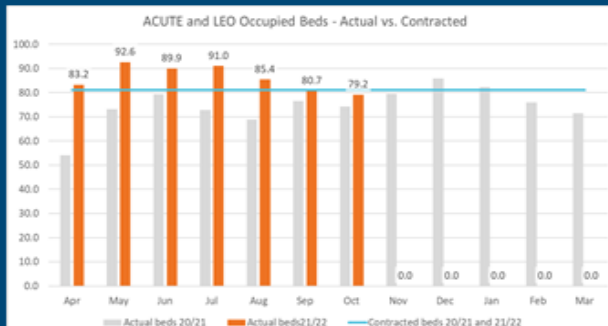
Management Lead

Guy Swindle, Deputy Director, Lambeth Living Well Network Alliance

Data source / period

Lambeth Living Well Network Alliance Performance Dashboard, Month 07, October 2021

In-patient Beds (Acute)



Key Indicators	M7	Change
Number of beds used in month	79.2	▼ -2%
Number of private occupied bed days (OBDs) used in month	141	▲ 1%
Number discharged with length of stay >100 days / >200 days	6/3	▲ 80%

Narrative: Acute OBDs (Lambeth CCG registered patients only) fell to 3% below contracted level. Private overspill OBDs rose by less than 1%. M6-M7. 9 long-stay patients discharged this month.

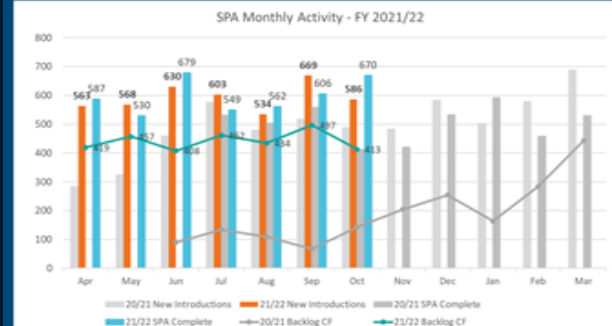
Crisis Pathway



Key Indicators	M7	Change
St Thomas A&E Referrals	343	▲ 7%
AMHP Referrals	144	▲ 5%
AMHP Assessments	135	▲ 8%
AMHP Detentions	113	▲ 8%

Narrative: A&E and AMHP referrals rose by 7% and 5% respectively, while AMHP assessments also rose by 8%. Detentions were also up by 8%, leaving the proportion of assessments leading to detention unchanged at 84%.

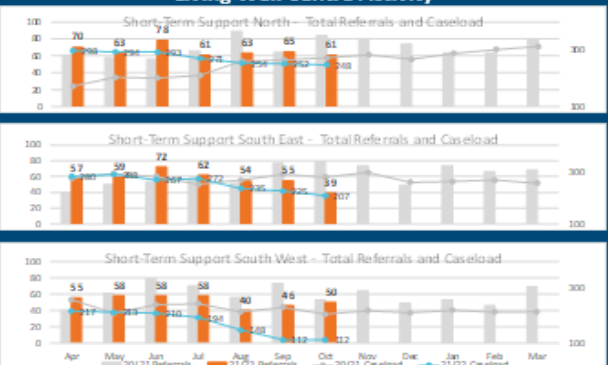
Single Point of Access



Key Indicators	M7	Change
Number of introductions waiting for referral at month end	413	▼
Introductions processed in month, average wait (in days)	19.0	▼
Introductions waiting at end of month, maximum wait (in days)	85.1	▼

Narrative: M7 saw 12% fewer new introductions to SPA than in M6. This fall, together with new processes and additional resources taking effect, resulted in a 17% fall in service waiting.

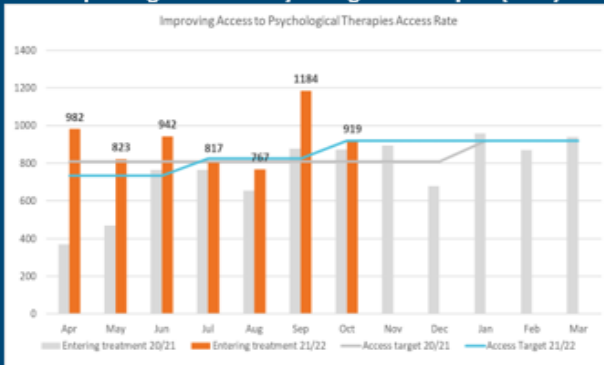
Living Well Centre Activity



Key Indicators	M7	Change
Short Term Support - Total Referrals	150	▼ -10%
Short Term Support - Total Caseloads	567	▼ -4%
Focused Support - Total Referrals	51	▲ 19%
Focused Support - Total Caseloads	876	▼ -3%

Narrative: STS referrals and caseloads fell M6-M7, with most change in South East. FS monthly referrals were up 19% but discharges and transfers led to a fall in caseloads.

Improving Access to Psychological Therapies (IAPT)



Narrative:
The CCG revised the Lambeth Talking Therapies monthly access targets for quarters Apr-Jun and Jul-Sep to 734 and 826 respectively.
Apr-Sep, LTT was 18% over target, with lower activity Jul-Aug being due to staff turnover.
In September, external support for initial assessments was commissioned from independent provider Xyla, funded by budget underspend due to vacancies.

Finance and Risk

2021/22 Informal Forecasts	M6 Forecast	M7 Forecast	Change from M6
Main overspend areas (>£100k over budget)	Overspend (£000s)	Overspend (£000s)	Change from M6 (£000s)
Complex Placements (SLAM - IPSA)	1,810	1,810	-
Residential Care (LBL) - incl. £156k contribution to block budget.	990	988	▼ - 2
Supported Living - included Shared Lives	713	790	▲ 77
Acute Beds	970	764	▼ - 206
Nursing Care (LBL) - actual income less than forecast	558	544	▼ - 14
Community Support (LBL) - includes Extra Care	442	438	▼ - 4
Home Treatment Team	379	379	-
Extra Care	275	274	▼ - 1
Low Intensity Team (SLaM)	273	273	-
St. Thomas' Liaison	257	257	-
Community Forensic Team (SLaM)	215	219	▲ 4

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



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



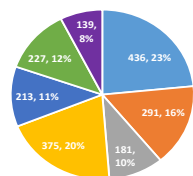
Director / lead	Fiona Connolly, Executive Director Adult Social Care
Management Lead	Richard Outram, Deputy Director Adult Social Care
Data source / period	Mellissa Murphy, Service Improvement Lead – Adults and Health, London Borough of Lambeth. November 2021



Overall Contact/Referrals completed by all teams

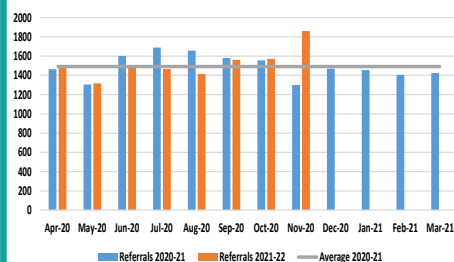
- A total of 1,862 contact/ referrals in November, this represents an increase of 19% (292) from previous month.
- 231 (12%) were raised as Safeguarding Concerns, representing a 4% increase from previous month. 375 (20%) raised were Merlin Adult Come to Notice reports..

Contact/Referrals- November 2021



Initial Contact Team Hospital Teams Safeguarding Team
Merlins Other Teams Community Duty

Contact/Referrals completed by all ASC Teams 2021-22

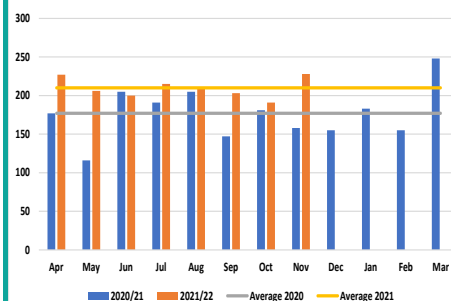


Referrals 2020-21 Referrals 2021-22 Average 2020-21

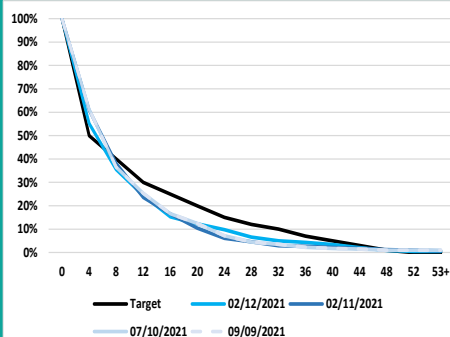
Safeguarding Information

- The number of cases started in November have increased from the previous month and is significantly above the same period in the previous year.
- There are 2 (0%) cases open for 12 months or more. This is a decrease of 2 from the previous month.

Safeguarding Concerns Started



2020/21 2021/22 Average 2020 Average 2021

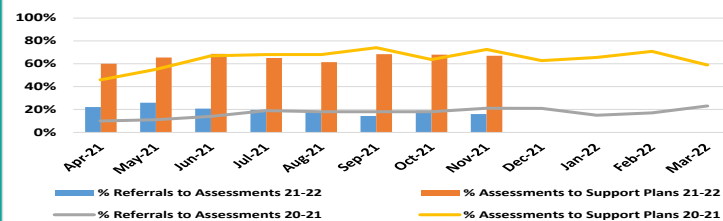


Target 02/12/2021 02/11/2021
07/10/2021 09/09/2021

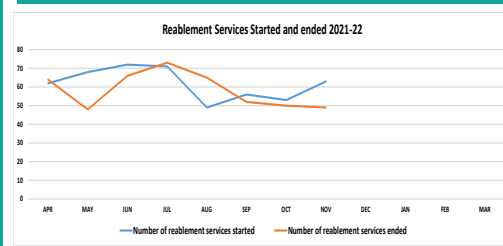
Overall Contact/Referral and Assessment Conversion Rates

- Conversion rates from contact-referrals to assessments has decreased by 3% in November to 16%. If Merlin referrals were excluded then this would increase to 20%.
- Conversion rates for Assessments to support plans have decreased by 1% to 67% in November.

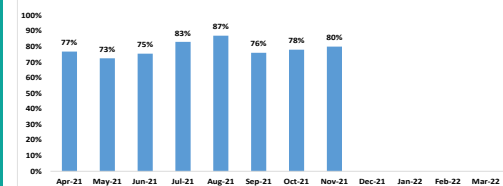
Referral and Assessment Conversion Rates for adult social Care - 2021-22



Reablement



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



The numbers of reablement services provided in October and November have increased and returned to similar activity levels before the Covid-19 pandemic.

The outcome of people completing reablement at a reduced level or no support has increased in November and of the 35 people who completed reablement 28 had no ongoing services or a reduced level.

3.2 Public Health

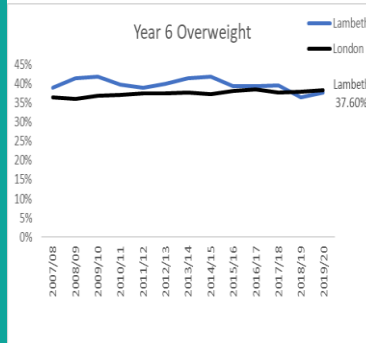


Director / lead	Ruth Hutt, Director of Public Health
Management Lead	Ruth Hutt, Director of Public Health
Data source / period	Vince Wakfer Head of Business and Performance Public Health Data: Fingertips and Service Monitoring

Year 6: prevalence of overweight

Only national update since last reporting.

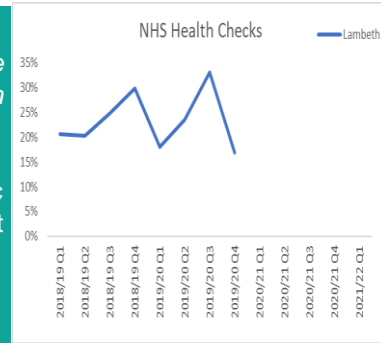
Due to Covid-19, for NCMP 2021/22 local authorities were asked to take measurements from only a sample of schools (rather than every school) to form a nationally representative sample of 10%. Since the volume of data collected at local level is much lower than in previous years, prevalence estimates have not been produced for local authorities. It is hoped that the 2021/22 NCMP can be fully implemented to provide quality assured local authority prevalence data



NHS Health Checks

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

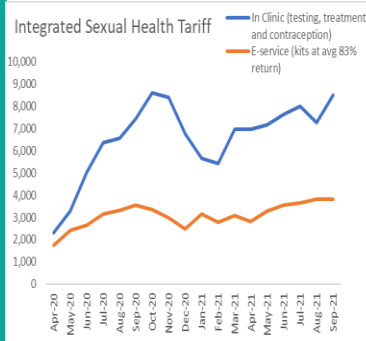
Practices have continued to offer opportunistic checks to those who are eligible and most at risk of CVD.



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

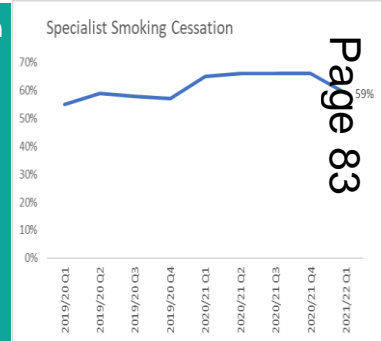
Since lockdown restrictions eased over spring and summer, all sexual health activity has been steadily increasing at both clinics and via the e-service. Testing has seen greater increases online than in clinics. User dependent methods of contraception have increased online whereas long acting methods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

Baseline historic



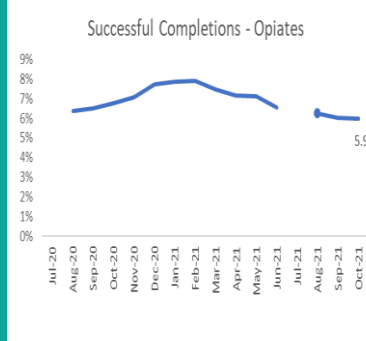
Success Rate at Smoking Cessation Services

No data update since last reporting.



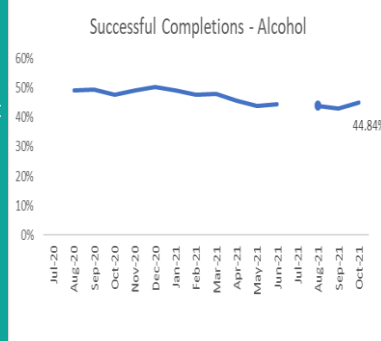
Successful completion of drug (opiate) treatment

The Lambeth Drug & Alcohol Treatment Consortium continue to operate an open-door policy to clients, allowing for exit and re-entry to treatment programmes.



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.



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 (29/12/2021), Vaccination uptake data from Discovery (29/12/21)

Covid response

Demand for Covid Response team services increased substantially from late November 2021 as a result of the omicron wave with Lambeth frequently leading the country in terms of case-rates. This placed significant strain on contact tracing, self-isolation support and PCR testing services. High case rates, changes to guidance on self-isolation and the move to 'Plan B' also increased demand for LFD testing substantially during this period. Triage approaches have been implemented across the service to prioritise the most vulnerable and frontline workers.

Testing

- Testing rate (1,555 per 100,000) and positivity rate (29%) remains high
- 5 Mobile testing units in place plus 3 fixed sites all oversubscribed
- National shortage of both LFDs and PCRs – where LBL has control of stock a triage process is in place to manage demand (frontline/most vulnerable)

Contact tracing

- National service now provides 8-hour self-completion window prior to local contact tracing.
- Prioritising call backs to over 70s, international travellers, residents with only landline numbers and specialist settings, others receive text/emails.

Self-isolation support

- Record numbers of support payment applications as result of omicron wave
- Stay Home Safely service at capacity and prioritising older/vulnerable
- Accommodation block-booked over Christmas to ensure resilience

Vaccination uptake

- 58% first dose, 54% second dose and 32% booster uptake
- Focus of uptake programme is on increasing uptake in Black communities and cohorts 2-4 and 6 (older, vulnerable and at risk)
- 12-15 first dose school programme additional uptake activity implemented
- Walk-in clinic opened in Civic Centre to meet additional booster demand over Christmas period
- Health and wellbeing bus delivering in-reach vaccination to vulnerable settings

Individual testing rate³ in the last 7 days
(per 100,000 people)



Individual positivity levels³ in the last 7 days



Total number of confirmed COVID-19 cases⁴



Incidence rate⁴ in the last 7 days (per 100,000 people)



Beds occupied by confirmed COVID-19⁵ patients, GSTT and KCH - Denmark Hill



HDU/ITU beds occupied by confirmed COVID-19⁵ patients, GSTT and KCH - Denmark Hill



3.3 Childrens Commissioning



Director / lead	Jeanette Young, 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 November 2021, Lambeth Council Pentana as of October 2021, SEL Borough Based Report December 2021

Overweight and obese children Year 6

- Since our last report in September, data is not available for 2020/21 figures. In relation to the National Child Measurement Programme (NCMP) for 2021/22 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	2021/22 Q3 M08
13	14	31	19	31	17	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 London average)
 - 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 16 December 2021. Source: ImmForm.
- Borough Average (national target for March 2022)
 - 65+ years olds 57.9% (85%)
 - At Risk 32.1% (75%)
 - Pregnant Women 28.7% (75%)
 - 50-64 Year olds 28.4% (75%)
 - 2 year olds 34.4% (70%)
 - 3 year olds 34.9% (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 2021/22 LD register (1,918) taken from BI/EZAnalytics data shows an increase on service user profile when compared with 2020/21 (1,467). This is due to a QOF coding update.
- The uptake position on LD Annual Health Checks (AHC) from April to October 2021/22 shows 460 (32%) service users have had an annual check against a year end target of 75%.
- The Q3 operational target of 790 service users having an AHC is a challenge, however 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.

Covid Vaccinations – primary care

- Walk-in clinics continue to operate across a number of settings including Local Vaccination Sites, Hospital sites, Pharmacy, the Health & Well-being Bus and a new site at the Civic Centre in Brixton opened in response to the December 2021 booster-drive/omicron response
- 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)
 - Care homes (incl. staff and resident uptake)
- 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 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 – December 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
- On 13 December CQC announced it has postponed inspections of acute hospitals and general practice until New Year to support acceleration of booster programme. Further detail is available online at [Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

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

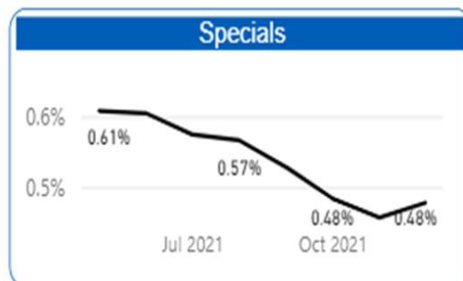
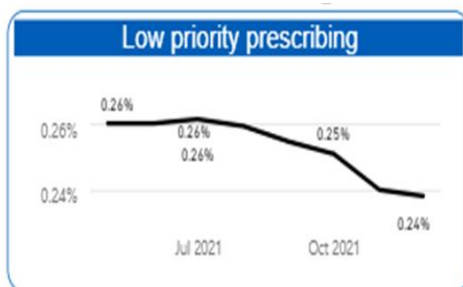
Lambeth Together Medicines and Clinical Pathways Group (MCLiP)

- 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 six times since April 2021.
- Membership is formed of representatives from the Governing Body, Primary Care Networks (PCN), 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 discussing the recommendations within "Good for you, good for us, good for everybody A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions" and ways to implement.

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. Recently delivered PCN sessions and planned targeted practice sessions reinforce and share MO and LTC data at a PCN and practice level respectively.

Page 87



These graphs from EZA MO Dashboard continue to show progress on: decreasing number of patients on low priority prescribing drugs; decreasing number of patients on 'specials' (unlicensed) products. These measures contribute to a trend of a progressive move towards best value medicines use.

Figure 1. Examples of EZA MO Dashboard tracking (Dec 2021)

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:
 - Pharmacies are an important delivery model for Lambeth. Pharmacies provided 37% of all vaccines across SE London w/c 22 November, and continues to rise, with Lambeth pharmacies accounting for 40% of all pharmacies across SEL.
 - Extended access to walk in vaccination services at Community Pharmacies (CP). Following the first phase in summer 2021, we have established walk in opportunities with extended opening hours via many of our pharmacies to the end of March.
 - Community Pharmacy Vaccine Champion Scheme: average of 2,056 patient contacts in October, with 52% success rate.

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 12 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. A further 3 venues have been secured and will be mobilised during December 2021 ensuring 7 of the 9 PCNs in Lambeth will host a service.

Respiratory Diagnostics

- The community respiratory diagnostic service restarted in November.

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, December 2021

Cancer

1. There are a number of localised initiatives being worked on which are aimed at increasing screening rates. These include:

creating a resource pack to increase cervical screening uptake for young women aged 25-35 years for whom English is not their 1st language. There has been strong engagement from Lambeth Portuguese Wellbeing Partnership (LPWP) who are in the process of setting up focus groups and offering incentives for patients to come along and share experiences. They are also helping facilitate focus groups and help with associated admin. GSTT Cancer Academy are helping with filming/video that will form part of the resource pack – it can then be translated into 10 different languages. Working on a proposal for a seminar event with Lambeth Age UK social prescribers/neighbourhood workers (funding is available for 2 events). There has been some difficulty engaging with Age UK due to staff changes/conflicting priorities but we are hoping to organise the events before the end of March 2022. The aim is to better understand the specific needs of patients and to tailor the social prescribers/neighbourhood workers skillset to improve knowledge/confidence when managing patients with a cancer diagnosis.

2. Age range change for Bowel Cancer Screening Programme communicated to GP Practices. This is the 1st phase of the gradual roll out to lower the screening starting age from 60 to 50. Contacting patients who have not taken up their invitation continues in line with National Evidence Review which suggests that uptake is increased when GPs are involved (send out reminders, phone calls etc) to non-responders

3. Lambeth GPs have been asked to complete a short survey to help SEL Cancer Alliance understand the views of GP practices when using cancer referral and risk stratification tools. The evaluation aims to understand the impact clinical support tools have in primary care as well as the drivers that encourage GPs to use particular tool e.g. Cancer Decisions Support Tool/Q Cancer and C the Signs

Page 89

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

- Lambeth have a good uptake of the service (highest referral rate across SEL) and the working group continue to meet and review activity and learning. Working through the backlog continues. Work continues on clearly communicating the referral criteria as there are a number of referrals rejected because they do not meet the criteria, not the appropriate service for the patient or the referral is missing key information. Work on waiting list management and trajectory is a main focus for the group

Referral management

- Consultant Connect – Engagement from GP practice varies across the borough with overall usage low. Some bottlenecks have been identified including mismatch in availability/operational hours and variable connection and answer rates. These are being worked on by the CC group and will be followed by increased communications to GP practices. Lambeth continue to be a high user of Photosaf for Dermatology – request for data on impact has been submitted.

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, December 2021

Personal Health Budgets

- Lambeth is currently achieving 325 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 – October 2021							
Target – 2021/22	451	644	558	622	515	494	3,284
October 2021	332	707	521	325	105	277	2,267
Q3 2021/22 trajectory							2,463

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 8 patients due for discharge within 6 months, and 2 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 and providers updates on:
 - a) SEL priorities 111/Integrated Care, UTC, Enhanced GP access, Discharge DTA and Mental Health
 - b) Performance and recovery planning with trusts
 - c) 2021/22 Winter Plan
- From December 2021, the Board is required to submit a monthly monitoring/tracking of Winter Initiatives. This will continue until March (inclusive).

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, December 2021

SMI Physical Health Checks

- Lambeth has established a SMI Physical Health Checks group to identify and take forward improvements and local action plan is being finalised
- 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.
- Quarter 2 performance in this area is currently below both 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, but we are seeking to use the current vaccination drive as an opportunity to implement a system wide approach to increase uptake of both vaccines and SMI Healthchecks
- Work is underway to test a population health management approach to improving the uptake of SMI Physical Health Checks. The first SEL 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 September data.
- From April 2020 some providers are no longer using the old CCG codes which means borough level performance data is not available. For this reason we are unable to report on Lambeth's access rates.
- * Borough baselines not available at present and published performance data does not include expected population figures for locally commissioned services.
- 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 8 weeks. As at September 2021 Lambeth continues to be the top performer at 92.1% in SEL.

	Standard	Lambeth
IAPT Access Rate – rolling three months	6.2%	*
IAPT Recovery Rate – rolling three months	50%	53.8%
IAPT Waiting Times 6 weeks	75%	95.4%
IAPT Waiting Times 18 weeks	95%	100%

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
First to Second Treatment within 90 days Rolling 3 months (September 2021)							
Current month	71%	71.1%	84.8%	92.1%	66.7%	80.6%	79.8%
Trend since last month	Data not submitted 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 December 2021

Summary

- The SMT Quality Update report at December 2021 provides high level activity information on the following areas,
 - Quality requirements for the ICS
 - Patient Safety Strategy and Patient Safety Specialists
 - Quality Alerts, themes and actions

Patient Safety Strategy and Patient Safety Specialists

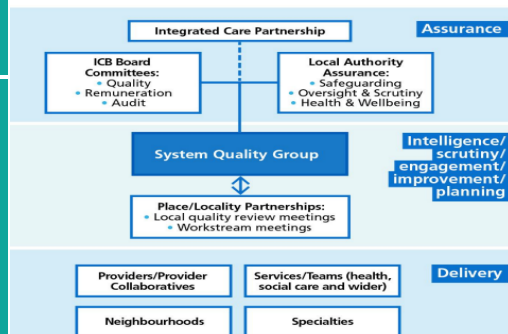
Members will be aware that NHSE/I published a **National Patient Safety Strategy** in July 2019 and although this has largely been delayed by Covid, some progress has been made.

- As part of the National Patient Safety Strategy all organisations must appoint at least one WTE Patient Safety Specialist.
- Last year Dr Aiden Fowler asked all NHS Boards to have a conversation and reflect on the Board's expectations and responsibilities in patient safety.

Key Next Steps

- To develop a Quality Strategy for the ICB to include the requirements of the National Patient Safety Strategy
- To develop a Quality Framework for Primary Care to include the National Patient Safety Strategy
 - Work with Primary Care Exec and Place based primary care leads to develop this.
- To develop and implement a more detailed South East London CCG / ICB Patient Safety Specialist Work Plan
 - Develop this work plan with Place based colleagues & establish Place based work plans
 - Identify and support the development of Patient Safety Champions in each of the Place based systems.

System Quality Group (SQGs): Governance

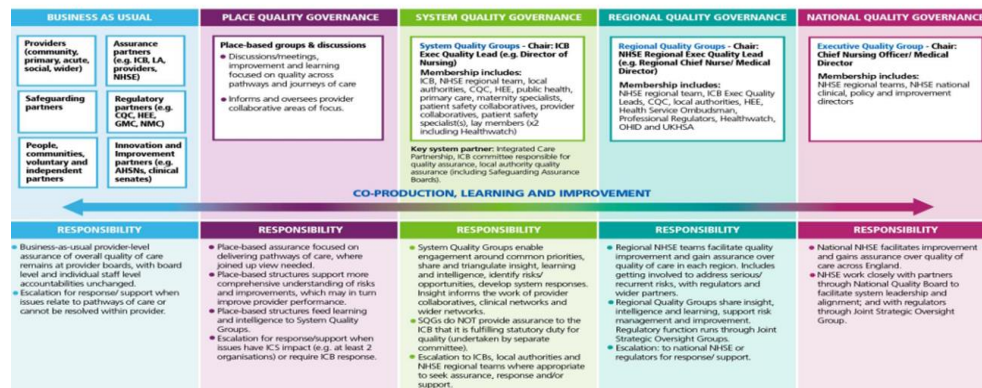


In each ICS, there must be:

- A **System Quality Group (SQG)**, which reports to the ICB, local authority and Regional NHSE teams. Chaired by the ICB Executive Lead for Quality
- A designated **ICB Executive Lead for Quality** (e.g. Medical Director, Director of Nursing), responsible for ensuring that the ICB delivers its statutory responsibilities for quality.
- Effective governance and systems to manage quality concerns/ risk**, which are aligned, streamlined and widely recognised
- An **ICB committee covering quality assurance**, which is separate to the System Quality Group.

Page 94

System Quality Group (SQGs): Wider Governance Landscape



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 December 2021

Quality at Place in the ICS

- The national guidance on quality in the ICS issued in December 2021 outlines how quality could operate at place:
- There should be a forum at Place at which place-based partners from across health, social care, public health and wider can;
 - Routinely share insight and intelligence into local quality matters,
 - Identify opportunities for improvement and concerns/risks to quality
 - Develop place based response to support ongoing quality improvement for the local population.
- The forum will provide timely insight into quality concerns or issues which need to be addressed, responded to and, if appropriate, escalated to the ICS System Quality Group.

Quality Update – December 2021

- IT issues continue to be reported via Quality Alerts and Serious Incidents. Work is being undertaken to review Serious Incidents at a regional level to understand the impact on patients across London. Some of the issues of concern include delays in communication between hospital services and primary care. Issues have been addressed and resolved as they emerged, and the CCG is now working across the system to develop a more strategic response to prevent reoccurrence.
- Providers have reported the measures they are taking in response to staffing pressure across the system due to the increase in sickness rates related to Covid-19. These have included redeploying staff to priority areas.
- Teething problems have been reported following the launch of the new pathology services and work has been undertaken to resolve the issues as they arise.
- A local GP quality alert about Minor Surgery services for the removal of skin lesions resulted in system improvements that have resulted in GPs and patients receiving more timely results and advice on the next steps for patients.



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.
- Still ongoing issues with Risk Owners not receiving reminders to perform reviews. Cheryl Smith having to manually go into system to see what requires reviewing.

Risk Forum

- The latest Risk Forum took place on the 13 December 2021
- Quality Risk Deep Dive resulted in a few risks from other boroughs being amalgamated into an existing SEL Quality risk.
- Deep Dive on Primary took place. There are currently 29 primary care risks across the borough risk registers and the SEL risk register, with some being very similar. Meeting between SEL Risk Lead and new Head of Primary care taking place in the new year to look at streamlining all primary care risks. All boroughs have been asked to review and comment on their primary care.
- The SEL Assurance team have been requested to attend all Risk Forum meetings.
- All Risk Leads have been asked to look the implications and process of risk register transition from CCG to ICB and report any issues at the next Risk Forum in January.

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	8	A number of other provisions are in place to support the emotional health and wellbeing needs of our young people "including Kooth, Centrepoint and more., Successful bid for MHST funding - MHST programme commences Jan 2021, 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.	8	Transformation funding proposal from Evelina London is going through contract management meetings route in order to build paediatric capacity to manage this., ADHD working group ongoing aimed at better apportioning the resource between SLAM and Evelina to enhance pathway, 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.	16	Budget controls have been negotiated into CHC contracts with our major providers, Robust CCG governance through Finance and service working groups in place to mitigate any potential impact of under-delivery., Monthly monitoring of spend and also Cat M and NCSO spend, reduced Qipp Recovery Plan from Q3 due to capacity of team and providers to deliver but also for safety e.g. no drug switches to avoid destabilising the supply chain. Also non deployed CCG MM teams still linking in with practices but focus is on system and pathway work e.g. increasing electronic repeat dispensing which may support QIPP, SEL rebate schemes continue to be processed, Continue to focus on areas of potential savings and value improvement as well as any emerging pressures, 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.	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.	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 SCR's, and SCR audits are monitored. SCR's published on LCSB 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, 10 LSCB manager now in post and is a member of the SLAC, providing link between CCG and LCSB, Deep dive undertaken by NHSE - assured Safeguarding Quick Guide for GPs developed, The LSCB has effective quality assurance information and analysis of the performance of the board or its partners, LSCB dataset KPIs reported to the board quarterly. OFSTED inspection completed – reported published 9 May 2018 Risk reviewed at Children's and Maternity Programme Board, The Director of Children's Commissioning and Improvement; (LCCG and LBL) is the delegated senior CCG safeguarding children lead, The Director is a member of the CCG Governing Body and LSCB Business Management Group and has the responsibility and authority for ensuring full collaboration with the new statutory arrangements, The new LSCP arrangements in place, LSCP Business Plan and KPI's reviewed	Ofsted inspection May 2018 concluded that children services in Lambeth require improvement to be good with one area judged as inadequate
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	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	Enhanced SG assurance frameworks for major providers, Primary Care Level 3 safeguarding training Lack of Care Act compliance with SG policies in Primary Care Domestic Abuse training/ referral pathway in Primary Care

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
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 LawLegal 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.	8	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.
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

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.	9 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.	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 M8 (November 2021) Lambeth Borough (SEL CCG) Financial Position

- Lambeth borough delegated budget for 2021-22 financial year at M8 (November 2021) is £117m. At the end of Month 8 (November 2021), the borough is reporting an overall year to date position of £82k overspend, within which the Continuing Health Care (CHC) (£685k overspend) and prescribing (£365k overspend) budgets represent the biggest risk to the borough financial position and currently mitigated by non-recurrent flexibilities and underspend in other budget areas.
- Continuing Care: The position reported (£685k overspend) is built off the patient database, risk adjusted for identified reporting issues and local adjustments. The borough is seeing underlying pressure relating to increasing Funded Nursing Care (FNC) cost, high-cost clients, and activity levels. 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.
- Prescribing: The reported position (£365k overspend) based on Month 6 (September 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 5 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
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 Lambeth Council

- Adult Social Care is forecasting to breakeven for 2021/22, as of November 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 £3m 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 reason 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	MO	Medicines Optimisation

A1 Glossary



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

Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
NCSO	No Cheaper Stock Obtainable		
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		

This page is intentionally left blank