

LAMBETH TOGETHER STRATEGIC BOARD

Date: **Wednesday 23 March 2022**

Time: **1.00 pm**

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

Clerks Note

The Lambeth Together Strategic Board is currently acting as the Shadow Lambeth Together Care Partnership.

Members of the Committee

Dr Dianne Aitken, NHS SEL CCG, Lambeth NWDA (Co-Chair)

Councillor Jim Dickson, LB Lambeth (Co-Chair)

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

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

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

Sue Gallagher, Lay Member

Council Councillor Lucy Caldicott, LB Lambeth

Councillor Jessica Leigh, LB Lambeth

Fiona Connolly, LB Lambeth

Merlin Joseph, LB Lambeth

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

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Lambeth Together Care Partnership Public Forum and Board Meeting in Public

Wednesday, 23 March 2022

1 p.m. to 4.40 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	Welcome and introductions The Public Forum and how to take part Questions from the public <i>Please use link to join the Public Forum - Click here to join the meeting.</i>		Cllr Jim Dickson
2 p.m.	Board Meeting in Public		Co-Chairs: Dr. Di Aitken and Cllr Jim Dickson
1.	Introductions Welcome, introductions and apologies		Dr. Di Aitken
2.	Declarations of Interest Members are asked to declare any interests on items included in this agenda		Dr. Di Aitken
3.	Minutes of the Meetings 26 January 2022 Approve and review matters arising.	Paper enc.	Dr. Di Aitken
4. 2.10pm	Lambeth support for refugees and asylum seekers	Presentation enc.	Adrian McLachlan / Dr Shazia Munir / Helena Mcginty

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	Board members are asked to note the support offers in place across the health and care partnership for refugees and asylum seekers in Lambeth.		Clinical Lead: Adrian McLachlan
5. 3pm	Primary Care Commissioning Schemes 2022/23 Board members are asked to endorse and note Primary Care Commissioning Schemes for 2022/23.	Paper enc	Garry Money
6. 3.10pm	Recovering and living with Covid-19 Board members are asked to note the next phase of the Covid-19 response, including Lambeth's responses to publication of <i>Living with Covid-19</i> strategy.	Presentation Enc.	Tom Barrett
7. 3.50pm	Deep Dive – Staying Healthy: Adult Weight Management Community Pilot Board members are asked to note the development of the Adult Weight Management Community Pilot.	Presentation enc.	Alex Jackson / Catherine Kironde / Chris Thomas / Denise / Michelle Clinical Lead: Raj Mitra
8. 4.35pm	Lambeth Together Assurance Board members are asked to note the accompanying report from the Lambeth Together Assurance Sub-Group.	Paper enc.	Sue Gallagher / Jo Fernandes
9. 4.45pm	AOB Close Date of next meeting – 25 May 2022 - 1pm – 5pm		Dr. Di Aitken

LAMBETH TOGETHER STRATEGIC BOARD MINUTES

Wednesday 26 January 2022 at 2.00 pm
Microsoft Teams – hosted by SEL CCG

Clerks Notes: “The Lambeth Together Strategic Board” currently acting as the Shadow “Lambeth Together Care Partnership.

Links to the recording:

[Lambeth Together Care Partnership Board Meeting Public Forum to Item 7](#)

[Lambeth Together Care Partnership Board Meeting Item 7 to end](#)

Members Present:

Dr Dianne Aitken	GP and NHS SEL CCG, Lambeth Neighbourhood & Wellbeing Delivery Alliance
Sarah Austin	Guys' and St Thomas' Trust
Councillor Lucy Caldicott	LB Lambeth
Fiona Connolly	LB Lambeth: Executive Director of Adult Social Care
Councillor Jim Dickson	LB Lambeth
Andrew Eyres	NHS SE London CCG (Lambeth) and Lambeth Council
Therese Fletcher	GP Federations
Ruth Hutt	LB Lambeth
Penelope Jarrett	Lambeth LMC
Julie Lowe	Kings College Hospital Foundation Trust
Adrian McLachlan	GP and NHS SEL CCG, Lambeth Living Well Network Alliance
Raj Mitra	GP and Lambeth Children and Young People Alliance
Catherine Pearson	Healthwatch Lambeth
George Verghese	GP & Primary Care Clinical Cabinet Co-Chair

In attendance:

Jane Bowie	NHS SE London CCG and LB Lambeth
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Daniel Stoten	NHS SEL CCG (Lambeth)
Sonia Colwill	NHS SEL CCG (Bromley)
Karen Sanderson	LB Lambeth
Amanda Coyle	Neighbourhood & Wellbeing Delivery Alliance
Jeanette Young	LB Lambeth
Joy Okafour	LB Lambeth
Jo Fernandes	NHS SEL CCG
Cheryl Smith	NHS SEL CCG
Peter Hesketh	LB Lambeth
Sam Alexander	NHS SEL CCG
Sarah Corlett	Healthwatch Lambeth
Juliet Amoa	LB Lambeth
Gerry Evans	LB Lambeth
Catherine Flynn	Head Comms & Engagement
Brian Reynolds	NHS SEL CCG
Dr Mike Kelleher	NHS SLaM
Cassie Dyer	NHS SLaM
Robert Goodwin	LB Lambeth
Harold Bennison	NHS SLaM
Samantha Lasbury	LB Lambeth
Garry Money	NHS SEL CCG
Andrew Parker	NHS SE London CCG (Lambeth)
Sophie Taylor	LB Lambeth

Apologies:

Merlin Joseph	LB Lambeth
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1 Agenda

1a Introductions

Dr Dianne Aitken welcomed attendees to the meeting.

2 Declarations of Interest

Members were asked to declare any conflicts of interests linked to the items on the agenda. No conflicts of interest were declared.



3 Minutes of the Meetings 24 November 2021

The minutes of the meeting of Wednesday 24 November 2021 were agreed as an accurate record of the meeting, pending clarification on two points: Neighbourhood & Wellbeing Delivery Alliance minutes, page 7, regarding Primary Care Networks and the Deep Dive - Homeless Health, page 10, regarding General Practice.

4 Introducing the Lambeth Together Care Partnership

Andrew Eyres introduced the Board to the first Lambeth Together Care Partnership (LTCP) meeting in its shadow form and noted that:

- The Health and Care Bill was at committee stage in Parliament and the start of the Integrated Care System (ICS) had been deferred to 1 July 2022.
- Work was needed to establish the Integrated Care Board and disestablish Clinical Commissioning Groups (CCG) and a new Terms of Reference would reflect delegations of the ICS for Southeast London.
- The Public Health team will lead work on a Joint Needs Assessment, as plans and strategies were being updated.
- Dr Di Aitken and Councillor Jim Dickson were introduced as the Co-Chairs of the LTCP.
- A video of Board members reciting the Lambeth Together Pledge was played.

RESOLVED

1. To note the report.

To listen back to this item, refer to [1:08:48](#) to [1:22:00](#) of the recording.

5 Developing our Lambeth Together Care Partnership public voice in governance and the public forum

Catherine Flynn, Head of Communications and Engagement at NHS Lambeth CCG, presented recommendations to develop public involvement in LTCP and noted proposals to recruit two additional public voice members in addition to lay members, Healthwatch and Back Thrive.

Gerry Evans, Engagement Manager for Lambeth Together, introduced the proposed Public Forum development plan, to connect communities and LTCP leadership, as well its development timeline which built on feedback from participants. Immediate, medium term and long-term actions were noted, to build positive relationship and reduce health inequalities.

During the discussion, it was noted that:

- Public hesitancy to participate was noted, while the growing base of community bodies could encourage community participation.
- In terms of meeting accessibility, a hybrid model of both digital and in person LTCP



meetings could be explored.

RESOLVED

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.

To listen back to this item, refer to [01:22:04](#) to [01:52:00](#) of the recording.

The presentation accompanying this item, refer to pages [15 to 24](#) of the reports pack.

6 New Lambeth Emotional Health and Wellbeing Pilot for Children and Young People

Dan Stoten, Integrated Associated Director for Children's Integrated Commissioning, and Harold Bennison, Child and Adolescent Mental Health Services (CAMHS) Director at South London and Maudsley NHS Foundation Trust, introduced the report and noted that the Pilot was in partnership with SLaM, the Well Centre, and Voluntary Sector Organisations.

During the discussion, it was noted that:

- The Pilot must engage the Patient and Carer Race Equality Framework (PCREF) to ensure the needs of Black young people were met.
- The CCG contracted the Well Centre for service delivery and the pilot reinforced this.
- Volunteer Support could be enhanced through conversations with Well Centre.
- 'Eco-Anxiety' was on the rise and Living Well Networks provided access to a range of services to cater to a range of needs.
- This was one of multiple Emotional Health and Wellbeing Pilots and did not offer a whole borough solution due to a variety of needs and routes to enable access.
- Harold Bennison was to address wording on the aim to reduce demand on CAHMS, to reflect the aim to improve outcomes for young people.

RESOLVED

1. To note progress and endorse the development of the Emotional Health and Wellbeing pilot with SLaM and the Well Centre.

To listen back to this item, refer to [01:52:00](#) to [2:17:20](#).

To view the presentation accompanying this item, refer to pages [29 to 31](#) of the reports pack.

7 Deep Dive - Substance Misuse



Robert Goodwin, Lead Commissioner for Substance Misuse LB Lambeth, introduced the report and noted partnership work across the council, health and social care systems.

Cassie Dyer, Service Manager at We Are With You, provided background of the Lambeth Addictions Consortium, established in 2010 as a combination of statutory and voluntary sectors to address range of support needs.

Mike Kelleher, consultant addiction psychiatrist and clinical lead to the Addictions Consortium, noted that every General Practice, except one, in the borough was part of the GP Shared Care and Recovery to provide local treatment and the Consortium worked in partnership with the voluntary, statutory and housing sectors.

Martin Shields explained that peer and staff training raised awareness and Naloxone had saved lives, including nasal devises provided to hostel workers and peers of opioid users and that the United Kingdom constituted the highest rates of drug and alcohol related deaths in Europe.

During the discussion, it was noted that:

- After training, General Practitioners had received a 'certificate in addictions' and this should be reintroduced as standard practice, as GPs were key to the service.
- Substance Misuse services were provided through Public Health Funds, not NHS.
- Preventative work was pushed through the Healthy Living Platform, and this covered brief interventions.
- Occasionally, under 18s did access the service.
- A joint needs assessment was being developed and unemployment support had been raised at suggestion of the Steering Group.
- It was suggested that Black Thrive share provider contacts from across the borough.

RESOLVED

1. That the Board Member would receive an update on the developments of the Integrated Treatment Consortium, including:
 - Performance of the Integrated Treatment Consortium
 - Partnership working across the consortium
 - Benefits of consortium working for service users
 - Future development.

To listen back to this item, refer to [2:17:20](#) to [00:03:25](#) of the recordings.

To view the presentation accompanying this item, refer to pages [37 to 47](#) of the reports pack.



8 Lambeth Together Assurance Sub-Group

Members were asked to note the report.

RESOLVED

1. To note the accompanying report from the Lambeth Together Assurance Sub-Group.

To view the report, refer to pages [63 to 107](#) of the reports pack.

9 AOB

Dr Di Aitken thanked Andrew Parker and Brian Reynolds, for their service on the LTSB as they stepped down.

The date of the next meeting was confirmed as 25 May 2022.

The meeting ended at 16:08

CHAIR
LAMBETH TOGETHER STRATEGIC BOARD
Wednesday 23 March 2022

Date of Despatch: 10 February 2022

Contact for Enquiries: Julia Skinner

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Lambeth support for refugees and asylum seekers

23.03.2022



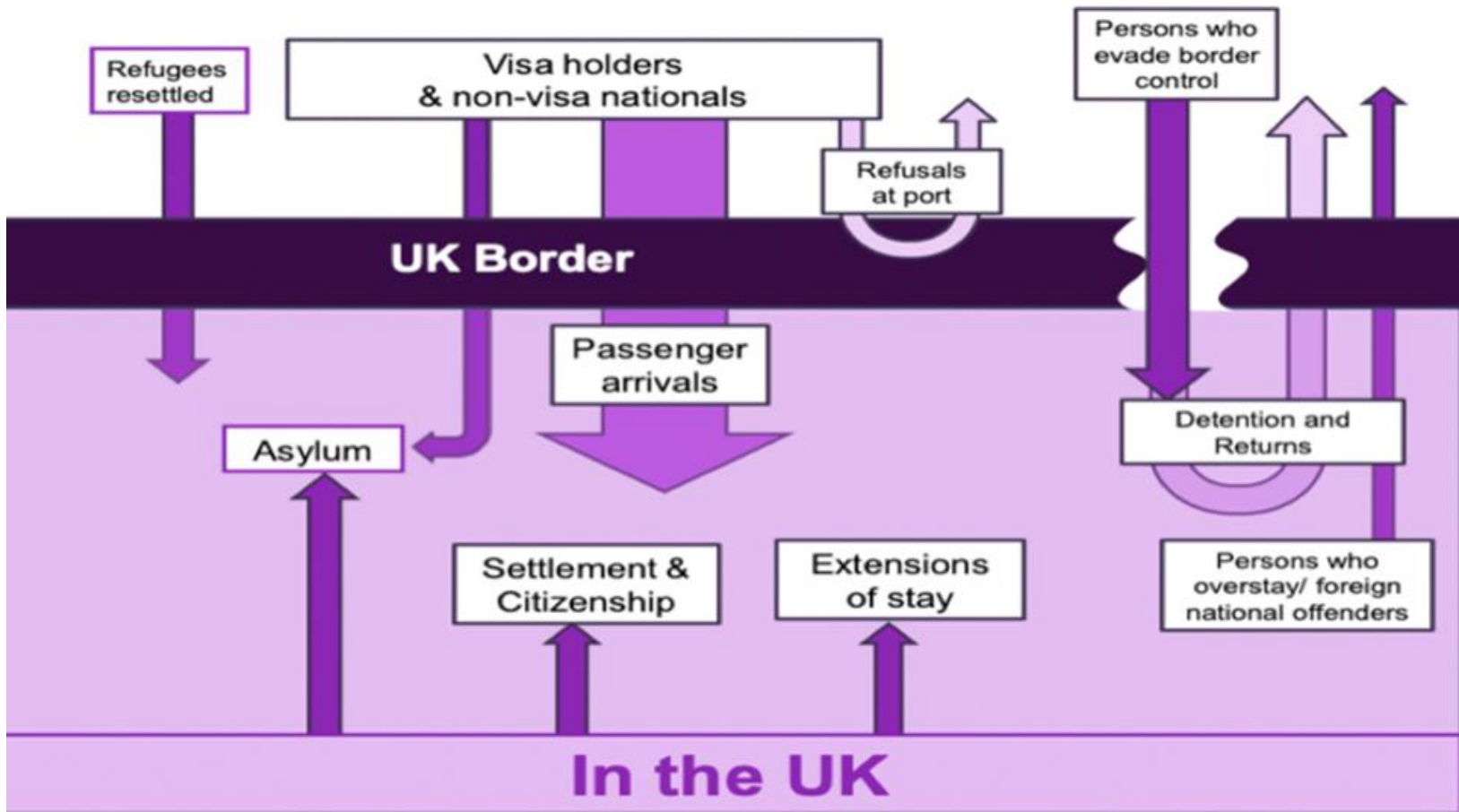


Refugees and Asylum Seekers

- People who are refugees and people who are seeking asylum are vulnerable populations forced to flee persecution for their political or religious beliefs, ethnicity, nationality or membership of a particular social group.
- In the UK, all asylum seekers have the right to access primary and secondary NHS services without charge.
- The right to claim asylum is an international human right.
 - 1951 Refugee Convention.



Summary of UK immigration system

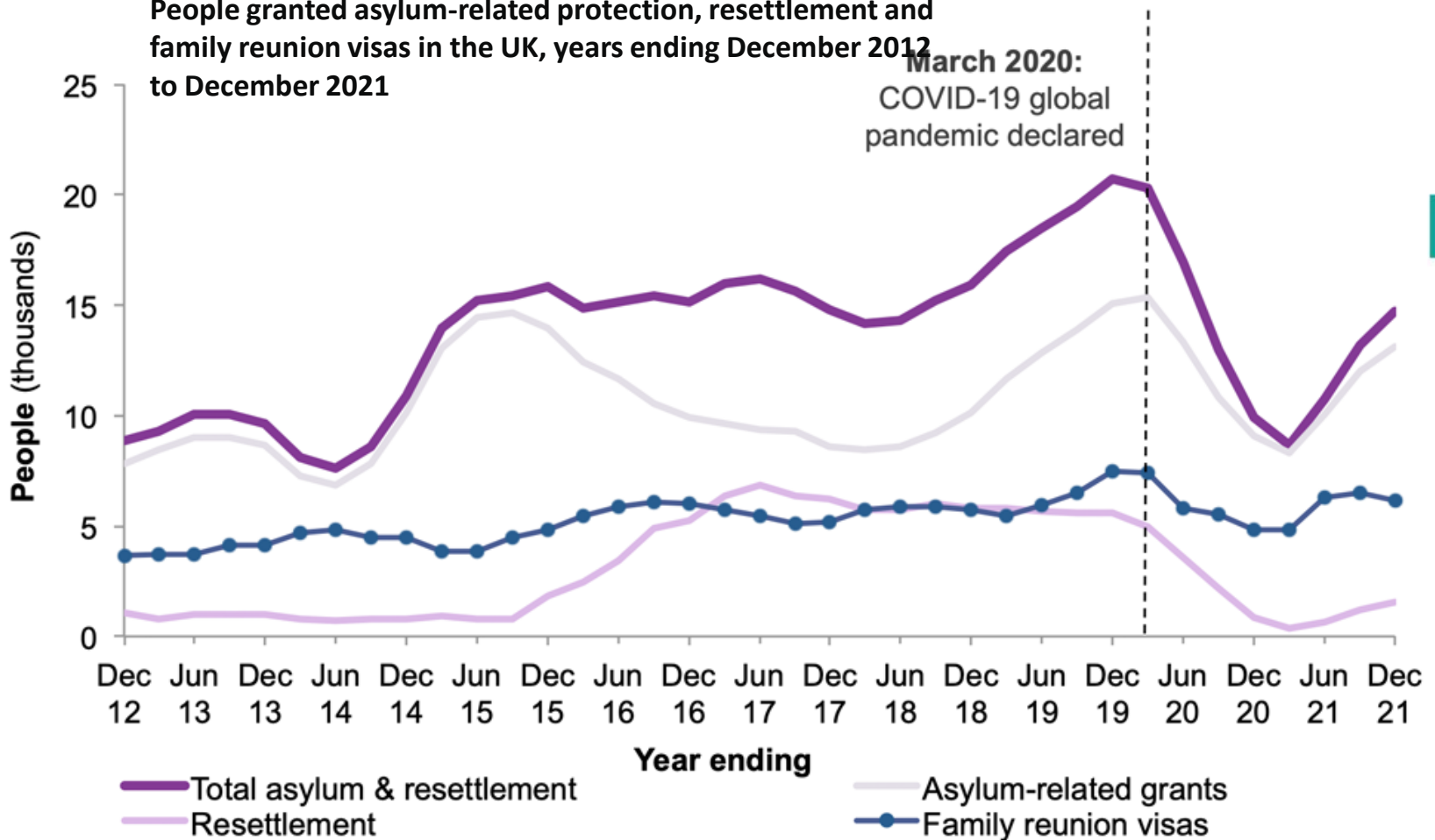


History & Context

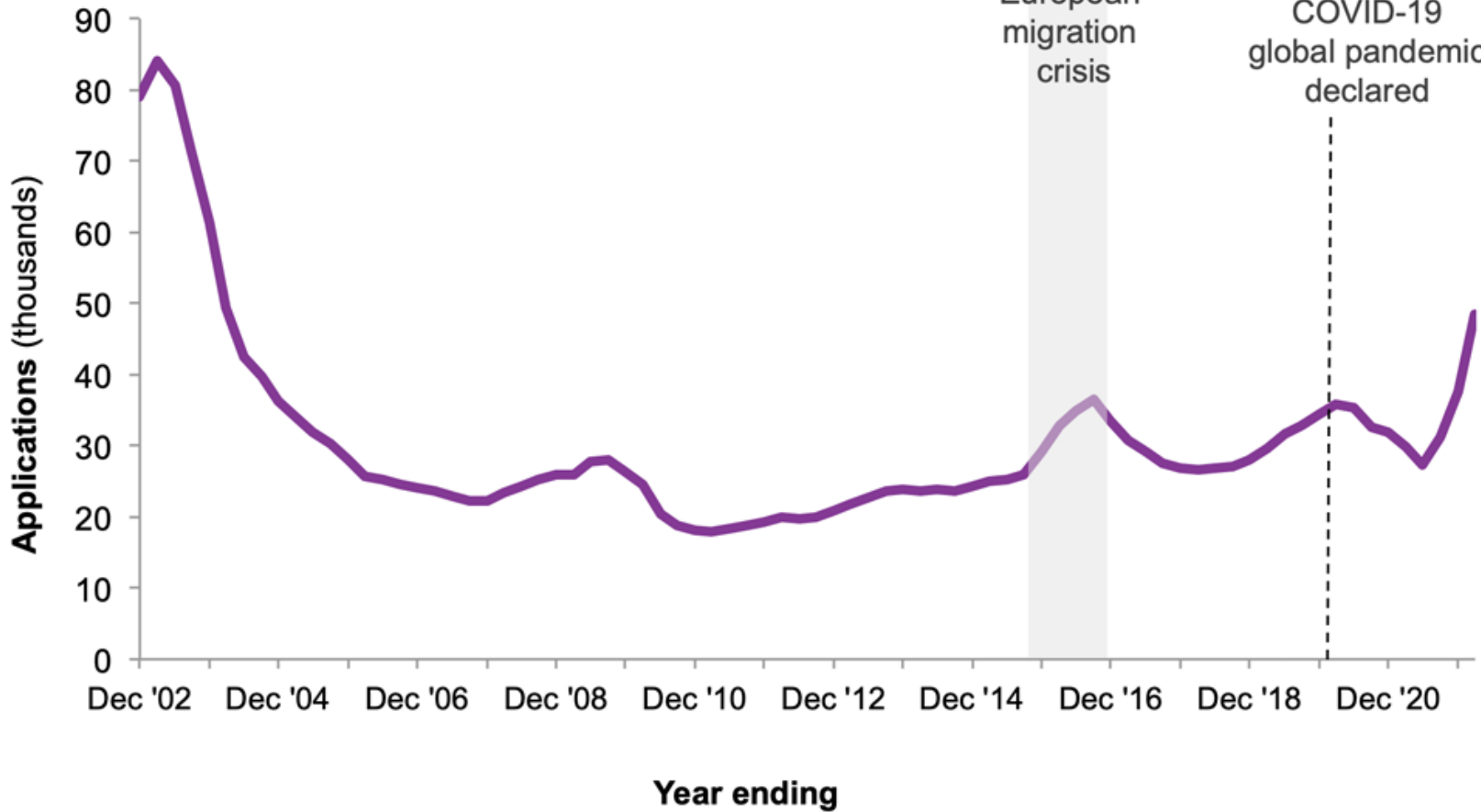
- 400 Years of Refugee Movement to the UK <https://dsh.re/5a8cb>
- <http://refugeehistory.org/>
- <https://migrationobservatory.ox.ac.uk/resources/briefings/migration-to-the-uk-asylum/>



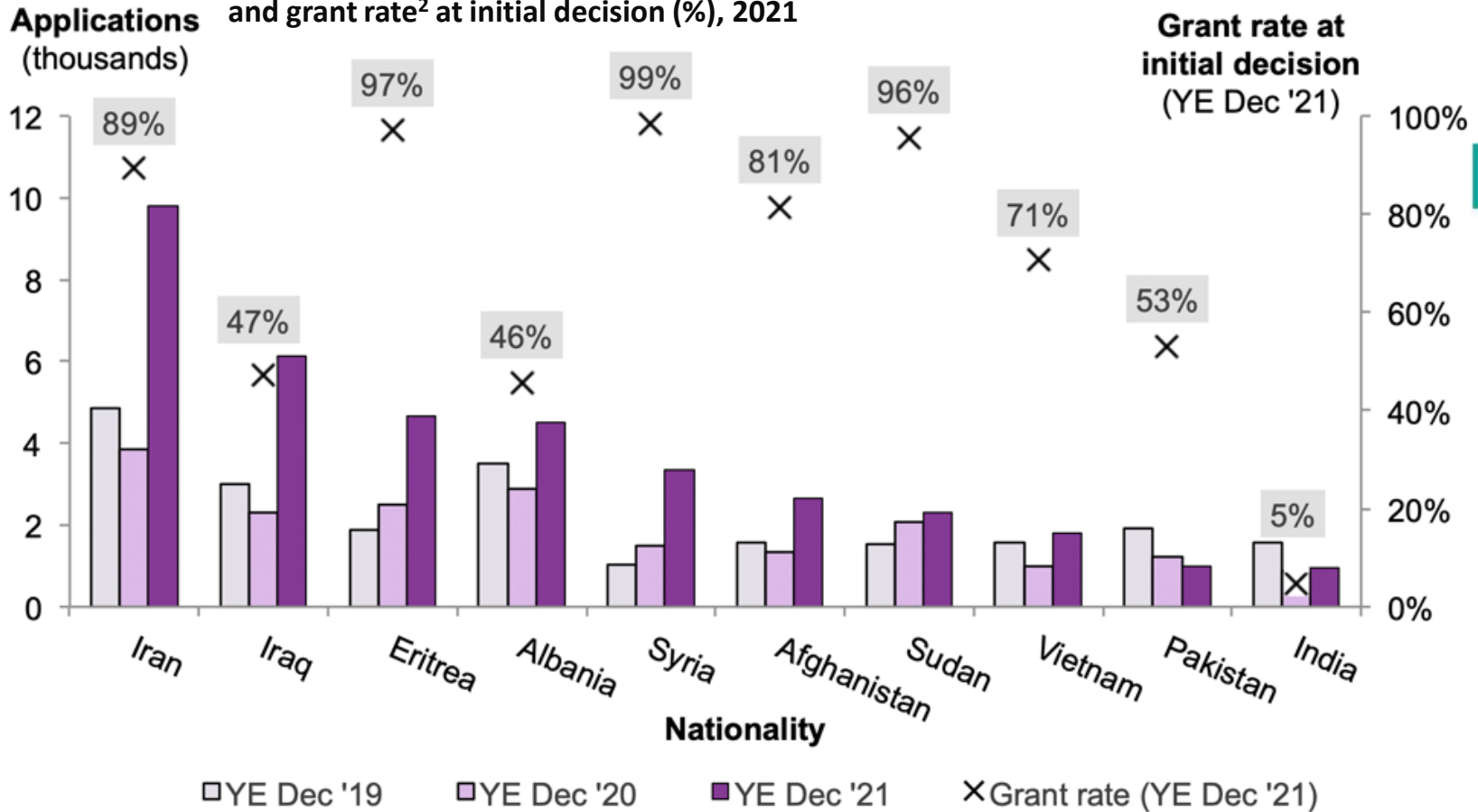
People granted asylum-related protection, resettlement and family reunion visas in the UK, years ending December 2012 to December 2021



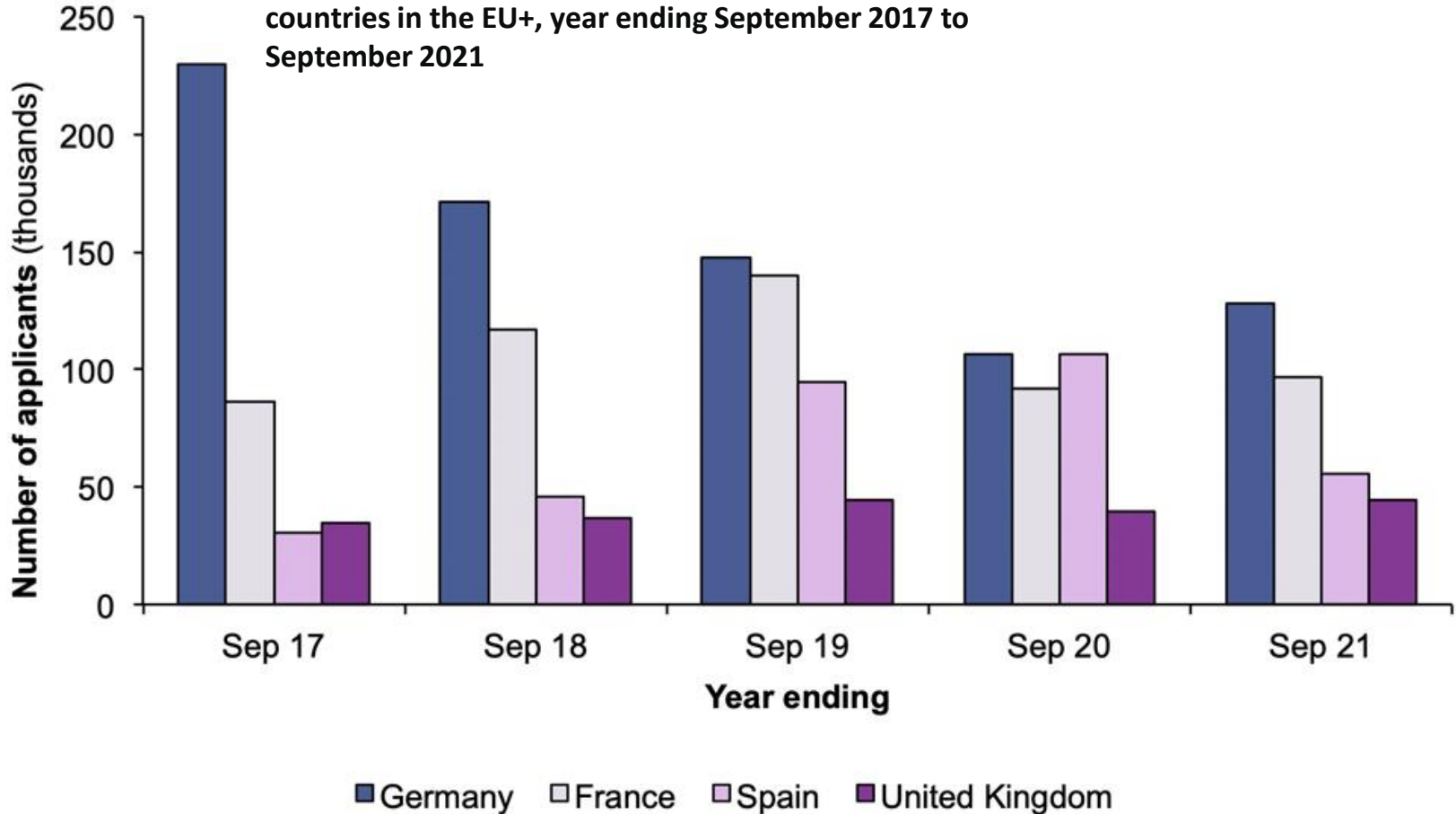
Asylum applications lodged in the UK, years ending December
2002 to December 2021

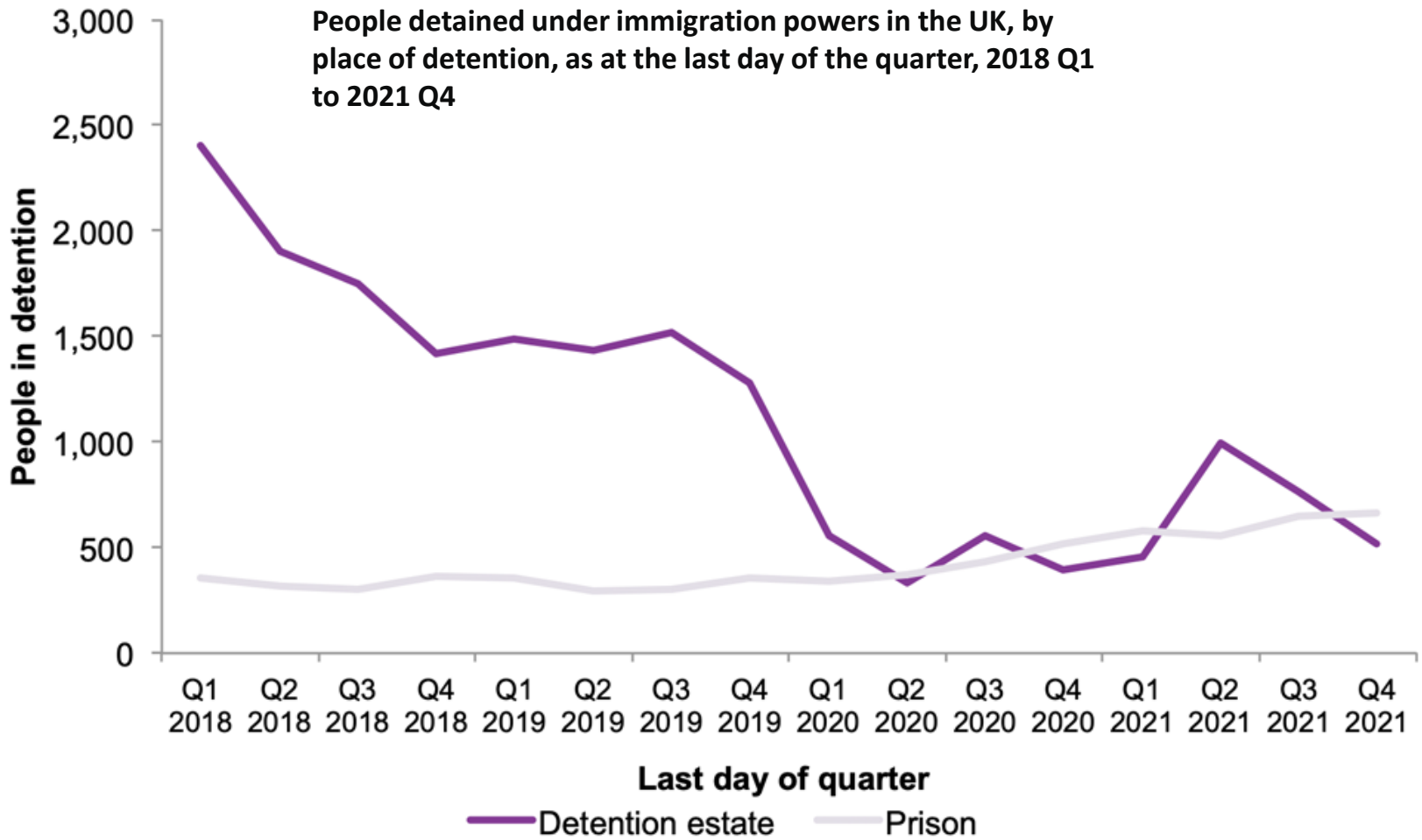


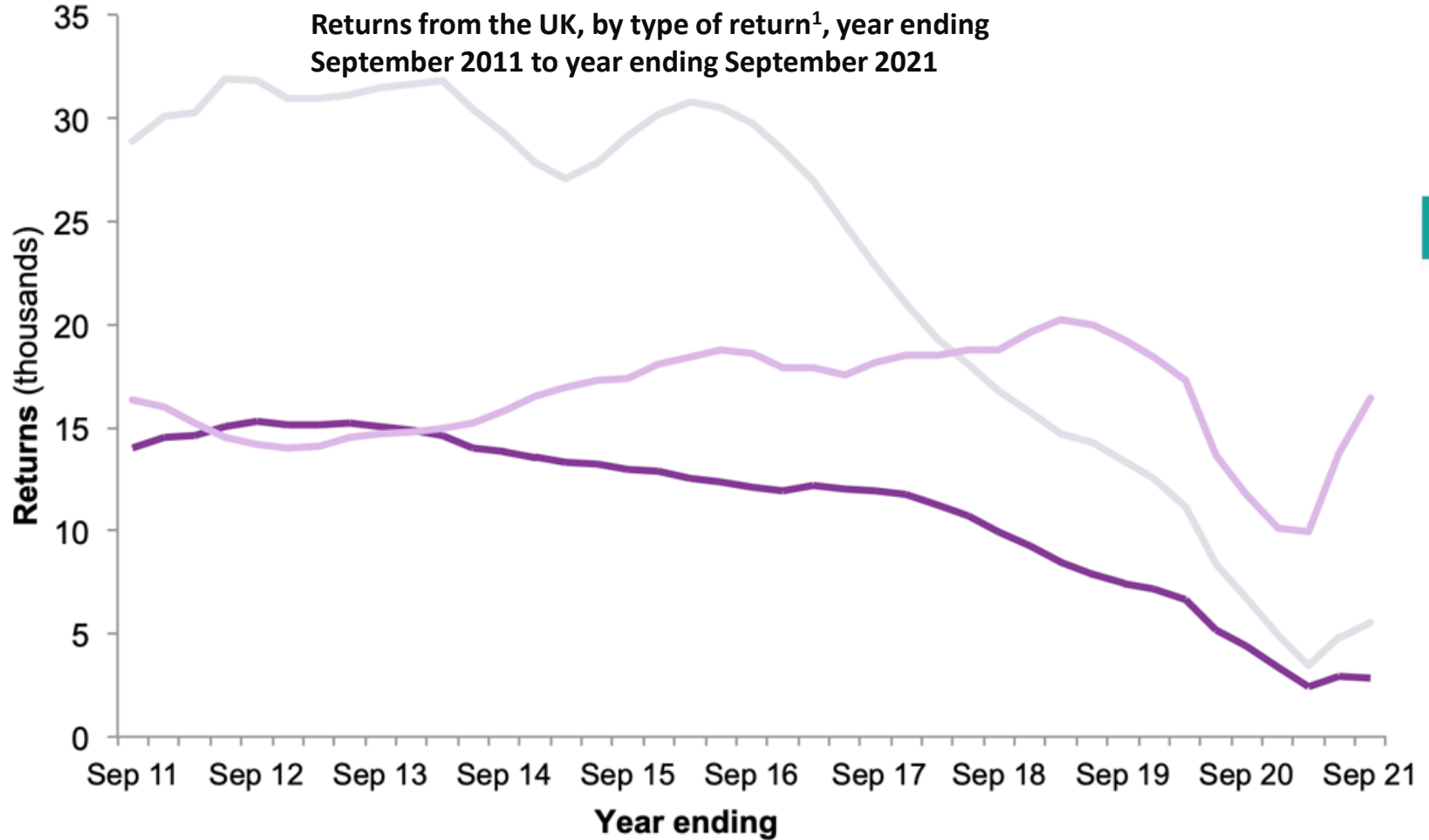
Top 10 nationalities¹ claiming asylum in the UK, 2019 to 2021,
and grant rate² at initial decision (%), 2021



The number of asylum applicants to the UK and the top three countries in the EU+, year ending September 2017 to September 2021







Voluntary returns

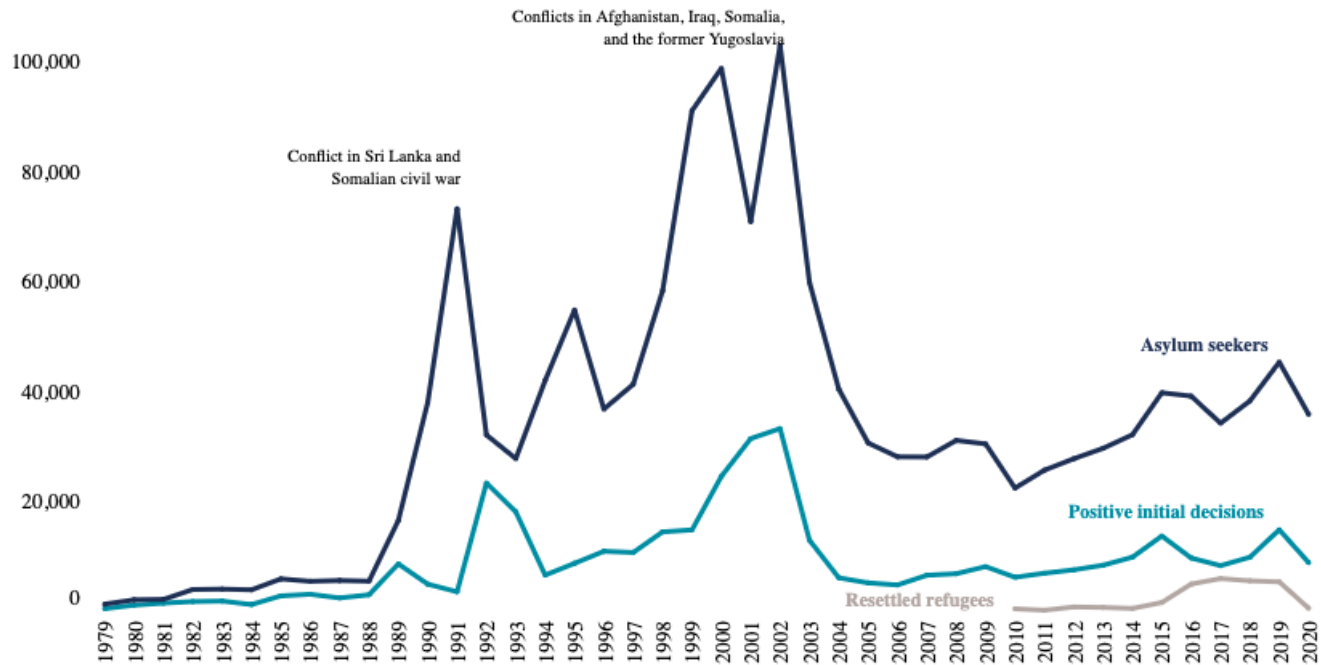
Enforced returns

Port returns



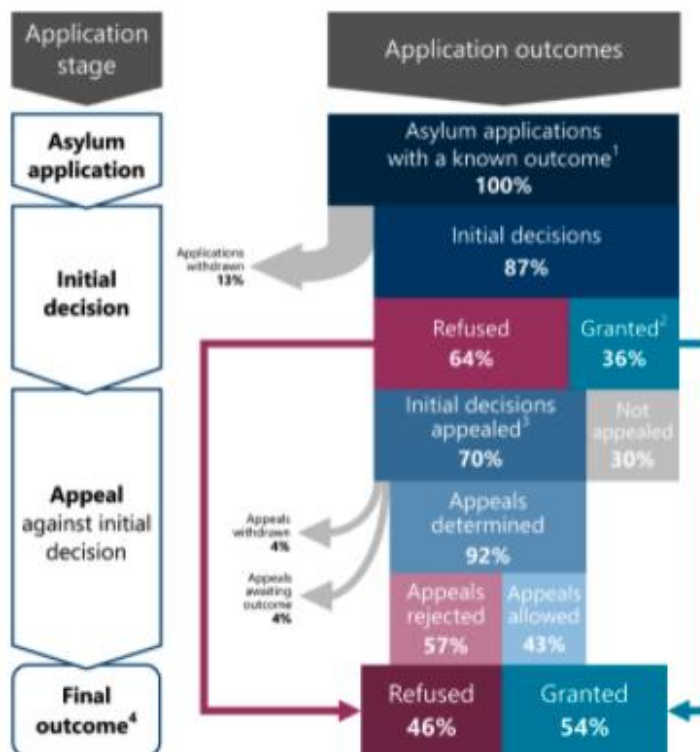
Number of people who claimed asylum, positive initial decisions, and refugees resettled, per year, UK, 1979 to 2020

Main applicants and dependants; positive decisions are grants of asylum or other permission to stay



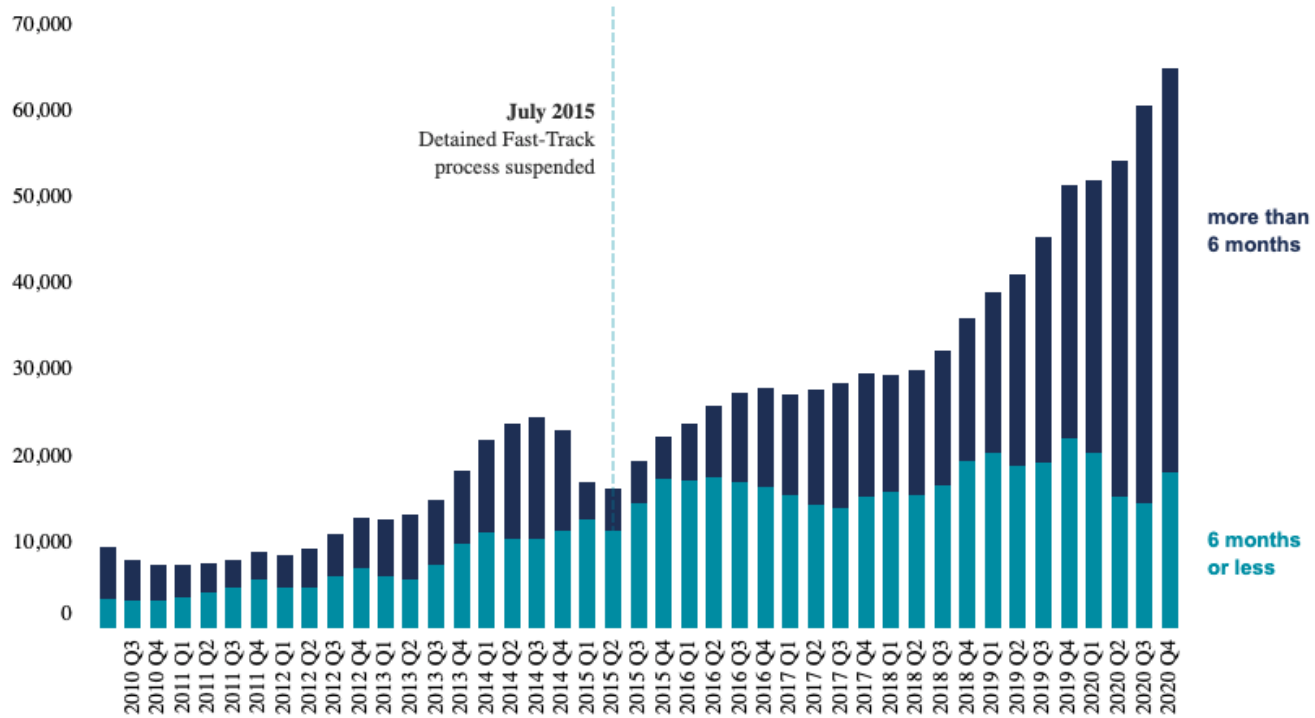
What share of asylum applications are ultimately successful?

Main applicants, excluding dependants; for applications submitted in 2016 to 2018 inclusive with a known outcome as at May 2020, excluding withdrawn applications



Number of people awaiting an initial decision on their asylum claim, Q2 2010 to Q4 2020

Main applicants and dependants; counts taken on the last day of each quarter

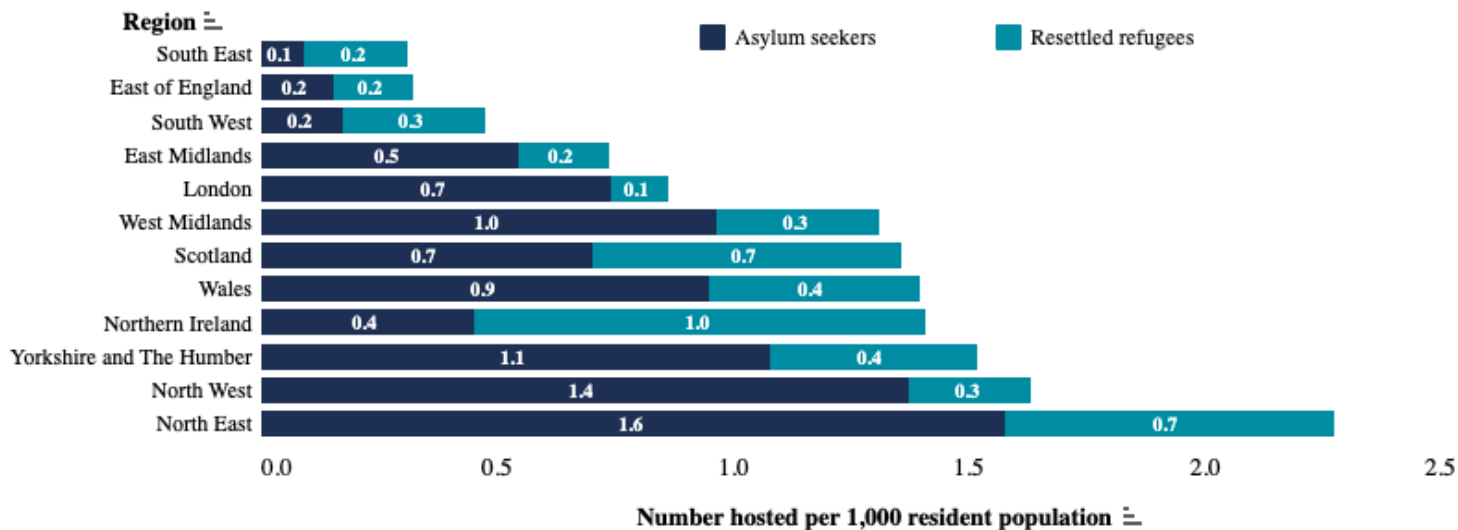


Where are asylum seekers and resettled refugees hosted in the UK?

By region per 1,000 resident population (bar chart) and by local authority (table), as at 30 June 2020

Select chart:

- Regional bar chart
- Local authority table



Asylum Support and Resettlement at Lambeth Council

Wednesday 23rd March – Lambeth Together Strategic Board



Refugees and Asylum Seekers

- While there are legal definitions to describe the differences between people who are refugees and people who are seeking asylum, it can be understood in the following broad context:
- Asylum Seekers:
 - People seeking asylum usually enter the UK in small boats and in vehicles across the Channel
 - They are placed in temporary accommodation and receive around £40 a week to cover food, hygiene items, transport, clothes or placed in hotels and receive £8 a week to cover the above minus food.
- Refugees:
 - People who have been resettled in the UK via a government programme
 - People who have their asylum application approved
 - Both of these groups have the right to work and recourse to public funds
 - Those arriving via resettlement schemes may receive funding packages up to £24,000 across three years, including healthcare and education



Asylum Support service

- Coordinate with Home Office, Department of Levelling Up, Housing and Communities, accommodation providers, CCG, voluntary sector groups, school, commercial partners and internal Lambeth directorates
- Commissioned providers to provide Family Welcome classes and Women's support and recreation group
- Working with schools to fund school uniforms, PE kits, school bags, free school meals
- Helped to secure additional ESOL placements
- Overseeing school registration process
- Working closely with Health Inclusion Teams and Public Health
- Coordinate an extensive activity programme
- Advocate for improvements in IACs and responsible for Issues Log
- Introducing a volunteering programme
- Pursuing Borough of Sanctuary status

Refugee Resettlement

- Lambeth Council has a strong record of supporting vulnerable refugees in the past and surpassed its pledge to resettle Syrian refugees
- Lambeth has already resettled some Afghan households and will continue to welcome more
- There are no Afghan bridging hotels in Lambeth
- Lambeth also has a commitment to resettle households from other countries through the global resettlement scheme (UKRS)
- **This commitment is taken in consideration with the existing housing needs of Lambeth residents**
- Lambeth and its commissioned partners welcome households by providing a fully furnished flat, support to integrate, ESOL provision, a subsistence for five weeks until Universal Credit is received, GP registration, school registration and more



Ukraine (As of 14th March)

- As of 14th March, the government has announced the following pathways for refugees from the Ukraine to come to the UK:
 - **Ukraine Family Scheme** – for those with relatives in the UK
 - **Homes for Ukraine** – for individuals or organisations to welcome a refugee(s) into their homes
- As of 14th March, 89000 people have registered to be a sponsor
- The details are being shared in a staggered process and Lambeth is preparing as much as it can until the government releases more information
- Local authorities will have responsibility to inspect that homes are adequate under the Homes for Ukraine scheme
- Both pathways will give people the right to work, recourse to public funds and the right to remain here for up to three years
- The government have mentioned additional funding for the education of school-aged children but have no mentioned healthcare funding as of yet

Asylum Seekers- South East London (SEL) Context

In London, for over 15 years, there have been two Initial Accommodation Centres (IAC), one in Southwark and the other in Croydon. These accommodations have been recently called “core” IAC. Due to the slow movement in the dispersal system Contingency IACs were set up across the country and London.

During the initial lockdown period, the HO suspended evictions from asylum accommodations, face-to-face substantive asylum interviews were on hold and then conducted by using video calls and extended payment for those granted refugee status until their first welfare benefits payment arrives. The movement from IAC to dispersal areas was very slow and on hold due to pandemic rules, public health requirements and reduced dispersal accommodation availability.

The HO explained that contingency IAC (hotels) were necessary to accommodate primarily new entrants into the system and pre-existing asylum applicants as part of the measures to reduce the spread of COVID 19 and to follow social distancing guidelines (Sturge & Gower 2020).

Hence, the increase in hotel usage was partly the result of new asylum seekers entering the system and partly the result of a pause on moving people out of accommodation upon completion of their asylum case (Sturge & Gower 2020.)

The pandemic has impacted hugely on asylum seekers housed in Contingency IAC as they experienced lengthy stays, social distancing concerns and inconsistent access to healthcare, and difficulties accessing phones, WI-FI, internet and television (Parliament UK 2020).

Since mid-2020, the number of asylum seekers in hotels has been increasing in London. However, getting the exact numbers for this population presents challenges due to various factors, such as people movements in/out across some hotels and how numbers and categories are used /recorded. I



- The Afghan Citizens' Resettlement Scheme (ACRS) has been launched and the Government aims to resettle up to 5,000 people in the first year of operation. The scheme will initially focus on people who have already arrived in the UK through Operation Pitting. This will impact on the decommissioning of hotels across South East London.
- The scheme will prioritise: those who have assisted the UK efforts in Afghanistan and stood up for values such as democracy, women's rights, freedom of speech, and rule of law, vulnerable people, including women and girls at risk, and members of minority groups at risk (including ethnic and religious minorities and LGBT+)



Specialist input

Health Inclusion Team -HIT (GSTT)

In SEL area and pre-pandemic, the Health Inclusion Team -HIT (GSTT) in partnership with a Surgery in Southwark were commissioned by NHSE and Southwark CCG to carry out health assessment and services for asylum seekers at Southwark IAC (core). The level of need of asylum seekers in this setting has been changing over the years and this IAC (Core) was identified as the accommodation for individual with multiple and complex health needs and disabilities.

Refugee Council

Since September 2021 the Refugee Council have been providing psychosocial therapeutic support to asylum seekers who present with social, physical & psychological *complex* needs including Post-Traumatic Stress Disorder (PTSD) & complex PTSD in Southwark.

As of January 2022, the Refugee Council have been funded for a year to provide a Wellbeing for work programme focused on clients arrived from Afghanistan at the bridging hotel. The project has two strands – Emotional wellbeing and Access to work opportunities. The project offer will provide a therapeutic assessment to create a tailored 12- week (max) program of individual sessions focused on the clients goals, aspirations and emotional support.

South London and Maudsley NHS Foundation Trust, (SLaM)

South London and Maudsley NHS Foundation Trust (SLaM) have been providing mental health and trauma support to Afghanistan bridging hotel to ensure GP registration with electronic files to follow patients, assessment of physical and mental health needs, ensure support and capacity in primary care for identification and management of urgent and emergency care and access to services through mainstream NHS pathways



Core Offer

Aims and objectives

The review aims to identify the community health “core offer” requirements for asylum seekers and refugees at IAC (core), Contingency IAC (hotels) and Bridging hotels to have consistency in the community health core offer across SEL.

It will include:

1. A rapid health needs assessment for the population based on the relevant literature
2. Develop the community health “Core Offer” setting out the essential elements of care
3. Support providers to self-assess their current service offer against the Core Offer.
4. Develop an implementation plan to implement the core offer, ensuring that the following is included:
 - a. Culturally sensitive provision that is supportive of the different population groups
 - b. cost and provider options
 - c. support for safeguarding and quality
 - d. procedures and policies that may be required to provide optimum care
 - e. signposting to services available in the community from statutory, NHS and voluntary organisations supporting this population.
5. Make recommendations on partnership working including the Home Office, Accommodation Providers, and other ICS structures.
6. Support for the team/s looking after the refugees and asylum seekers



Health Inclusion Team: Refugee & Asylum Seeker Services in Lambeth

HIT provides the following services for refugees and asylum seekers in Lambeth:

- Health Inclusion Clinic at Pavilion Medical Centre:
 - Access to specialist primary care services for destitute or homeless refugees, asylum seekers, refused asylum seekers and those with no recourse to public funds.
 - Comprehensive initial health assessments for individuals and families arriving on government resettlement schemes in Lambeth (Vulnerable Persons, Vulnerable Children, Syrian and Afghan resettlement schemes).
- Streatham Day Centre:
 - Outreach specialist nurse and caseworker support and advice



Health Inclusion Team: Refugee & Asylum Seeker Services in Lambeth

- Initial Accommodation Contingency (IAC) Hotels:
 - Currently 2 IAC in Lambeth and 4 in Southwark
 - Outreach health services to asylum seekers living in IAC hotels (see next slides for more detail)
 - Outreach COVID-19 vaccination clinics to asylum seekers living in IAC hotels
- Additional specialist services:
 - Development of specialist pathways for refugees and asylum seekers to access antenatal, contraception, mental health and infectious diseases services.
 - Specialist advice and support across the borough to organisations providing services to refugees and asylums seekers, building on extensive experience working with refugees and asylum seekers across SE London.



HIT Refugee & Asylum Seeker Service Input into IAC Hotels

- Currently 6 IAC hotels across Lambeth (2) and Southwark (4)
- HIT Refugee & Asylum Seeker Service commissioned to provide specialist outreach health assessment and support across 4 of these hotels (1 Lambeth & 3 Southwark) until March 2023
- Initially hotels with highest vulnerabilities identified & supported
- Experienced multidisciplinary team (specialist adult and paediatric nurses, health visitors, health navigators) offering outreach clinics and services
- Outreach COVID-19 vaccination clinics in collaboration with the GSTT vaccination service.



HIT Refugee & Asylum Seeker Service

Guy's and St Thomas' NHS
NHS Foundation Trust

Example of input into a Lambeth IAC Hotel

- Assisted with GP registration and access
- School places – notified school admissions for all children
- Immediate needs health assessments complete >80%
- Complex case management
- Minor ailments managed by nurse prescriber – prevented the need for GP appointment
- Pregnancy
 - antenatal referrals – coordinating community/GSTT antenatal care
- Contraception
 - Post-natal contraception started on site
- Outbreak management – chickenpox, scabies, COVID
- Immunisations – COVID, flu, signposting to GP for catch up immunisations



General Practice

- Currently 5 Lambeth Practices supporting 2 IACs
- Full registration, keeping families together
- Access to all services
- Special clinics
- Joint working



Working Together

Council, Infectious Disease, Infection Prevention and Control, Safeguarding, Environmental Health, Children and Young People, Home Office, Hospitals, Accommodation Provider, Public Health, General Practice, Mental Health, Education, Interpreting, Voluntary services, Health Inclusion Team, Find & Treat, NHS SEL CCG, Family Planning, Sexual Health, Maternity, Medication, Dental, Optometry, Pharmacy,

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Report to: Lambeth Together Care Partnership

23 March 2022

Report Title	Primary Care Commissioning Schemes 2022/23
Lead / Author	Garry Money – Director of Primary Care and Transformation, NHS South East London CCG (Lambeth)
Summary	<p>The purpose of this paper is to seek the endorsement of the Lambeth Together Care Partnership Board (LTCPB) for two items of primary care commissioning business, transacted by the Lambeth Primary Care team within SEL CCG, affecting providers and services in Lambeth. While these items are within the scope of delegation for the CCG regarding its role as the commissioner of local NHS primary care services, these items have been brought to the March LTCPB for endorsement in the spirit of working together as a place-based partnership.</p> <p>There are two specific items for which the endorsement of the LTCPB is sought, both in terms of the decisions taken and the associated governance:</p> <ol style="list-style-type: none"> 1) The extension of contractual arrangements for Extended Access Hub services in Lambeth, provided by the Lambeth GP Federation, for a further 6 months from 1st April-30th September 2022. This is needed due to a delay in the mobilisation of new national contract arrangements for “Enhanced Access”, to be commissioned via Primary Care Networks. This is required for all CCGs in England. 2) The continuation of Local Enhanced and Local Improvement Services commissioned from GP Practices in Lambeth into 2022/23, without the need for procurement. This decision has also been taken across all SEL boroughs. <p>These decisions, and the rationale for them, are set out in the attached paper, which is an extract from that presented in public at the SEL Primary Care Commissioning Committee on 2nd March 2022 in a summary of “CCG Officer Decisions Taken”. The item has also been presented and endorsed by non-conflicted members of the Lambeth Primary Care Forum on 1st March 2022.</p>
Recommendation(s)	<p>The Lambeth Together Care Partnership is asked to:</p> <ol style="list-style-type: none"> 1. Endorse and note the decisions taken concerning Primary Care Commissioning Schemes for Lambeth in 2022/23.

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South East London
Clinical Commissioning Group

Part 1 SEL Primary Care Commissioning Committee

DATE: 2 March 2022

Title	Governance Processes for Extension of Local Enhanced Services (LES); Local Incentive Schemes (LIS); Access Hubs.	
This paper is for information		
Borough	All SEL Boroughs	
Practice Details	Practice Names	N/A
	Contract Types	N/A
	Site Address(s) inc. branch sites	N/A
	List Sizes	N/A
	No. of Partners	N/A
	Current CQC Rating	N/A
	PCN Details	N/A
Recommended action for the Committee	<p>The Committee is asked to note</p> <ul style="list-style-type: none"> - that suitable and appropriate governance arrangements are in place in respect of the renewal of existing Local Enhanced services (LES) Local Incentive Schemes (LIS) and Access Hub agreements commissioned using non-delegated funds - that these arrangements are based on the Borough Based Boards as Prime Committees of the SEL CCG Governing Body as being the appropriate Committee to endorse the renewals. 	
Summary	<p>In addition to its statutory primary care core contract types (GMS; PMS; APMS) SEL CCG holds a number of other contracts / agreements which are commissioned locally within each of the 6 boroughs (places) and which are required to be extended or rolled over at year end.</p> <p>Procurement colleagues raised concerns that in order to be compliant with procurement rules, it might be necessary to obtain tender waivers in respect of the extension of these contracts / agreements.</p> <p>Following subsequent discussions between Primary Care Team Officers, Procurement colleagues and the Director of Corporate Finance it was agreed that tender waivers would not be required in respect of LES and LIS as outlined below.</p> <p>This paper is provided to the PCCC for information and assurance that suitable governance arrangements are in place to allow these contracts/agreements to be continued.</p>	

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	<p>The contracts/agreements in question consist of:</p> <ul style="list-style-type: none"> - Local Enhanced Services (LES); - Locally Incentive Schemes (LIS); - Access Hub Agreements. <p><u>Local Enhanced Services.</u></p> <p>These locally designed services were, prior to delegation, only able to be commissioned by NHS England on behalf of local communities. They were normally but not always list based i.e. the services provided only to patients registered with the practice. As such they were normally offered to all local practices. They are enacted via a contract variation which amends the national core contract. As a result they become part of the main GMS/PMS/APMS contract and continue with those contracts. The question of re-procurement therefore does not arise.</p> <p><u>Local Incentive Schemes</u></p> <p>With the arrival of CCGs and Co-Commissioning, there was a need for a mechanism for CCGs to be able to commission services locally. As mentioned above, LES could only be commissioned by NHS England and therefore the concept of Locally Commissioned Services was introduced. These take a variety of names with Local Incentive Scheme being the most common but include other similar schemes such as prescribing incentive schemes, medicines optimisation etc.</p> <p>Unlike LES, these schemes are commissioned by agreements which are supplementary to the core contracts rather than becoming a part of the core contract and so need renewal from time to time.</p> <p>As they are funded via the non-delegated budgets held locally, a local process of due diligence is required. The services, specifications, and associated remuneration would typically be reviewed by Borough Officers with stakeholders such as the LMC, Federations, relevant clinical experts, finance colleagues and then put to the local Primary Care Group which would in turn recommend the scheme for endorsement by the local Borough Based Board (BBB). (See below). As with LES, these LIS are normally¹ list based and offered to all practices and no competitive tendering process or tender waiver is required.</p> <p><u>Access Hubs.</u></p> <p>These Access Hub contracts, which were previously procured, were expected to terminate on 31 March 2022 with the planned transfer of the existing CCG (Borough) Commissioned extended access services from individual providers to Primary Care Networks. As a result of Covid-19 however, NHS England/NHS Improvement has postponed this transfer until 1 October 2022 and there is a requirement therefore for the extension of the existing Access Hub contracts. Contracts of this type would normally be let via a competitive tendering procurement. However, as the required extension is for only 6 months and as the requirement for renewal was only recently identified, it would not be practicable to re-commission via a normal procurement process. A process of due diligence mirroring that for the LIS is therefore in place with the contract extension proposal being endorsed by the Borough Based Board. However, since these contracts would under normal circumstances have been procured, it was necessary to</p>
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¹ Southwark LIS are not all commissioned directly with individual practices and in some case tender waivers may be required.



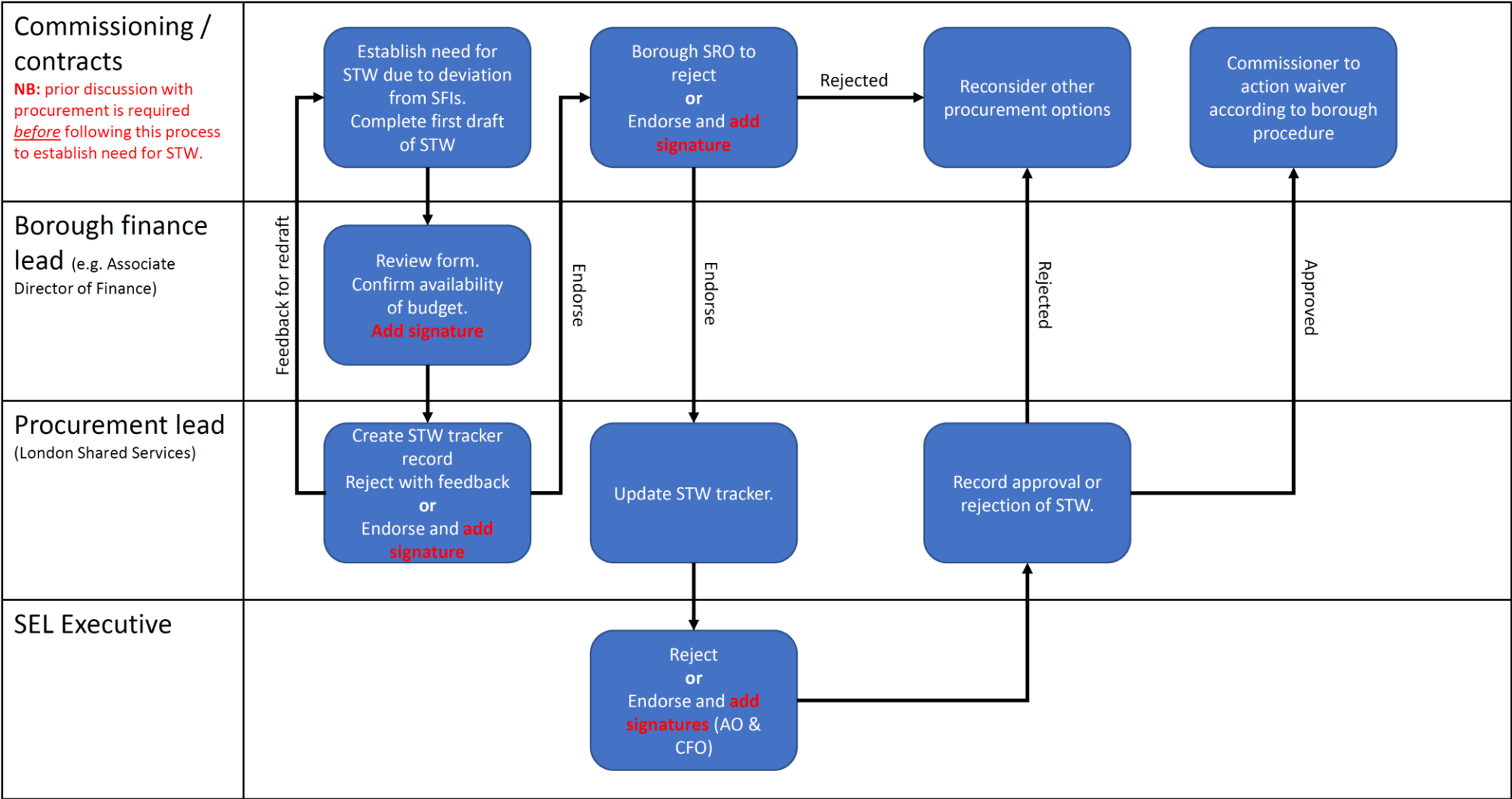
	obtain tender waivers ² following the process detailed in the tender waiver flow chart (Appendix 1) <u>Borough-Based Boards</u> South East London CCG has six borough-based boards, each with clinical and executive leadership to deliver the CCG's plans at a local level. As well as a borough-based director, and governing body GP members, each borough-based board includes local authority and lay members, and works with a wider range of partners through a local care partnership. Borough-based boards are prime committees of the South East London CCG's Governing Body with delegated responsibility to commission local services including Primary Care. As such they are the appropriate Body to endorse extension of the local services which are the subject of this paper. <u>Conclusion</u> Robust and appropriate governance arrangements are in place to allow the extension of LES; LIS and Access Hubs as described. Summaries of the processes followed by each Borough and lists of the relevant agreements form Appendix 2 to this paper.	
Potential Conflicts of Interest and mitigations	None identified	
Impacts of this proposal	Key risks & mitigations (and/or BAF reference)	Risks <ul style="list-style-type: none"> • Possibility of procurement challenge. Mitigation <ul style="list-style-type: none"> • Implementation of the SEL Tender Waiver process in respect of the Access Hub extensions
	Equalities legislation impact	N/A
	Financial impact	N/A
	Impact on patients / service users	Continuation of service provision supported by the contract/agreement extensions
	Impact on other practices, including PCNs	N/A
	Estates impact	N/A
	Workforce impact	N/A
	Improve quality / safety	Where required, revised specifications put in place

² Not required for the Bromley Access Hub as the existing contract allowed for an extension by agreement between the parties.

	Support integration	N/A
	How does the recommendation align with the Boroughs primary care strategy, and if not, please explain the rationale for this.	Services described contribute to the Boroughs' primary care strategy.
Wider support for this proposal	Other Committee Discussion/ Borough Engagement	Proposals discussed at Brough Primary Care Leads meeting
	Stakeholder engagement, including LMC, Health Watch, etc. Councillors,	Stakeholders including involved in reviewing specifications as described in papers forming Appendix 2
	Public Engagement	N/A
Author:	Harry Goldingay	
Job Title:	Senior Commissioning Programme Manager, General Practice Services (SEL) and Premises	
Directorate:	Planning & Commissioning	
Clinical Lead:	Jonty Heaversedge	
Responsible Director:	Holly Eden Director of Commissioning Improvement	
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.		
List of appendices/ Supporting information	Name of document	
Appendix 1	SEL Tender Waiver Flowchart.	
Appendix 2	LIS_LES_Hub renewal SEL CCG	



Single Tender Waiver Drafting/Approval Flow Diagram



Appendix 2 LIS/LES/Access Hub Renewals in SEL CCG

Renewal / Extension of Locally Commissioned Services	
Borough	Lambeth
Summary of Renewal / Extension Process for Local Incentive Schemes (LIS)	<p>Initial discussion led by Garry Money, Associate Director of Primary & Community Care, and Mahroof Kazi, Senior Primary Care Commissioning Manager, including other local commissioning leads (e.g. for Homeless Health and Medicines Management).</p> <p>Engagement with leads for Lambeth LMC, Lambeth Clinical Cabinet, Lambeth GP Federation and CCG Clinical Leads.</p> <p>Agreed by relevant Finance Officer (Edward Odoi, Associate Director of Finance)</p> <p>Proposal to renew/extend put to Lambeth Primary Care Forum (local PCOG) on 1st March 2022 for approval.</p> <p>Lambeth Primary Care Forum (PCOG) recommendation to Lambeth Together Strategic Board (Borough Based Board (BBB)) made on 1st March 2022.</p> <p>Lambeth Together Strategic Board to endorse proposal in line with the authority of the Board as a Prime Committee of the SEL Governing Body via Chair's Action on 1st March 2022.</p>
Summary of Renewal /Extension Process for Local Enhanced Services (LES)	N/A (See body of cover paper)
Summary of Renewal / Extension Process for Access Hubs	As for LIS plus: Tender Waiver secured in line with SEL Tender Waiver Procedure
Schedule of LIS	<p>Lambeth Primary Care Improvement scheme (LPCIS) Commissioned from 41 GP Practices, and covering quality improvement activities and specific KPIs associated with:</p> <ul style="list-style-type: none"> • Childhood Immunisations • Physical Health Checks and Follow-up Interventions for People with Severe Mental Illness • Planned Care Pathways and Long Term Conditions • Anticipatory Care (amended to reflect new PCN DES specification from April 2022) • Medicine Optimisation Scheme • Immunomodulatory Drugs Scheme
Schedule of LES	<p>Homeless LES – commissioned from 3 GP Practices</p> <p>Graham House Homeless Shelter LES – commissioned from 1 GP Practice</p> <p>Intermediate Care LES – commissioned from 1 GP Practice -</p> <p>Phlebotomy LES – commissioned from 31 GP Practices</p>
Name of Access Hub(s) inc. name of Contractor (s)	Lambeth Extended Access Hubs – provided by Lambeth Healthcare Ltd (the local Lambeth GP Federation)



Recovering and Living with Covid-19

Lambeth Together Care Partnership Board
23 March 2022



Working in partnership for a healthier borough

Covid-19 Response: Living with Covid-19



- Strategy published and announcements made on 22 February
- Objective of the next phase of the Covid-19 response is:
to enable the country to manage Covid-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond should the NHS be placed under unsustainable pressure
- Four principles to the strategy underpinned by population immunity:

1. Living with Covid-19:
removing restrictions,
encouraging safer
behaviors through public
health advice

**2. Protecting people most
vulnerable to Covid-19:**
vaccination, targeted
testing, addressing health
inequalities

3. Maintaining resilience:
ongoing surveillance,
contingency planning,
ability to reintroduce key
capabilities

**4. Securing innovations
and opportunities from the
Covid-19 response**

Population immunity conferred by vaccination and infection

Health and Care Recovery Plan - Review



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Covid-19

Health and Care Recovery Plan – Review

- Recovery Plan goals and priorities remain relevant
- Utilising our outbreak management plan
- Continuing to refresh our approaches and reflect on the wider impacts
- Prioritising reducing health inequalities
- Building resilience
- Focussing on prevention
- Engaging with residents
- Enabling the system to deliver

Testing



From 24th February, the government has:

- Removed the guidance for staff and students in most education/ childcare settings to do twice weekly asymptomatic testing.
- Removed the legal requirement to self-isolate and to 'test to release'.
- Removed the ask that fully vaccinated close contacts and those aged under 18 to test daily for 7 days.
- Not changed advice for staff working in health and care settings

From 1 April, the Government will:

- No longer provide free universal symptomatic and asymptomatic testing for the general public in England.

Lambeth's response to policy change:

- Continuing to distribute LFD kits to the local community
- Last LFD delivery in w/c 14th March. Local authorities have been asked to ensure all stock is distributed before the end of March or it will be returned to central government.
- Stock release will be phased to ensure provision remains until 31st March
- Angela Davies PCR closed and replaced in the short term by an additional mobile testing unit in Windrush Square
- Some limited testing capacity is likely to remain after 1 April for those who may benefit from treatment, however it is currently unclear how this will be provided.



Contact tracing



From 24 February the Government has:

- Ended routine contact tracing. Contacts will no longer be required to self-isolate or advised to take daily tests.

Lambeth's response to policy change:

- Contact Tracing in Lambeth has been undertaken by a Local Contact Tracing Team employed on flexible contracts.
- As a result of the guidance change both local and national Contact Tracing teams have been stood down.
- Staff members from the Contact Tracing team have been redeployed in the short term (e.g. council tax energy rebate support)



Self-isolation



From 24 February the Government has:

- Removed the legal requirement to self-isolate following a positive test, replaced with *advice*
- Removed the legal requirement for close contacts who are not fully vaccinated to self-isolate.
- Ended self-isolation support payments, funding for practical support, medicine delivery
- Ended the legal obligation to advise employers when they are required to self-isolate.

From 24 March, the Government will:

- Remove the Covid-19 provisions for Statutory Sick Pay and Employment and Support Allowance regulations [entitlement to SSP from day 1 if you're self-isolating either as a case or contact].

Lambeth's response to policy change:

- Lambeth's Stay Home Safely support service (provided by AgeUK Lambeth) will continue to run until 31st March 2022 to give practical support to residents who still wish to self-isolate, despite the changes in guidance.
- Self-isolation support payments will be removed along with the removal of the requirement to self-isolate.
- Residents facing hardship as a result of isolation will be able to apply for funding through Lambeth's Household Support Fund/Emergency Support Scheme.



Vaccination



The Government announced it has:

- Accepted updated advice on the vaccination of non at risk 5 to 11 year olds through community pharmacy-led local vaccination services and vaccination services.
- Accepted advice from the JCVI to rollout an additional booster this spring for groups of people seen as vulnerable to severe coronavirus, including those over 75, residents of older people's care homes and anyone aged 12 or above who is immunosuppressed

Lambeth's response to policy change:

- Planning is underway for delivery of an April-August Spring booster programme
- Planning is also underway for an Autumn vaccination programme although it is unclear currently whether this will apply to cohorts 1-6 (likely minimum), or cohorts 1-9 (likely max)
- A healthy 5-11 programme will commence from 4 April through community routes only (not schools) – guidance awaited
- An 'evergreen' offer for first doses and uptake programme will remain in place



Response to outbreaks



From 24 February the Government will:

- Revoke powers to impose restrictions relating to premises, events, outdoor places].

From 1 April, the Government will:

- Remove the current guidance on voluntary COVID-status certification in domestic settings and no longer recommend that certain venues use the NHS COVID Pass.
- Update guidance setting out the ongoing steps that people with Covid-19 should take to minimise contact with other people. This will align with the changes to testing.
- Consolidate guidance to the public and businesses, in line with public health advice.
- Remove the health and safety requirement for every employer to explicitly consider Covid-19 in their risk assessments.
- Replace the existing set of 'Working Safely' guidance with new public health guidance

Lambeth's response to policy change:

- Government expects Covid-19 to be managed regionally and locally as part of a wider all hazards approach, using existing health protection frameworks.
- This will require regular and ongoing public health communication and advice.
- What this looks like in practice is still unclear.
- The Government has said it will revise current Covid-19 outbreak management advice and frameworks, to set out the support that local authorities and other system partners (such as LRFs, regional health protection teams, the NHS and others) can expect from regional and national stakeholders and the core policy and tools for contingency response.
- Currently, there is no indication of any additional resources linked to this local response function.



Communications



General advice

- Get vaccinated
- Washing hands
- Wear a face covering
- Opening windows or meeting outdoors
- Continuing to test yourself
- Stay home if you're unwell

Advice for vulnerable and at-risk

- Vaccination and subsequent boosters/doses
- Encouraging others to test before visiting
- Exercising particular caution when visiting health and care settings
- Utilise free PCRs to access treatment options

Local Outbreak Management Plan v5



- Purpose: to protect the public from the ongoing risk posed by Covid-19
- Updated to:
 - Reflect removal of all remaining restrictions from 1 April
 - Reflect changes in the national, regional and sub-regional support and infrastructure
 - Reflect advances in relation to treatment
- Live date c. 1 April 2022



Scenarios and ongoing resilience



1. Covid decline and transition

2. Significant escalation

What do we need in place to respond again?

What role would you expect your organisation to have?

What governance arrangements would you expect?

What particular concerns or challenges are there in this scenario?



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together**

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Covid-19

Health and Care Recovery Plan – Review

Foreword

The Covid-19 global pandemic has presented extraordinary and far-reaching challenges over the past two years. Lambeth residents have experienced great pain, hardship and isolation, and many have suffered ill-health as a result of the virus.

Over 640 deaths from Covid-19 have been recorded in Lambeth since March 2020¹. Clinically vulnerable people, those from a Black, Asian and/or Multi Ethnic background, older people, people living in deprived areas and those living with a disability have been disproportionately impacted². The pandemic has thrown a spotlight on many of the existing inequalities in the health outcomes of Lambeth’s population, in access to care and in the experiences of individuals, carers and communities.

Our *Lambeth Together Covid-19 Health and Care Recovery Plan* was developed by Lambeth Together partners to help guide our response to the pandemic, outline our priorities and actions in recovering, and drive change and improvement for health and wellbeing in the borough. The plan drew on the learning and experience of staff, of voluntary sector providers and community groups, and our diverse resident and community voices.

Reading the original plan reminds us all how much has changed in such a short period of time. What it means to ‘recover’ from Covid-19 has also changed; the vaccination programme, the availability of testing, new clinical treatments and new variants, have all changed the context of the pandemic we are dealing with today. Given this, Lambeth Together partners have reviewed this plan, to reflect on the progress we have made so far, in our path to recovery.

Health and care services, and our communities have responded at pace and with a clear focus and drive during this time. Many have gone above and beyond since the start of the pandemic and have adapted at speed to both minor and significant changes. This has challenged all of us to continually understand where risks and needs have changed, have our priorities and resources focussed on the right places and review where we are and what our next steps should be.

Lambeth Together is an integrated local care partnership supporting Lambeth residents to have better access to health and care so they can lead happier, healthier lives.



Dr Dianne Aitken

GP, North Wood Group Practice at Crowndale and Co-Chair of Lambeth Together Care Partnership



Cllr Jim Dickson

Cabinet Member for Health and Adult Social Care (job share), Lambeth Council and Co-Chair of Lambeth Together Care Partnership

1. [Coronavirus \(Covid-19\) in Lambeth - Key Information](#) Jan 5th 2022

2. [Disparities in the risk and outcomes of Covid-19](#) (publishing.service.gov.uk) Aug 2020



Addressing Health Inequalities

To ensure that Equality Diversity & Inclusion (EDI) is at the heart of everything we do, we formed a specialist team to provide the Lambeth Together partnership with leadership and internal challenge.

At the start of 2022, with the [Lambeth Together Pledge](#), all our partners publicly committed to prioritising rapidly improving the health of our residents that most need our support, and to addressing inequalities in health and care.

The team has used [recommendations](#) made by Public Health England in June 2020 to guide its progress. These recommendations join up with the ongoing local work we know we need to do in Lambeth.

Throughout this review there are examples of our work within the community. The types of locations where these services are offered and how they are accessed have been designed specifically with the aim of making them as easy to engage with as possible, by those who need them the most. Thinking in this way has already provided significant results, with events attracting hundreds of residents, leading to ongoing support where needed.

Whenever we provide a service in the community, we also listen to what people tell us. This information, alongside what residents tell us at our

public forums, helps us to understand what people need. More recently, we have held focus groups to hear directly from people affected by chronic pain, and we hope to continue this approach using community research to inform our service design and delivery, and to improve outcomes. Crucially, we can then make confident, inclusive decisions based on what residents have told us. We want to thank everyone who has given us feedback, and please, continue to give us more!

Within London and nationally our EDI team have collaborated, influenced, and learned from specialists. We support the desire to address health inequalities in a sustained way. Now, alongside further projects, we will focus attention on the recent report by [NHS Race Observatory](#) on the extent of race/ethnicity health inequalities. We will guide all partners in ensuring that their plans to consult with residents are viewed and improved through an EDI lens, and we will continue to create more trusting relationships with health and care services.





The Covid-19 Health and Care Recovery Plan

In producing our Covid-19 Health and Care Recovery Plan we reviewed the health profile in Lambeth before and during the Covid-19 pandemic. It was clear that the impact of the pandemic had increased risk and exacerbated existing health inequalities. It showed we needed to do much more to engage with those who suffer the worst health outcomes.

preventative steps we could take to reduce pressure in key parts of the system in the event of a second wave with a focus on wider health and wellbeing, mental health support and reducing isolation.

We set out that our Recovery Plan would directly inform our Lambeth Together response and provided clear examples of the value, and strength, of our collaborative partnership approach. It set out our shared key priorities, risks and a core work programme that together we would address during the 18-month period from October 2020 to March 2022: recognising that this was both a plan to respond to the Covid-19 pandemic and to further progress our integration and system-wide working within the borough, and beyond.

This review has specifically focused on our progress against what we set out to achieve to recover from the Covid-19 pandemic in our original plan.

We have found that the level of challenge Lambeth is facing in terms of the impacts of the Covid-19 pandemic, is similar now to September 2020, but the challenges themselves have changed and evolved. We have delivered the priority actions in the original plan as well as many other significant activities, that were not. Supporting the vaccination programme has been a major task of the health and care sector in 2021, and yet wasn't referenced in the recovery plan, when no vaccine had yet been approved. Partners are clear: the environment that our residents, patients and workforce are living in has changed, much has been achieved and the position now is one of springing forward at pace and working together to achieve our goals. Whilst many challenges remain, Lambeth's resolve is stronger than ever.

We committed to a series of actions and areas of focus in preventing, predicting and managing a “Second Wave” of Covid-19; including using and sharing data to help us predict and manage further waves, identifying and tracking cases, responding to surges, ensuring residents had the information they needed and pressures to services were managed to minimise disruption. Alongside this we committed to



Our priorities for keeping our communities safe

We committed to a series of actions and areas of focus in preventing, predicting and managing a “Second Wave” of Covid-19, including:

Promoting the importance of **Test and Trace** to identify and track cases

Lambeth has been operating a Local Contact Tracing (LLCT) service 7 days a week since November 2020. Lambeth Council became the first London borough to bring all Covid-19 contact tracing of positive cases inhouse in a new pilot scheme, ‘Local 0’, launched on the 1 March 2021. Since then, Lambeth has had one of the highest rates of people engaging with contact tracing in London. By having a Local Contact Tracing service, Lambeth has been able to utilise contacts to collect information on outbreaks at an early stage, signpost residents to services local to them and ensure they are aware of our self-isolation support offers.

Lambeth has offered three types of support to residents who have tested positive for or have been in close contact with someone with Covid-19

– financial support, practical and emotional support and accommodation support. These offers include:

- An enhanced financial offer with broader criteria than the government’s financial support to ensure all residents can effectively self-isolate.
- A commissioned service, ‘Stay Home Safely’, run by Age UK Lambeth providing a support line, food and medication deliveries and pet care for residents needing to self-isolate.
- An accommodation offer for residents living in Houses of Multiple Occupation or with clinically extremely vulnerable individuals, who can be moved to prevent the spread of coronavirus to the rest of their household.



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In 2021, 2,289 Lambeth residents received assistance as part of our local self-isolation support offers and Lambeth was recognised by HM Government as having provided robust self-isolation support. These offers have enabled residents to make informed choices about how best to limit their exposure to the virus, whilst being aware of how they can support themselves and their families by accessing both new and existing services.



LLCT received a call from a resident who had tested positive for Covid-19 and disclosed their partner has cancer. The resident was naturally concerned about the potential transmission of the virus to their partner. Upon hearing the situation, LLCT offered accommodation to the resident for the duration of their self-isolation and transportation for the resident. A referral was also made to Lambeth's 'Stay Home Safely' service to provide food during the isolation period. The resident since contacted Lambeth Council again to say...

“Thank you for all your help. The team have been amazing and helped me to protect my partner and family from catching [coronavirus]. I will always appreciate what you and Lambeth council have done.”



Responding in the event of a **surge** in local Covid-19 cases.

Alongside Public Health England and NHS Test and Trace at regional and national levels, we had a key role to play in the investigation, management and control of Covid-19 variants designated as ‘Variants of Concern’ (VOC). Lambeth Together have undertaken three VOC surge testing exercises. The first two surge testing operations were in specific parts of the borough, and the third was borough wide. At the peak, 12 mobile testing units were dispatched, and door-door testing was delivered. The third operation alone led to an extra 50,000 Covid-19 tests being taken locally. This focus on testing was combined with an increase in communications and engagement with residents through trusted community groups and a dedicated helpline.

We have learnt from these experiences, and have a process in place should further exercises be required. This has formed part of our [outbreak management plan](#), overseen by the borough’s [Health and Wellbeing Board](#).

In December 2021 the Omicron variant brought an unprecedented level of demand with the amount of positive cases being recorded in Lambeth more than three times the previous high-point in January 2021. As a result of the increase in cases, and multiple changes to policy and guidance, demand for the range of Covid response services rapidly increased. At both national and local levels triage approaches were put into place to ensure that available resources were prioritised to support the most vulnerable and/or essential workers.



Sharing intelligence and data to alert us quickly to spikes in demand

Across all partners of Lambeth Together, we set up a response group that maintained a focus on prevention, as well as responding to any current position. This weekly meeting ensured that connections across the system could be made, and that warning indicators could be shared (e.g. testing positivity rate) and linked to hospital data and locations of local outbreaks. This data sharing enabled us to understand priorities and the largest pressures at any point.

The communications and engagement team also extensively liaised with our residents and community groups to not only share information with residents, but also to understand what barriers people faced that may inhibit them from being safe. These conversations led to the support offers outlined in ‘Promoting the importance of Test and Trace’ section.

We collaborated with providers to enable them to manage pressures and any service disruption, by regularly refreshing and updating Business Continuity Plans and Winter Plans. These plans fed into wider system plans to enable a clear view on what we would stop and start, as necessary, dependent on the situation. These plans are being kept ‘live’ as the environment of the pandemic changes.



Shared leadership arrangements across health and care organisations

Oversight of our Recovery Plan was through the Lambeth Together Strategic Alliance, overseen by our Strategic Board. The Board brings together Lambeth Council and CCG leaders along with local NHS Trusts, primary care and other Lambeth partners. The Strategic Board met regularly throughout the Covid-19 pandemic and held meetings in public six times a year. Residents attended these meetings and had an opportunity to engage with board members. This ethos of working across organisations, is reflected throughout the partnership.

The outcome of this is to gather a wider range of perspectives, creating healthy debates and ultimately leading to better decision making. This has been particularly important in recent months, where resources and learnings have been shared at length to help support staff with the planned legislation on staff vaccination. This integrated way of working, both at a strategic and operational level, is now embedded in the culture of Lambeth Together Partners.



Delivery and promotion of preventative services in the community to support people's health and prevent hospitalisation

Alongside preventing and managing Covid-19, we have continued to deliver and promote services to help and support residents to adopt and maintain healthy behaviours such as healthy eating, physical activity, smoking cessation and positive wellbeing.

Since December 2020, Lambeth has been delivering the Covid-19 vaccine to its communities through a variety of outlets, including Local Vaccination Sites, Pharmacies, Hospitals, GP Practices, the Civic Centre and other 'pop-up' community locations (e.g. mosques and libraries).

We knew that to reach everyone and every community, we needed to be closer to them, in visible, trusted locations. Therefore, in June 2021, Lambeth launched the Health and Wellbeing Bus. Initially the bus offered vaccines and Covid tests, but by mid-October the range of services available had diversified to include wider health and wellbeing provision (including mental health). We use the bus flexibly to suit the needs of residents, and adapt it at each visit, but it always offers an informal opportunity for residents to ask questions about what matters to them. In February 2022, the bus had delivered over 1,800 vaccines, handed out 7,800 Covid-19 home test kits, and had an estimated 17,500 further interactions with people about their health needs.



Support within the community to help people with mental health issues

Within our Living Well Centres, the Living Well Network Alliance (LWNA) have seen an increase of introductions through the ‘Single Point of Access’ delivery model, and in partnership with Black Thrive have developed a new Culturally Appropriate Peer Support and Advocacy service, co-designed and co-produced with the community. The Alliance’s key objectives are to improve the mental health and wellbeing of Black communities by increasing access to mental health services and improving individuals’ recovery journeys. In the last year, the average number of in-patient beds used per month reduced from 86 to 75, and the percentage of people recovering through talking therapies increased from 52% to 57%. Read more about the work of the LWNA in their latest [progress report](#).

Reaching out to those most isolated and experiencing loneliness

The Neighbourhood and Wellbeing Delivery Alliance (NWDA) delivered, through their Thriving Communities model, support to local communities by launching a project focussing on loneliness, and this has been scaled up at pace to be able to support more residents. Those most in need have been provided with individual support plans, and wider community events have also been held. The information gathered from this project will be fed into the creation of a new loneliness strategy for Lambeth. Read more about the work of the NWDA in their latest [progress report](#).

Supporting rough sleepers

During the first wave of the pandemic, Lambeth offered every known eligible rough-sleeper an offer of accommodation as part of the ‘everyone in’ initiative to avoid transmissions of Covid-19 in this vulnerable group. Research published in May 2021³ noted far higher numbers of rough sleepers were supported than expected as the pandemic had pushed many people to become first time rough sleepers in late 2020 and through 2021. Residents were then offered places in more stable and permanent accommodation.

This was achieved through the knowledge and skills of many partners, who have since worked together to offer vaccinations to all residents in our homeless hostels and hotels through dedicated in-reach programmes.

They were even able to re-unite family members who hadn’t seen each other in many years. The team have presented these successes to the strategic board and strengthened links across the partnership on how they can provide further health and care services into the future. Lambeth has continued to provide hotel accommodation for rough sleepers during Winter 2021 and also utilise these hotel ‘beds’ to relocate clinically vulnerable homeless hostel residents in the event of outbreaks.

3. [LSE research](#)



Our actions and risks

We set out how we would tackle the challenge of recovery, including by working through our three Lambeth Together Delivery Alliances, across seven key areas of focus;

- Staying Healthy
- Sexual Health
- Children and young people
- Adult Mental Health
- Joining up care within and across neighbourhoods and identifying and supporting residents with the most needs
- Homeless People and Rough Sleepers
- People with learning disabilities and autism and people with continuing complex needs

All the actions we set out have been completed, are in progress or have become part of our day-to-day work.

Most notably, a third of the actions focused on getting service delivery ‘back to normal’ such as restarting face to face services, reopening ‘closed’ services and rebuilding capacity where it was needed the most. Not only has this been achieved, but in doing so, service improvements have been seen far and wide; we have found new ways to support residents and patients, that work for them, are flexible and adapt to changing circumstances. The use of digital and remote support has worked better for many groups and individuals, being convenient, easy and quick ways to engage with support. Communication and partnership working has been a key tool for services throughout the pandemic, and as such has become embedded in standard practice. What we must ensure now, is that the positive changes and learning that has come from the pandemic, is not lost.

63% of the risks identified in the recovery plan have been closed, with the vast majority mitigated against, and a small number that are no longer relevant. We have plans in place and are closely monitoring the remaining risks. Partners have been through three lockdowns, and have become experienced at making quick adaptations, and planning for an uncertain future. This was shown clearly through the public health response to the surge testing operations and to the vaccination response after the Omicron variant outbreak. Though it was not referenced in the original plan, through conversations with partners it became clear that workforce is a significant current risk, due to the demands on staff over the last 18 months, staff sickness absence and the needs for self-isolation periods. Partners are aware of this and ensuring staff welfare and retention will be of significant importance in the coming months and years.



Our **NHS Trusts** – pioneering Covid-19 research and treatment, and delivering high quality care

Throughout the pandemic, King’s College Hospital and Guy’s and St Thomas’ NHS Foundation Trusts have continued to provide care for as many people as safely as possible. This has involved both responding to the ongoing operational challenges of the Covid-19 pandemic whilst also providing services for patients without Covid-19.

Both Trusts were involved in leading global clinical trials to learn about the virus so that new treatments could be discovered. These successes meant that new treatments were available very early on to some of the most vulnerable patients in our area, bringing significant benefits to those who were very unwell and enabling many to avoid the need for hospital admission altogether.

In December 2021, both King’s and Guy’s and St Thomas’ remained central to the vaccination effort. With the help of redeployed staff, volunteers and partnerships with colleagues from across the NHS, both Trusts extended Covid-19 vaccinations and boosters to as many patients, staff and local people as possible.

As the impact of the Omicron variant eases and society transitions to living with Covid-19, health services are moving into what is hoped will be a

sustained period of recovery.

Clinicians and their teams are committed to safely and effectively reducing waiting lists so that people who have had their procedures affected or delayed due to the pandemic, can be treated. We understand though that our Trusts, like other areas of the healthcare system, will still be required to treat residents for Covid-19, and these patients will continue to receive high quality care.

Clinical staff within Trusts have shown unstinting professionalism and agility to meet and overcome the challenges posed by Covid-19 and continue to do everything they can to provide the best outcomes for patients. We are immensely grateful to staff for their flexibility and resilience, including their willingness to redeploy to areas under greatest pressure.



Engaging our communities

In September 2020, we had a fantastic community event where nearly 100 residents shared their views and experiences of the pandemic. This input provided us a greater understanding of the community’s thoughts and priorities, and directly informed our Covid Recovery Plan.

Two successful events designed by, and for, our black community were held in October 2021, staffed by black professionals, focussing on health and wellbeing. These were both attended by hundreds of residents, with the aim of fostering conversations about health in a relaxed, but crucially a trusted setting.

Our residents have attended the Lambeth Together public forum, asked questions and given feedback to the members of our Strategic Board, engaged with services and even designed the Lambeth Together Health and Wellbeing Bus. As we progress towards our next steps we are keen to hear what has changed for our residents and for our communities, and this will be the foundation for developing our new strategic approach and plans.

Our residents have been the backbone of the borough throughout the pandemic. They have worked in front-line roles that have kept our schools, healthcare settings, businesses, services and transport systems operational. They stayed home during restrictions and came forward to get tested. Many volunteered in their communities and beyond, checked in on neighbours, and showed compassion and support to others. Actions such as these have helped all of us, and for that we want to say, “thank you”.

To all colleagues in health and social care, we want to acknowledge your continuing efforts, going above and beyond to help residents in whatever way you can. Care workers, pharmacists, doctors and nurses, and everyone else, you are all amazing.



Where we are going and next steps

In Lambeth we will continue to carefully monitor Covid-19 cases and utilise our outbreak management plan to manage the virus in our community and minimise its spread and the impacts it has on our residents and our services.

We will do this by:

- Building our defences through pharmaceutical interventions: including vaccination uptake and the roll-out of the flu and booster campaigns
- Identifying and isolating positive cases to limit transmission: Test, Trace and Self-Isolation
- Further support to partners who are providing health and social care services
- Advising people on how to protect themselves and others with clear guidance and communications

Having reviewed our Lambeth Together Covid-19 Health and Care Recovery Plan, we are confident that our goals and priorities are still relevant within the current environment. Over the next year we will continue to refresh our approaches as we experience and reflect on the wider impacts of the pandemic. We are clear that the Covid-19 pandemic has highlighted existing disparities as well as creating new challenges for our health and social care system, and these must be at the forefront in our minds on our path to recovery and in our planning for the future.

In 2022, the new Health and Care Bill will become law, setting out key reforms for the delivery and organisation of health services in England, to promote joined-up services and to ensure more of a focus on improving health rather than simply providing health care services. A key premise of these reforms is that much of the activity to integrate care and improve population health will be driven by collaboration locally, and in Lambeth we are well-placed and ready to utilise all this has to offer for the benefits of our communities and neighbourhoods. Alongside this, our communities will develop our new Lambeth Health and Wellbeing Strategy, as a statement about what health and well-being means and how it impacts on individuals and families in our borough. This will be the basis for our long-term direction as the Lambeth Together Care Partnership and will form our Health and Care plans.





Lambeth Together at its heart remains very much our focus; a cooperative partnership that will strive to improve the outcomes for all, with a focus on those who experience inequity the most.

In February 2021, the Association for Directors in Public Health released a [position statement](#) in supporting Black, Asian and Multi Ethnic communities during and beyond the Covid-19 pandemic, and in Lambeth, the resulting actions will play a significant role in our responses and plans. We want our new strategy to push us to go even further and faster in improving health and wellbeing in Lambeth, by residents, services and businesses all working together in an equal and reciprocal partnership to address the wider determinants of health.

One of the opportunities that the pandemic has provided is the chance to improve service design and to embrace innovation. Lambeth Together partners are sharing their learning so that we can understand what has worked and how to continue improvements for the future.

Though the fundamentals of our approach will not change, it is important we take time to

- understand and respond to the current context, with Covid-19 still here and with continued variants posing changes to our responses,
- continue our Covid-19 pandemic recovery,
- further strengthen our Lambeth Together Care Partnership
- and ensure our new Health and Wellbeing Strategy underpins our future direction.

From what we have learnt throughout the pandemic, we know that our long term plans will need to prioritise reducing inequalities in health and care. As a local care partnership, we will need to build resilience, focus on prevention, engage with all our residents and enable the health and care system to deliver.



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Staying Healthy Deep Dive

Adult weight management community pilot



Working in partnership for a healthier borough

Adult Weight management community pilot



- Aim to work with local community partners to take a place-based approach to tackling obesity.
- Partners: Lambeth public health, Guy's and St Thomas NHS, Mosaic Clubhouse, Pinnacle, Better Leisure
- Wider project collaboration: Primary Care Networks, GPs and social prescribers, Project Smith Community Connectors, Thriving Communities
- Participant contributors: Denise and Michelle





Background and context

- Additional funding to support people to lose weight and maintain healthier lifestyles.
- Pilot community-based approach in high priority areas focused on improving access and tackling inequalities.
 - Vassal and Coldharbour wards
 - Streatham Hill and Streatham South wards
 - Ferndale, Brixton and Clapham Common wards
- Council priorities: neighbourhood working and health and wellbeing hubs
- Collaboration with VCS organisations



Programme Summary



Programme Content:

- 12 week programme
- Initial & Final assessment to obtain baseline & outcome measures
- 2 hour face to face class
 - 1 hour diet and nutrition education
 - 1 hour of moderate physical activity mainly circuit-based/weight bearing exercises
- Follow up at 26 weeks post completion

Inclusion Criteria:

- Individuals who live or registered with a GP in the priority areas
- Target groups include:
 - those with high BMI (lower threshold for Black and multi-ethnic individuals)
 - those with obesity-related long term conditions

Referral Process:

- Mostly self referral
- Patients can be referred by GP, HCP or voluntary/community based organisation.
- Medical clearance for exercise requested from GPs where required.



What we have done differently



- Collaboration with community organisations – to engage their service users and deliver in suitable community-based venues
- Accept self referrals with new process for GP clearance for exercise
- Lower eligibility threshold
- Programme recruitment at Community Outreach events
- Taster sessions in venues where classes occur with option to enrol directly on to the program
- Project-specific publicity materials – post cards, posters & banners
- Drop-in initial assessments at the class venues, on set days
- Plan to work with a men's health group to trial a male only class.



Programme to date



- Programme started in October 2021.
- First three cohorts finished in March and second cohorts have started.
- Over 90 people have started on the programme with 60% completion rate
- 82% BAME and 96% with LTCs
- Pilot to end June 2022 and learning will inform core weight management service going forward.



Mosaic Clubhouse



- *“The Clubhouse provides assistance, activities and opportunities designed to help members develop and maintain healthy lifestyles.”*
- The programme has been a great addition to our work. Classes complement other activities:
 - Our commitment to provide affordable, healthy meals in our café
 - Weekly walking and running groups
 - Yoga
 - Keep Fit



Mosaic Clubhouse



- Higher rates of obesity and overweight amongst those with SMI.
- Service has had a positive impact for Clubhouse users.

Before the programme a participant said:

“I felt loaded with fat! I wasn’t feeling too fit and was getting depressed all the time”

After the programme....

“I feel a lot better now. I’ve lost some weight. I’m eating sensibly. I’m trying other exercises”.



Denise

- Age 66
- Ethnicity White British
- Female
- Weight difference -2.79%
- Attended Myatt's Field North community centre
- I am delighted to have lost weight after a difficult bereavement.



Michelle

- Age 51
- Ethnicity Mixed White and Black Caribbean
- Female
- Weight difference -6.65%
- Attended Streatham Leisure centre.
- I have reduced portions, carbs and alcohol intake. I am doing Zumba and boxing 3x per week.



Participant feedback



- “When I started the classes I had a few health issues, feeling down and lethargic but these classes have helped raise my spirits and I am pleased to have lost some weight.”
- “I have really benefitted from the programme, I am delighted to have lost weight after a difficult bereavement and my blood sugars are down from 18.5 to 8.5.”
- “I feel more confident, the staff were very respecting of our different cultures and were always understanding of our weight and health needs.”
- “I really enjoyed the programme, it gave me the lift in getting out of the house and it was great the team were able to move online quickly when needed due to COVID.”
- “I am so pleased with my weight loss. I have some serious health issues on-going and this has been just the thing I needed to get me going.”



Discussion and questions



- Which other organisations or groups could we work with to do this elsewhere in Lambeth?
- What other methods of engagement and publicity would work to get more people onto the programme?
- Any questions or comments for us?



Report to: Lambeth Together Care Partnership

23 March 2022

Report Title	Lambeth Together Assurance
Lead	Garry Money – Director of Primary Care and Transformation, NHS South East London
Author	Jo Fernandes – Planning Intelligence and Improvement Manager
Summary	<p>The purpose of this paper is to update the Lambeth Together Care Partnership on our ongoing assurance arrangements.</p> <p>The group 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. 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 10 May 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 March 2022.

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Lambeth Together & Integrated Health and Care

Assurance Report March 2022

Lambeth Together Assurance Group 8 March 2022



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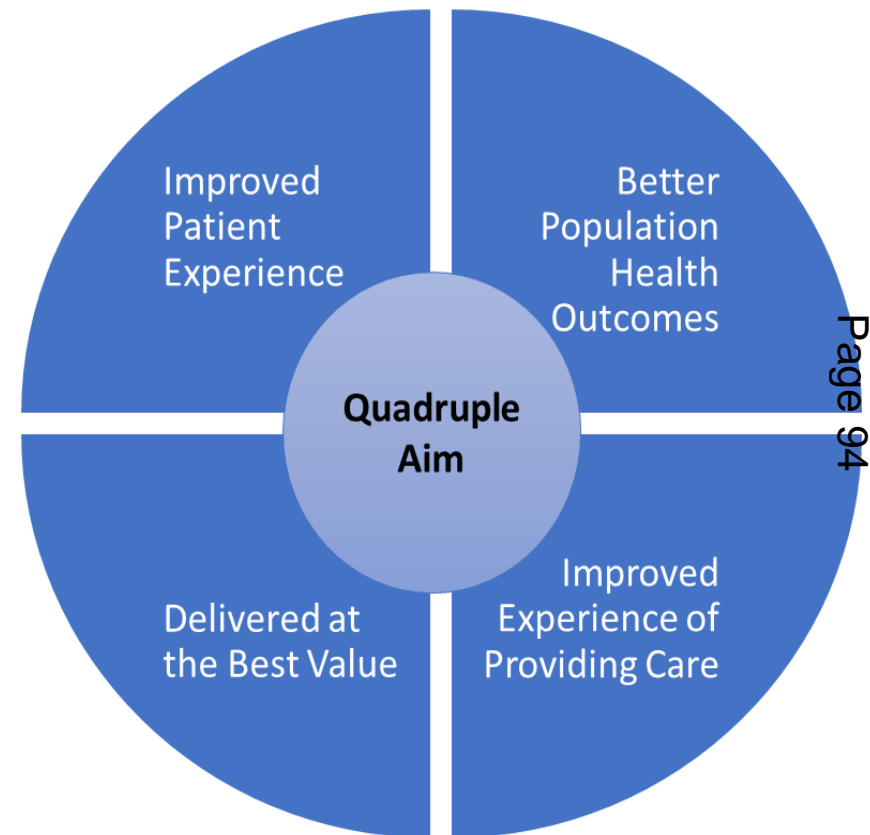
1. Executive summary

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1.1 Introduction



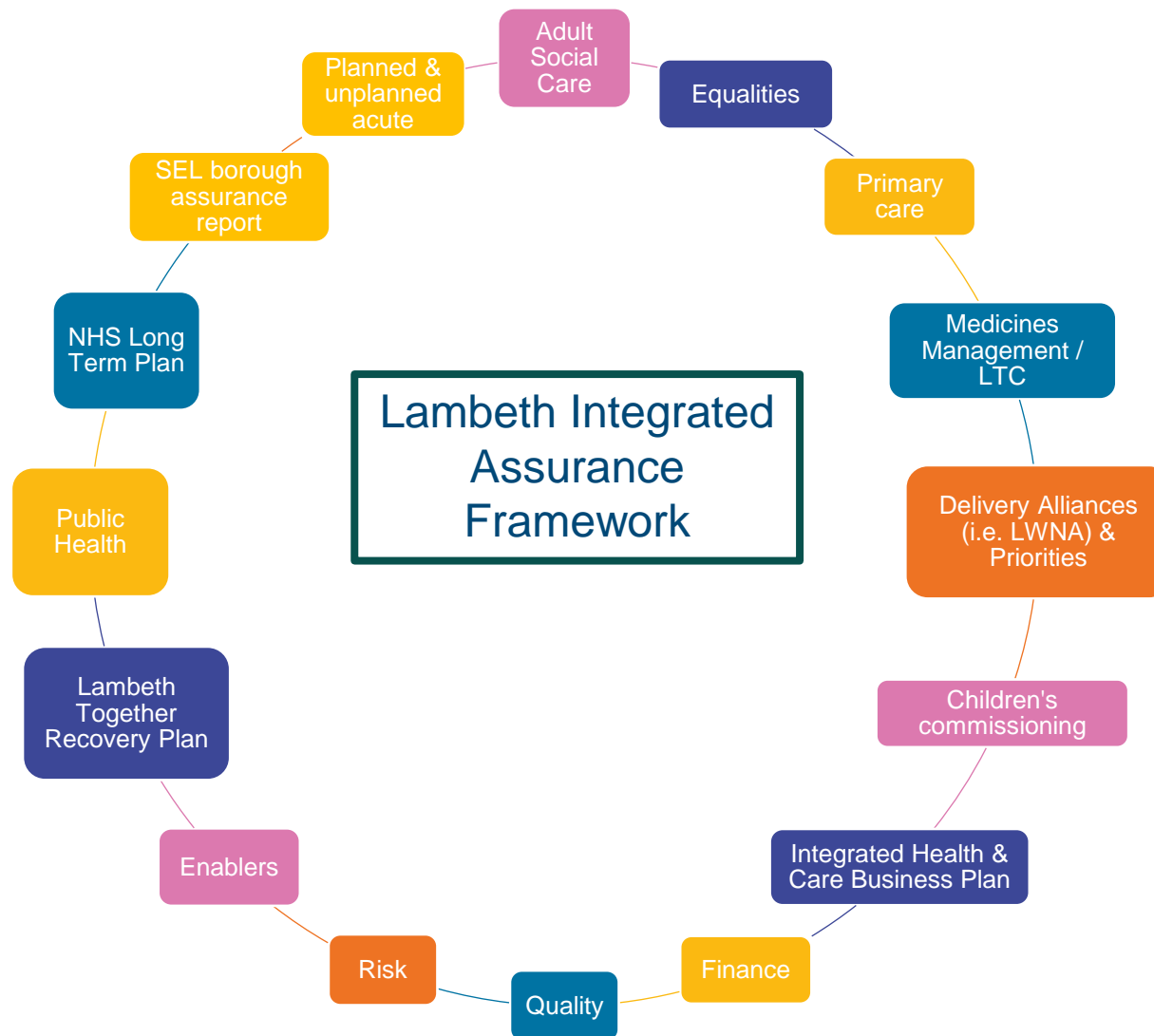
- This report provides in one place an integrated summary of assurance across **Lambeth Together** and **Lambeth integrated health and care** arrangements.
- This report draws upon existing assurance, performance or quality reporting arrangements, and does not seek to duplicate what is covered within 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 Strategic Board 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 Strategic 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	Garry Money, Director Primary and Transformation
Management Lead	Sophie Taylor, Programme Lead, Lambeth Together and Paul Fawcett, LBL
Data source / period	Bi-monthly Programme highlight reports March 2022 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

- Strategic Plans
- Reducing inequalities
- Benefits/ Deliverables update
- Partner and wider system requests
- Achievements and Opportunities



Executive Summary

LWNA - The Alliance was shortlisted for the HSJ Award: Best Partnership with the NHS and was also shortlisted in this category alongside Mosaic Clubhouse.

LDA - Opening of The Crescent resource centre to provide services for adults with learning disabilities and carers.

Homelessness - Housing Options – successfully continue to prevent homelessness; best performing LA in London July –Sep 2021 (latest Gov data published).

EDI – Production and communications of ‘The Pledge’.



Strategic Plans - How is the programme area progressing towards its longer-term objectives?

NWDA - 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.

LWNA - CAPSA service has had a soft launch, which will lead to more appropriate delivery of mental health services.

CYP - Alliance have refreshed their governance and held the first refreshed CYP Alliance Board Meeting. The three workstreams have drafted their ToR's and are finalising their objectives and strategic workplans.

LDA - establishment of the LDA steering group and progress towards finalising a strategy and workplan.

Sexual Health - Working with colleagues in Lambeth's Digital (Residents' Experience) to determine resources needed for sexual health digital access tool. The tool aims to offer a single site in which to book sexual health appointments and also to find info about sexual health services.

Substance Misuse - National and local strategy development programme underway for three-year developments.

Homelessness - Ending Rough Sleeping – numbers living on the streets of Lambeth at their lowest for decades.

EDI – work plans in place for the programme manager to progress when they start in early March.

Comms - Decisions by LT Board to refresh Public Forum format and to recruit Patient/Public Voice members.



Reducing Inequalities – Better Experience of Care (e.g. access, feedback, outcomes)

NWDA - Phase II: Engagement focus groups to explore the link between loneliness & unemployment for young black adults (18 – 35 years).

LWNA - Introductions to Lambeth SPA fell in M9 November to 600 (down 15% on M8 November) The waiting list for screening and/or triage on 01-Jan-22 rose to 461 (Chart F), up 4% from 442 in the previous month.

LDA - Focus on delivering care in the community, close to home.

CYP - Priorities have been agreed and will be reported on in coming months.

Substance Misuse - Targeted work for Rough Sleepers and those in Criminal Justice System provided improved access to services including IPD for those with medically complex needs.

EDI – Ongoing work regarding setting up a reverse mentoring programme and to provide a robust framework of equalities measures associated with Lambeth Together priorities.

Comms - Gaps in uptake of Covid-19 vaccination between Black and multi ethnic communities and others, and between people of different ages, and between those who are pregnant or not pregnant have been narrowed.



Benefits / Deliverables Update – Better Population Outcomes

NWDA – Initial evaluation report for loneliness project compiled. Project resulted in PCN investment.

LWNA - Pathway for psychological therapy to secondary care launched for all service users. Talking therapies - With a reported recovery rate of 54% in M9 December, this target has consistently been achieved throughout this and the previous financial year.

LDA - Targeted work with GP practices to bring up annual LD health check uptake to 78% in 2020/21.

CYP - The Outcomes Framework for CYP has not been defined yet. This work has just begun and in collaboration with the NWDA and Public Health.

Sexual Health - Pilot community-based delivery of staying healthy services in partnership with Black Prince Trust to begin in next period. LGBT+ whole systems approach e.g. peer support group tackling isolation and loneliness amongst older LGBT+ individuals.

Substance Misuse - Initial review of new National Drug Strategy but development of new local strategy through Joint Strategic Partnership required.

Homelessness - Successful submission for Rough Sleeping Intervention grant funding from DLUHC.

EDI – Appointment of new programme manager.



Partner or wider system requests and blockers stated

CYP - Communications expertise to define and promote the work of the CYP Alliance. Data and intelligence regarding the JSNA work and baselines of key needs for CYP in Lambeth. churn in departmental staff is causing hold ups in progressing work at speed. Recruitment of Programme Manager for CYP Alliance will be completed by April to support this work and should alleviate the current hold ups and pressures being experienced.

Staying Healthy - Sharing of primary care data to enable case finding model across the borough (currently being piloted in North Lambeth between PCN and GSTT).

Primary care to complete Pride in Practice programme and weight management brief intervention training.

Referrals to maximise uptake of services from General Practice, social prescribers, community pharmacy and through the NHS Health Check programme.

Sexual Health - Recruitment of senior decision makers from sexual health across providers, the CCG and local authorities who can make business decisions has been a challenge.

Homelessness - Better access to Care Act and Mental Health Act assessments for people living on the streets (potentially being addressed in RSI grant funding).

Young Persons Housing – Access to more buildings to use or convert to supported housing.

Comms - Earlier 'notice' of comms and engagement requests from delivery alliances.



Achievements and Opportunities

LDA - New services in the borough due to open in coming months and provide opportunities for additional individuals.

Staying Healthy - Re-mobilising face to face services post Omicron wave.

Sexual Health - Held the 1st of 3 technical co-design workshops in February which brought together senior staff to develop digital tool.

Substance Misuse - Participation of range of stakeholders such as NPS, MP, NHS, Community Safety and engagement in developing Substance Misuse services with Lambeth.

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Red Issues and Risks

NWDA - Black Thrive Loneliness & Employability project: delays in delivery of project. New timelines agreed with alliance director.

Sexual Health - Resources to support programme planning.

LWNA – Budget pressures and risk share agreements.



Other Highlights: Enablers, Workforce, Data, Budgets, Communications

NWDA - 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.

Governance structure of NWDA Leadership Board revised; representation across community, health & social care services and local authority achieved & EDI review completed.

LWNA - The Southeast and North Living Well Centres had severe staffing challenges-contingency plan in place. LWCs continue to have high number of agency staff.

The Alliance Workforce Strategy is being written by Alliance HR leads and Alliance staff will be presented to ALT in February.

Go-ahead for a new housing scheme on the site of Lambeth Hospital. The plans include hundreds of new affordable homes and a new community space.

LDA - Strategic mapping of workforce needs and capacity to be undertaken.

Staying Healthy - Building capacity and competence of community partners on key issues within workforce.

Substance Misuse - In light of government strategy we need to undertake a workforce review and develop joint working across the sector. Grant Funding received from OHID and directed to improvements and access as well as additional staffing and treatment options.

2.2 Equalities indicators



Equalities

- Reducing inequalities is fundamental to our ways of working and ambitions as described within Lambeth Together's work, delivery alliances, Recovery Plan and programme approaches.
- There are a number of key equalities indicators already included within this report, for instance Severe Mental Illness 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.
- 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

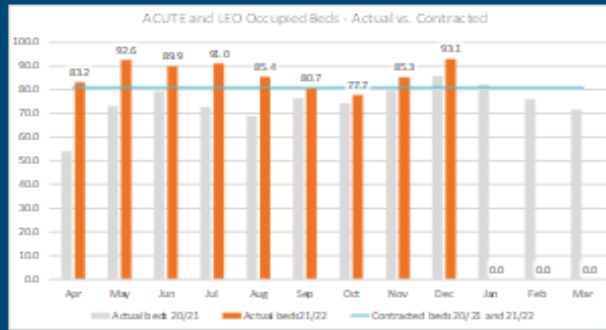
Management Lead

Guy Swindle, Deputy Director, Lambeth Living Well Network Alliance

Data source / period

Lambeth Living Well Network Alliance Performance Dashboard, Month 09, December 2021

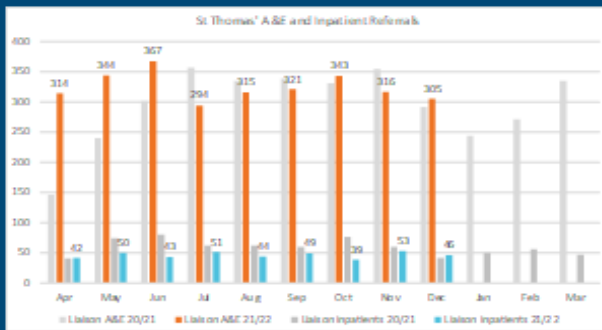
In-patient Beds (Acute)



Key Indicators	M9	Change
Number of beds used in month	93.1	▲ 9%
Number of private occupied bed days (OBDs) used in month	122	▼ -18%
Number discharged with length of stay >100 days / >200 days	7/1	▼ -47%

Narrative: Acute OBDs (Lambeth CCG registered patients only) rose to be 15% over contracted level in M9 December. Private overspill OBDs fell by 18%. 8 long stay patients discharged this month, down from 15 in M8 November.

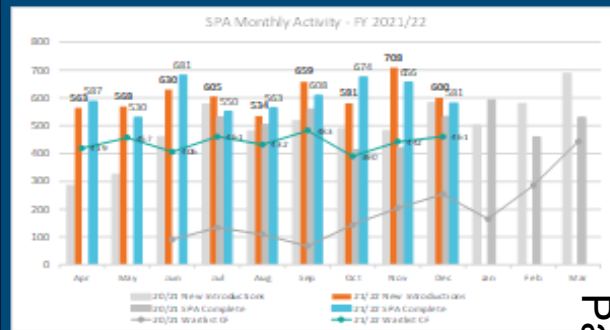
Crisis Pathway



Key Indicators	M9	Change
St Thomas A&E Referrals	305	▼ -4%
AMHP referrals (Day data only; Emergency data to follow)	109	▼ -25%
AMHP assessments (Day data only; Emergency data to follow)	99	▲ 21%
AMHP detentions (Day data only; Emergency data to follow)	71	▲ 4%

Narrative: A&E referrals fell by 4%. AMHP Day referrals and assessments rose 25% and 21% respectively. Detentions as a proportion of assessments by the Day team were markedly down from 83% to 72%.

Single Point of Access



Key Indicators	M9	Change
Number of introductions waiting for referral at month end	461	▼ -25%
Introductions processed in month, average wait (in days)	19	▼ -25%
Introductions waiting at month end, average wait (in days)	30.4	▲

Narrative: Introduction received fell from 708 to 600, M8 Nov M9 Dec (28.6/working days) but staff turnover and absences grew the waitlist by 4% and extended average monthly wait times by 36%.

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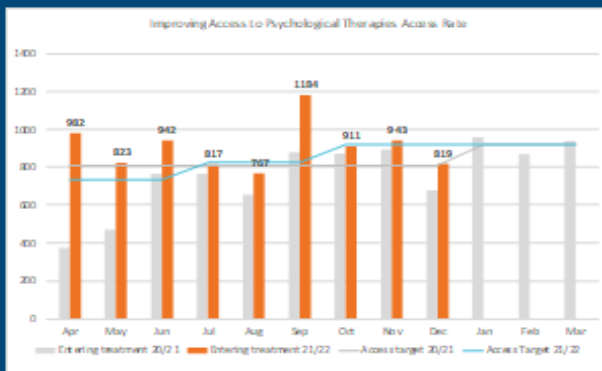
Living Well Centre Activity



Key Indicators	M9	Change
Short Term Support (STS) - Total Referrals	174	▼ -1%
Short Term Support (STS) - Total Caseloads	563	0%
Focused Support (FS) - Total Referrals	42	▲ 14%
Focused Support (FS) - Total Caseloads	848	▼ -1%

Narrative: Decreasing STS referrals and caseloads in the North balanced increases in South East and South West. The small drop in FS caseloads was due entirely to the North LWC.

Improving Access to Psychological Therapies (IAPT)



Narrative:

- The Lambeth Talking Therapies monthly access target returned to 920 after being revised down by the CCG in the first and second quarters
- M9 December access achievement was 11% under target
- With the result that achievement for the quarter Oct-Dec finished at 3% under target.

Finance and Risk

2021/22 Informal Forecasts	M9 Forecast	Change from M8
Main overspend areas (>£100k over budget)		
Complex Placements (SLAM /PSA)	1,749	▼ - 61
Residential Care (LBL)	1,047	▲ 25
Acute Beds	839	▲ 122
Supported Living - includes Shared Lives	769	▼ - 20
Nursing Care (LBL) - actual income less than forecast	508	- 9
Community Support (LBL) - includes Extra Care	429	▼ - 9
Home Treatment Team	329	▼ - 50
St. Thomas' Liaison	274	▲ 17
Low Intensity Team (SLAM)	222	▼ - 51
Extra Care	219	- 1
Community Forensic Team (SLAM)	211	▲ 1
Crisis Assessment Unit (CAU)	129	▲ 129

Key Risks		
Finance Pressures - savings plan and risk share being agreed		
Covid-19 - contingency plans in place to keep services open		
SPA Waiting Lists - staff turnover and absences have led to increased waiting lists		
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

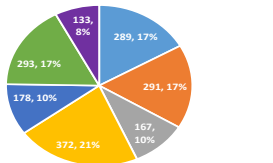


Director / lead	Fiona Connolly, Executive Director Adult Social Care
Management Lead	Richard Outram, Deputy Director Adult Social Care
Data source / period	Mellissa Murphy, Service Improvement Lead – Adults and Health, London Borough of Lambeth. January 2022

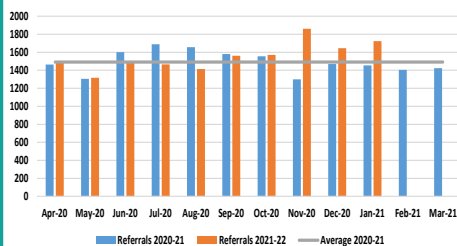
Overall Contact/Referrals completed by all teams

- A total of 1723 contact/ referrals in November, this represents an increase of 5% (77) from previous month.
- 236 (14%) were raised as Safeguarding Concerns, representing a 2% increase from previous month. 372 (22%) raised were Merlin Adult Come to Notice reports..

Contact/Referrals- January 2022



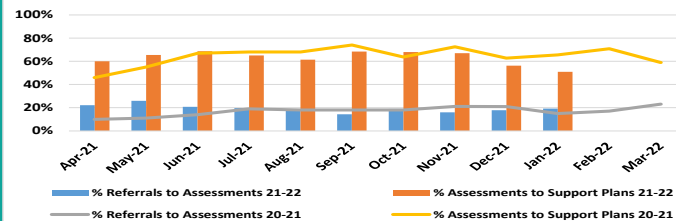
Contact/Referrals completed by all ASC Teams 2021-22



Overall Contact/Referral and Assessment Conversion Rates

- Conversion rates from contact-referrals to assessments has decreased by 1% in January to 19%. If Merlin referrals were excluded then this would increase to 24%.
- Conversion rates for Assessments to support plans have decreased by 5% to 51% in January.

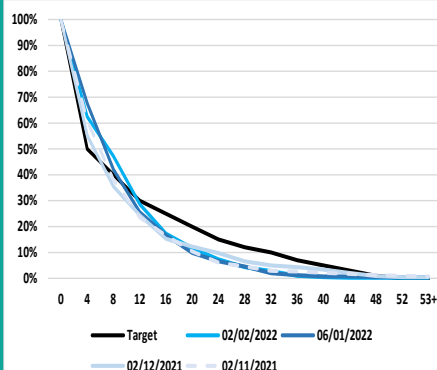
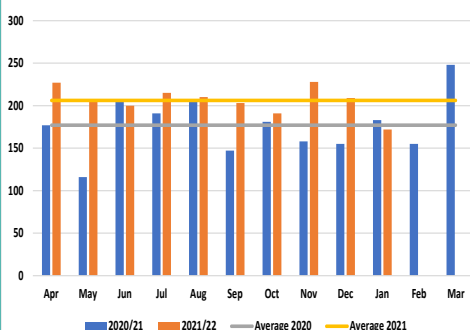
Referral and Assessment Conversion Rates for adult social Care - 2021-22



Safeguarding Information

- The number of cases started in January have decreased from the previous month and is significantly above the same period in the previous year.
- There are 1 (0%) cases open for 12 months or more. This is a decrease of 2 from the previous month.

Safeguarding Concerns Started



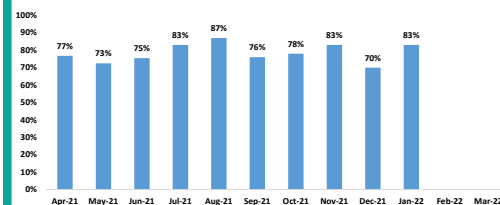
Reablement

Reablement Services Started and ended 2021-22



There has been an average of 62 services started per month.

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



There have been a total of 54 people that completed reablement in January and of those 45 had no ongoing support or support at a reduced level.

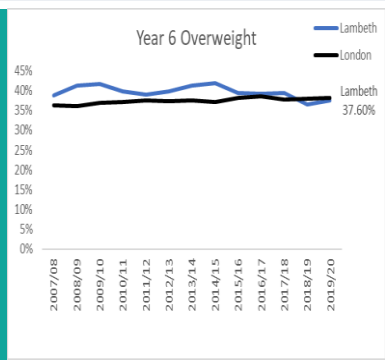
3.2 Public Health



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

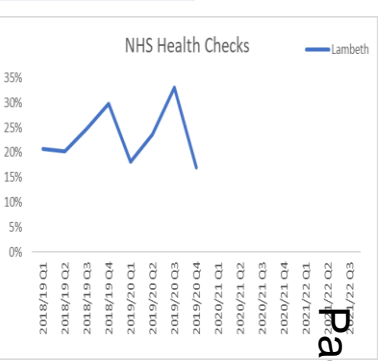
Year 6: prevalence of overweight
No data update since last reporting.

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.

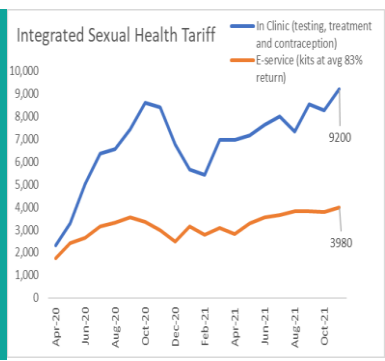
Practices have continued to offer opportunistic checks to those who are eligible and most at risk of CVD. Services were briefly postponed end December /beginning Jan during Omicron wave.
Number of Health Checks delivered in 2021/22:
 Q1 282, Q2 505



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

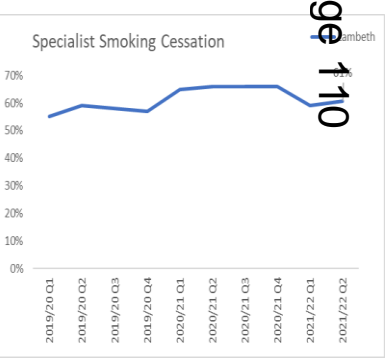
Over 2021/22, all sexual health activity has been steadily increasing at both clinics and via the e-service. Testing has seen greater increases online than in clinics. User dependent methods of contraception have increased online whereas long acting methods of contraception are over baseline in clinics.

Pre-Pandemic (2019/20, excl March) Averages:
In-clinic: 10,408
E-service: 1,860



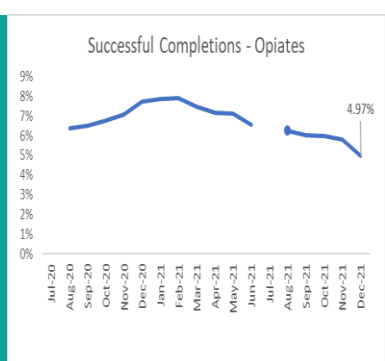
Success Rate at Smoking Cessation Services

The Lambeth Specialist Smoking Cessation service continues to operate a hybrid model, including face-to-face and remote sessions. Quit rates remain high and above target. The pharmacy service continues to be impacted by the pandemic and remains below pre-pandemic levels. Commissioners are supporting pharmacies to increase activity, whilst the Specialist service continues to accept clients from the pharmacy service where capacity is limited.



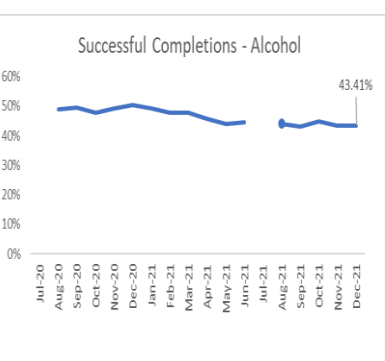
Successful completion of drug (opiate) treatment

Lambeth Drug & Alcohol Treatment Consortium were affected by the need to protect their service users and staff in the pandemic, but community based treatment and support continued throughout. While services never closed, there were changes to the way that interventions were delivered. To restrict face-to-face contacts, patients seeking opiate substitution therapy had their initial assessment by telephone before being invited to LHH to see a medical prescriber. Interventions thereafter were provided remotely and face-to-face contacts were only on a need to basis. This treatment delivery model, and other general changes in the pandemic, may have influenced the successful completion rates as the numbers dropped during the past year. As restrictions have eased the Consortium have recently returned to implementing an open-door policy with the aim of providing treatment for opiate clients at the point of contact.



Successful completion of alcohol treatment

Issues to completion of drug treatment in the opiate treatment pathway can also be applied to the alcohol pathway with additional factors affecting the successful completion rates. For example, there was an increase in the numbers into alcohol treatment during the pandemic and a reduction in the number of inpatient detox beds available. This is a pan London problem which is being addressed at a pan London level. It has resulted in longer waiting times for clients requiring inpatient treatment. The Consortium are managing changes to ensure extra community detox provision is available to Lambeth residents. The Consortium will trial a re-engagement worker to provide extra support for those struggling to complete treatment successfully.



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 (22/02/2022), SEL Covid-19 vaccination programme dashboard w/c 14/2/2022

Covid response

Demand for Covid Response team services increased substantially during the omicron wave placing significant strain on contact tracing, self-isolation support and testing services and requiring triage and prioritisation of high-risk and/or key worker groups. On 22nd February HM Government published its 'Covid-19 response: Living with Covid-19' strategy to enable the management of Covid-19 like any other respiratory illness. This signalled the removal of all regulations and requirements (largely from 24 February) and movement from interventions to public health measures and guidance.

Testing

- From 24 February requirements for unvaccinated contacts of cases to test daily will be removed and from 1st April free universal symptomatic and asymptomatic will no longer be provided. Free symptomatic testing will remain for social care staff and at-risk groups
- It is currently unclear what testing requirements will be in place in relation to care homes with updated IPC guidance expected before 1 April
- The testing rate in the borough has dropped substantially with significant under-reporting expected given recent government announcements.

Contact tracing

- From 24 February routine contact tracing will end with cases and contacts no longer required to self-isolate. Lambeth's local contact tracing service will be stood down with a retained capability and rapid restart plans in place.

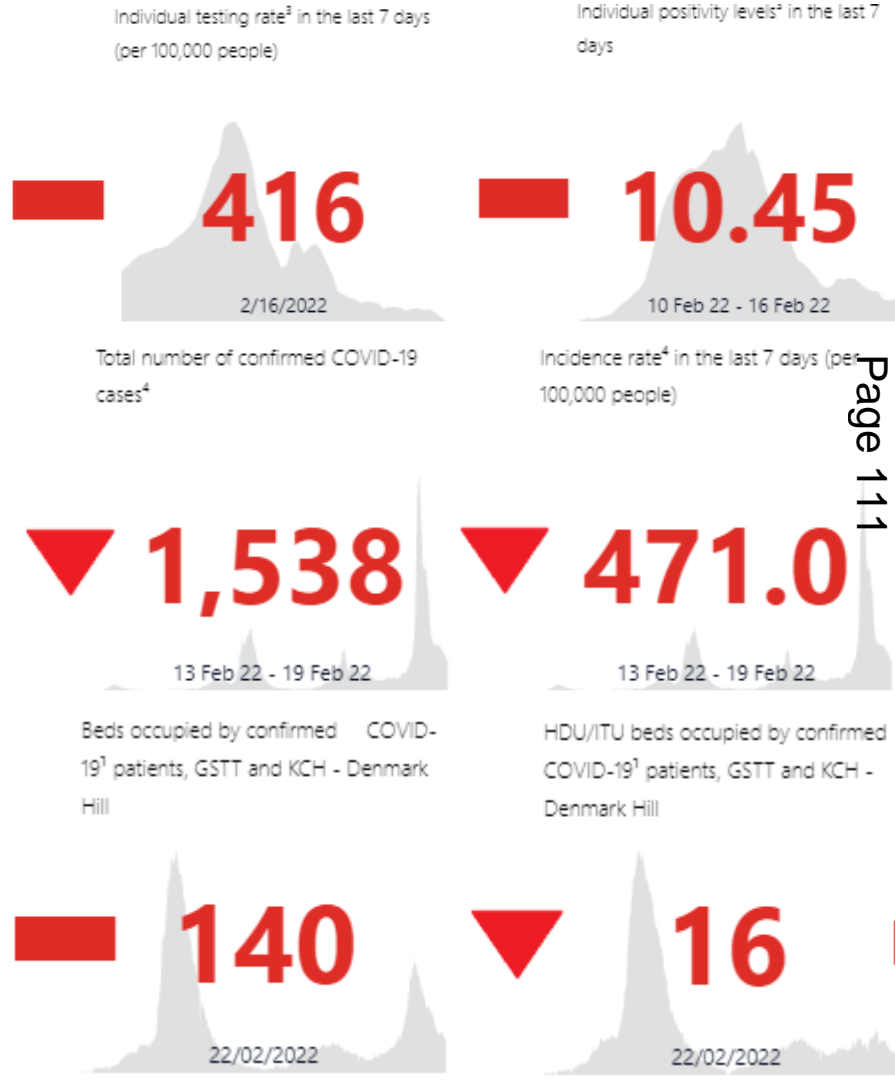
Self-isolation support

- National self-isolation support, including support payments, will end from 24 February.
- Record numbers of support payment applications were made during the omicron wave. It is expected that future isolation support will be met through the existing Household support/emergency support schemes
- Lambeth's local stay home safely support service will continue to operate until 31 March 2022.

Vaccination uptake

- 64.1% first dose (12+), 60.7% second dose (12+) and 43% booster uptake (12+)*
- Focus of uptake programme is on increasing uptake in Black communities and cohorts 2-4 and 6 (older, vulnerable and at risk)
- 12-15 second dose school programme is underway via GSTT/AT Medics, healthy 5-11 programme in development via community sites, 4th dose programme for vulnerable recently announced
- Health and wellbeing bus delivering in-reach vaccination to vulnerable and targeted (e.g. construction) settings

*SEL Covid-19 vaccination programme dashboard w/c 14/2/2022



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 January 2022, Lambeth Council Pentana as of February 2022, SEL Borough Based Report March 2022

Overweight and obese children Year 6

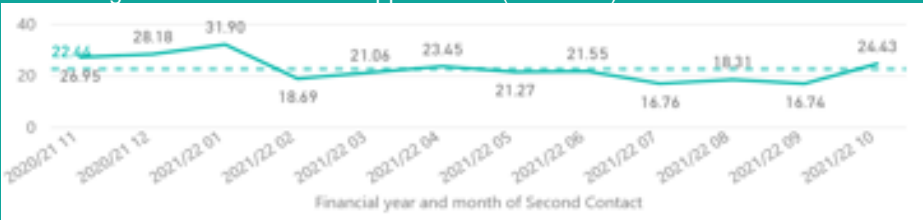
- Since our last report in September, data is not available for 2020/21 figures. In relation to the National Child Measurement Programme (NCMP) for 2021/22 exercise preparations are being made to initiate this work.

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 Q2	2020/21 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4 M10
14	32	19	31	26	25	13

Childhood immunisations in primary care

- The Quarter 2 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: 84.3% (London average 85.5%)
 - Children receiving DTaP/IPV/Hib % at 24 months: 86.2% (87.8%)
 - Children receiving DTaP/IPV/Hib % at 5 years: 88% (90.3%)
- MMR performance for Quarter 2 2021/22 (compared with the London average)
 - Children receiving MMR1 at 24 months: 44.8%* (77.5% London)
 - Children receiving MMR1 at 5 years: 85.3% (87.8%)
 - Children receiving MMR2 at 5 years: 75.5% (72.9%)

* Data reporting issue

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 30% in Q3 2021/22 from 34.3% in Q2 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 Q3 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 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2	2021/22 Q3
31.06%	34.44%	31.47%	22.65%	33.17%	36.06%	34.34%	30%

3.4 Primary and Community Care



Director / lead	Garry Money, Director Primary Care and Transformation
Management Lead	Michelle Elston, 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 31 January 2022. Source: ImmForm.
- Borough Average (national target for March 2022)
 - 65+ years olds 62.1% (85%)
 - At Risk 37.2% (75%)
 - Pregnant Women 30.5% (75%)
 - 50-64 Year olds 32.4% (75%)
 - 2 year olds 39.7% (70%)
 - 3 year olds 39.4% (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 (1,923) 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 December 2021/22 shows 732 (51%) 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

- 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)
- Walk-in clinics continue to operate across a number of settings including Local Vaccination Sites, Hospital sites, Pharmacies and the Health and Wellbeing Bus.
- Care homes vaccine uptake programme continues with a focus on promoting Covid-19 booster vaccinations to staff including offers of in-reach visits.
- A grassroots programme is working with VCS and grassroots organisations to reach diverse communities and promote vaccination uptake.
- Health and well-being events took place in primary schools across Lambeth over the February half term break. The aim of the events was to deliver the vaccination programme for those aged +12 while providing wider health and wellbeing services (e.g. BP checks, weight management advice, financial support, etc).

CQC Ratings – March 2022

- Of the 41 Practices within Lambeth, CQC has rated them as
 - 39 overall rated Good (an increase from 38 reported last time)
 - 1 overall rated Requires Improvement
 - 1 is brand new and yet to be rated
- CQC announced it would resume a more routine inspection regime as part of recovery plan for pandemic. Further detail is available online at [Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

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

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3.5 Medicines Optimisation / Long Term Conditions



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

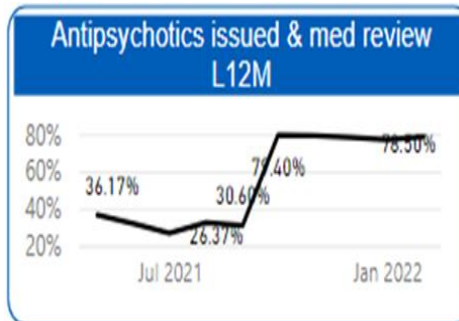
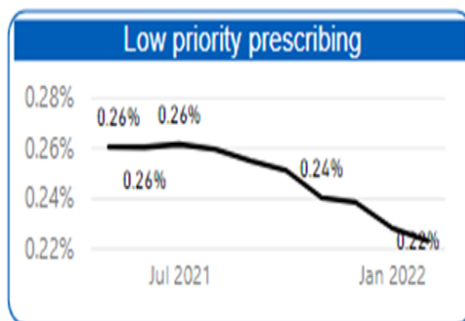
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Lambeth Together Medicines and Clinical Pathways Group (MCIIP)

- 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, 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 and Autumn PCN sessions. 2022/23 plans are under development to continue reinforcing and sharing MO and LTC data at a PCN and practice level to tackle overprescribing and reduce harms caused by medications.



These graphs from EZA MO Dashboard continue to show progress on: decreasing number of patients on low priority prescribing drugs; increasing number of patients who are on antipsychotics receiving a timely medication review. These measures illustrate a trend towards best value medicines use and improvements in medicines safety respectively.

Figure 1. Examples of EZA MO Dashboard tracking (Feb 2022)

3.5 Medicines Optimisation / Long Term Conditions



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Vanessa Burgess, SEL Chief Pharmacist & Director Medicines Optimisation and Long Term Conditions, Jenny Sivaganam and Finlay Royle, Associate Directors Medicines Optimisation and LTCs
Data source / period	Medicines Optimisation (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 21, 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

- The GP-Community Pharmacy Consultation Service (GP-CPCS) is being rolled out to support patients with low acuity illness in pharmacy settings and free up GP time. GPs make a digital referral to a convenient pharmacy, where the patient will receive advice and recommended treatment (if necessary) for a range of conditions. North Lambeth PCN have gone live, and the remaining PCNs are in the process of implementation. 92% of pharmacies have signed up and are engaging with the service. Pharmacies have nominated lead PCN pharmacists to coordinate implementation for pharmacies. An EMIS add-on, 'Patient Access', has been commissioned as the digital referral tool.

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 venues have been secured mobilised during December 21 ensuring 6 of the 9 PCNs in Lambeth will host a service.

Respiratory Diagnostics

- The community respiratory diagnostic service restarted in November 2021. Additional capacity is being explored.

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, March 2022

Cancer

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.
- 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
- 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 a particular tool e.g. Cancer Decisions Support Tool/Q Cancer and C the Signs

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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 3 2021/22, had 3% 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, March 2022

Personal Health Budgets

- Lambeth is currently achieving 360 (as of December) 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 – Q3 2021/22							
Target – 2021/22	451	644	558	622	515	494	3,284
Q3 2021/22	347	862	608	360	132	302	2,611
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.
- 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.

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, March 2022

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
- The Board submits a monthly monitoring/tracking of Winter Initiatives and 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, March 2022

SMI Physical Health Checks

- Quarter 3 performance in this area is currently below both the national standard of 60% and below the local agreed trajectory of 38%. Performance has been impacted by the pandemic and the subsequent drop in face-to-face GP appointments which are required to carry out some of the tests. Significant performance improvements during the remainder of the financial year will be challenging because more capacity in primary care will be focused on delivering the COVID booster programme.
- To help drive improvement longer term across SEL, the CCG has established a steering group which has representation from across the system. The group has captured good practice that is being implemented in parts of SEL and will be working with boroughs to implement good practice more consistently across SEL to drive improvement.
- The steering group will also oversee the implementation of a population health management approach to improving the uptake of SMI physical health checks with an initial focus on improving the capture and use of data.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Proportion of people on the SMI register receiving a comprehensive physical health check in the last 12 months (Q3 2021/22) – target 60%							
% patients receiving check	31.6%	21.3%	12.9%*	33.0%	29.2%	38.3%	28.5%
Trend since last quarter	-0.2%	+5.1%	0.0%	+5.2%	+4.2%	+4.7%	+3.6%

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 November 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 November 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%	54.1%
IAPT Waiting Times 6 weeks	75%	95.8%
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	80.6%	45.2%	75.4%	83.8%	64.1%	73.5%	73.0%
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 – March 2022 update

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.
- Discussions are ongoing between boroughs and SEL Quality team about formalising system wide governance structures for Quality.



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

- 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. A fix has now been found and will be in place within the next week.
- A reminder has been sent to all risk owners to make sure that all risks are up to date, new risks have been added and a forward look to 2022/23 has been undertaken.
- The Risk Register will be taken to MT/AD in March for review

Risk Forum

- The latest Risk Forum took place on the 14th February 2022
- Financial Risks Deep Dive noted that a number of risks across the 6 boroughs related to 2021/22 financial year and none in place for 2022/23.
- It was also noted that for risks with a residual score higher than the target score, the controls should be reassessed to ensure they were realistic
- Lambeth were not highlighted in this report

ICS Transition

- Transition meetings have been halted due to the delay in transition and would be restarted in due course. Information would be circulated when available

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

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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	12	CCG-funded Lambeth inpatients identified and plans in place for discharge to community placements in 12-18 months. Definitive list of all Lambeth inpatients across the CCG and NHSE. Specialised commissioning and funding responsibilities. Ongoing review of CCG Lambeth inpatients, discharge plans and associated finances. Additional programme management and case management resource in place. Focus on improving discharge processes and admissions management. Community Care and Treatment Reviews and professional meetings also continue to prevent hospital admissions. Dynamic at risk register captures data on people with learning disability and or autism who are at risk of admission. The South East London Transforming Care Partnership Commissioning Memorandum of Understanding has been signed off.	8	Continuing to be an active member of the SEL processes as well as engaged with Lambeth teams to oversee progress of both new cases coming out of hospital as well as preventing admissions where possible., Reviewing any new changes in policy E.G. SoS intervention S117 aftercare responsibilities	6	
134	Possible risk of failure to safeguard children and identify and respond appropriately to abuse.	15	All designated and named professionals in post in CCG and Provider organisations. Named GP for Primary Care and Independent Contractors. Strong safeguarding governance arrangements in place across the borough and internally. Governing Body Clinical Lead for Children and Lead Integrated Director LCCG and Lambeth Local Authority. Compliant with the accountability and assurance framework for safeguarding vulnerable people 2015 Safeguarding and Looked After Children Working Group (SLAC). Quarterly Assurance Meetings with Provider Health Organisations Local Safeguarding " 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.	10	Assurance Safeguarding and Looked After Children Working Group (SLAC) which reports to IGC, Quarterly Assurance meetings Chaired by CCG Lead Director for Safeguarding Children reviews S11 arrangements continually and reviews compliance with Accountability and assurance framework for safeguarding vulnerable people and CQC Safeguarding Inspection requirements, Action plans developed following SCRs, and SCR audits are monitored. SCRs published on 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, 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	5	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	16	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	8	Assurance NHSE deep dive of safeguarding process undertaken; assured as good in most areas, Self-assessment for Care Act compliance completed, CCG Safeguarding Lead attendance at provider Safeguarding Committees, Annual CCG Safeguarding report for SAB and IGC, CCG Safeguarding Level 1 and Prevent training database maintained, CCG attendance at Safer Lambeth, Executive CCG attendance at Lambeth Channel Panel, Close working with Lambeth Council Safeguarding team, Close working with integrated commissioners and CHC commissioning team, CCG contribution to multi-agency work at the Lambeth SAB CCG has completed London SAB self-audit tool, Major providers have completed LSAB self-audit tool, Designated Lead and Named GP practical support for GP practices, Analysis of current SG adult policies in Primary Care undertaken SEL safeguarding assurance gap analysis and mapping project, Working effectively with SEL Quality and Safeguarding teams and new LSAB chair to agree local priorities	8	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	6
141	Possible risk that the provisions of the Mental Capacity Act and Deprivation of Liberty authorisations are not fully adhered to, resulting in a breach of the law and an individual's human rights.	12	CCG MCA Lead Continuing Care Team Commissioning Teams, MCA MCA Amendment Act 2019 Human Rights Act MCA Code of Practice/ DOLS Code of Practice, Lambeth Safeguarding Adults Board Lambeth SAB MCA Subgroup remains in place with DR as chair - waiting release of national guidance for new LPS., DoLS team available for advice Informal Resources such as the internet site Mental Capacity 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.	8
142	Failure to maintain high immunisations performance will pose a risk to young peoples health and subsequent need to access services.	12	Imms working group established and meets regularly., Immunisations is on the agenda of the CYP Alliance board., Regular attendance at the NHSE Imms Performance and Quality Board led by NHSE, Covid flu Vaccination plan 2021/22 being implemented with support from Public Health	12	Appropriate working groups and documentations in place., Public Health scrutiny of commissioning arrangement for immunisations programs	3

5.1 Risks highlights



Director / lead		leads for the 7 priority areas, lead commissioners					
Management Lead		Cheryl Smith, Sophie Taylor, each of the leads for the 7 priority areas, lead commissioners					
Data source / period		SEL BAF, Highlight reports x 7 / Enabler reports. Link to reports if available:					
143	There is a risk that staff may be targeted by internet fraudsters looking to exploit their personal information to gain access to the secure computer servers. This could lead to a major data breach and a potential loss of secure patient data.	12	Ongoing campaign of staff awareness to business continuity and resilience issues. Commitment to participating in appropriate multi-agency exercising. Staff made aware of process to be followed upon receipt of suspicious email. Have seen improvement in staff awareness especially of mail coming into the generic mailboxes. All being sent as files to the spam report email address for further investigation.	8	Communications to staff highlight avenues available to report incidents or possible incidents – this allows the CCG to put into place actions that will support and protect all., 8 Exercise will ensure that staff understand procedures and processes for reporting., Improved awareness of staff has been noted with an increase in spam emails being sent as files to the spam reports email rather than forwarding to others for advice	Impact of Covid on capacity has led delays to running exercise.	8
145	Risk of failure to plan for future premises needs across Lambeth. Sites include Clapham Park, Crown Dale, Waterloo Health Centre and Nine Elms Vauxhall.		CCG Senior Estates Project Manager in place since December 2018., CIL Funding approved for Phase 2 of the project and secured for Clapham Park Project, Phase 2 pre-planning complete, tender process complete and main contractor appointed for Clapham Park., Funding of feasibility study by CCG for Waterloo Health Centre, CCG is funding project post with Wandsworth CCG and NHSE, Funding proposal submitted to Lambeth Council for NEV project.		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 glandlord of Crown Dale)		Page 127
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, 16 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 meeetings., 12 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 (M10 2022) Lambeth Borough (SEL CCG)

- The M10 (February 2022) year to date budget is £132.8m and full year budget is £179.3m. The borough is reporting an overall year to date position of £93k underspend and forecast position of £487k underspend.
- Continuing Care: The year-to-date reported position includes Continuing Health Care (CHC) year to date £812k overspend which represent a risk to the borough financial position and currently mitigated by non-recurrent flexibilities and underspend in other budget areas. The CHC reported position of £812k year to date overspend is built off the patient database and risk adjusted for identified reporting issues.

2021-22 Q3 Lambeth Council

- Adult Social Care is forecasting to breakeven for 2021/22, as of December 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 £5m 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.
- The Council is receiving significant funding for the costs of people discharged from hospital which is off-setting the increased costs that have resulted from the discharge processes that have been in place during the pandemic.
- 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		