

LAMBETH TOGETHER STRATEGIC BOARD

Date: Wednesday 25 May 2022

Time: 1.00 pm

Venue: Microsoft Teams - hosted by SEL CCG

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
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
Sarah Austin, Director Integrated Care GSTT
Councillor Jessica Leigh, LB Lambeth
Fiona Connolly, LB Lambeth
Penelope Jarrett, Lambeth LMC
Ruth Hutt, LB Lambeth
Raj Mitra, Lambeth Children and Young People Alliance
Kim Connell, AgeUK Lambeth
Sadru Kheraj, GP & Primary Care Clinical Cabinet: Co-Chair

Further Information

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

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Lambeth Together Care Partnership Public Forum and Board Meeting in Public

Wednesday, 25 May 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		
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>		Co-Chairs
2 p.m.	Board Meeting in Public		
1.	Introductions Welcome, introductions and apologies		Co-Chairs
2.	Declarations of Interest Members are asked to declare any interests on items included in this agenda		Co-Chairs
3.	Minutes of the Meetings 23 March 2022 Approve and review matters arising.	Paper enc.	Co-Chairs
4. 2.10pm	Clinical and Care Professionals Leadership in Lambeth LTCP Board members are asked to receive an overview of the programme to date to appoint Clinical and Care Professionals into system leadership positions in Lambeth and to meet those leads who have now been appointed into roles.	Presentation enc.	Di Aitken / Adrian McLachlan / Raj Mitra

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
5. 2.45pm	Children's Public Health nursing provision Board members to receive changes proposed by the CYP Alliance to the model of Public Health nursing.	Presentation enc.	Laura Griffin / Jeanette Young / Judith Connolly Clinical Lead: Raj Mitra
6. 3.05pm	Neighbourhood and Wellbeing Delivery Alliance - <i>Living with Chronic Pain</i> Board members to receive an overview of this NWDA workstream and hear from our Patient Focus Groups about their experiences.	Presentation enc.	Amanda Coyle / Eche Anakor / Di Aitken / Raquel Caires-Januario Clinical Lead: Di Aitken
7. 3.50pm	Deep Dive – Tackling poverty and the increased cost of living Board members to receive an overview of current work on the increased cost of living, including the Lambeth Household Support Fund and the food poverty and insecurity findings.	Presentation enc.	Laura Stoker / Vida Cunningham / Bimpe Oki 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.	Papers enc.	Sue Gallagher / Warren Beresford
9. 4.40pm	AOB Close Date of next meeting – 20 July 2022 - 1pm – 5pm		Co-Chairs

LAMBETH TOGETHER STRATEGIC BOARD MINUTES

Wednesday 23 March 2022 at 2.00 pm
Microsoft Teams - hosted by SEL CCG

Clerks Note: “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 Di Aitken	NHS Southeast London CCG (Lambeth), Lambeth Neighbourhood & Wellbeing Delivery Alliance – Co-Chair
Councillor Jim Dickson	LB Lambeth – Co-Chair
Councillor Lucy Caldicott	LB Lambeth
Andrew Eyres	NHS Southeast London CCG (Lambeth) and LB Lambeth
Sue Gallagher	NHS Southeast London CCG (Lambeth)
Therese Fletcher	Lambeth GP Federation
Catherine Pearson	Healthwatch Lambeth
Julie Lowe	Kings College Hospital Foundation Trust
Adrian McLachlan	NHS Southeast London CCG (Lambeth), Lambeth Living Well Network Alliance
Penelope Jarrett	Lambeth Local Medical Committee
Ruth Hutt	LB Lambeth
Rajive Mitra	NHS Southeast London CCG (Lambeth), Lambeth Children and Young People Alliance
Sadru Kheraj	Herne Hill Group Practice
George Verghese	GP and Primary Care Clinical Cabinet Co- Chair

In attendance:



Amanda Coyle	Lambeth Neighbourhood & Wellbeing Delivery Alliance
Bimpe Oki	LB Lambeth
Edward Odoi	NHS Southeast London CCG (Lambeth)
Sabrina Phillips	Lambeth Living Well Network Alliance
Karen Sanderson	LB Lambeth
Katy Shaw	LB Lambeth
Tom P Barrett	LB Lambeth
Sulaimon Quadri	NHS Southeast London CCG (Lambeth)
Jo Fernandes	NHS Southeast London CCG (Lambeth)
Peter Hesketh	LB Lambeth
Dr Shazia Munir	GP Guys and St Thomas' NHS Foundation Trust
Richard Outram	LB Lambeth
Catherine Flynn	NHS Southeast London CCG (Lambeth)
Graham Hewett	NHS Southeast London CCG (Lewisham)
Juliet Amoa	LB Lambeth
Jane Bowie	LB Lambeth
Sophie Taylor	LB Lambeth
Guy Swindle	Lambeth Together Living Well Network Alliance
Lisa Clarkson	NHS Southeast London CCG (Lambeth)
Samantha Curtis	NHS Southeast London CCG (Lambeth)
Shanet Lewis	LB Lambeth
Jeanette Young	LB Lambeth
Helena McGinty	LB Lambeth
Andrew Billington	LB Lambeth
Pamela Handy	NHS Southeast London CCG (Lambeth)
Rebecca Manzi	NHS Southeast London CCG (Lambeth)
Garry Money	NHS Southeast London CCG (Lambeth)
Alex Jackson	LB Lambeth
Catherine Kironde	Guys and St Thomas' NHS Foundation Trust
Chris Thomas	Mosaic Clubhouse

Apologies:

Merlin Joseph	LB Lambeth
Sarah Austin	Guys and St Thomas' NHS Foundation Trust
Kim Connell	AgeUK
James Lowell	South London and the Maudsley NHS Foundation Trust



Natalie Creary	BlackThrive
Sandra Jones	Lambeth Patient Participation Group Network
Councillor Jess Leigh	LB Lambeth
Fiona Connolly	LB Lambeth

1 Agenda

2 Introductions

Dr Di Aitken welcomed attendees to the meeting and informed them that Catherine Pearson was stepping down as Chief Executive of Healthwatch Lambeth, noting her many contributions. The Board recognised the excellent and valued contribution that Ms Pearson had made to ensuring the voices of Lambeth residents was heard within Lambeth Together over the past decade, particularly those most vulnerable.

Catherine Pearson reflected positively on her years in the role and thanked the Board.

3 Declarations of Interest

Members were asked to declare any conflicts of interests linked to the items on the agenda.

Dr Di Aitken, Sadru Kheraj, Therese Fletcher, George Verghese, Penelope Jarrett and Adrian McLachlan declared an interest in item 5, Primary Care Commissioning Schemes 2022/23, and were exempt from that item.

4 Minutes

The minutes of the meeting of Wednesday 26 January 2021 were agreed as an accurate record of the meeting pending an amendment to Sue Gallagher's apologies recorded.

5 Lambeth support for refugees and asylum seekers

Adrian McLachlan outlined the support that enveloped asylum seekers in the borough.

Helena McGinty, Operations Manager, and Head of Asylum Support presented the Asylum Support Service and noted her role as a coordination point between the Home Office, Department of Levelling Up, Housing and Communities, accommodation providers, CCG, voluntary sector groups, schools, commercial partners and internal Lambeth directorates.

Dr Shazia Munir GP, introduced the Health Inclusion Team and noted health inclusion clinics provided Homelessness and Refugee and Asylum Seeker Services, and those with no recourse to public funds.



It was noted that asylum seekers and refugees at Initial Accommodation Centres IAC, Contingency IAC and Bridging hotels were registered with the local practices for consistency in the community health core offer and there were five General Practices that supported two IACs in Lambeth. The Health Inclusion team worked with local practices to ensure families were registered at the same practice and received all services, such as vaccination and general health checks.

In discussion it was noted:

- There was difficulty knowing exactly how many people were supported by the health inclusion clinics in the last six months due to a population of undocumented migrants, not included in home office figures.
- To manage demand and remain flexible, staff had been recruited recently.
- The “dispersal” project was partially driven by accommodation issues, whereby those arriving would be moved to places they felt more comfortable, and the health passport moved with the patient, while it may create uncertainty for an individual knowing they may move.
- Trauma-informed training could improve the lives of those arriving.
- The local Voluntary Sector was involved and complemented the work that was done. These groups met every six weeks and went beyond healthcare, to provide activities such as varied pottery, boxing, or cooking courses in dynamic ways to improve mental health outcomes.
- There was a focus on inequalities throughout all the work.

RESOLVED

1. To note the report.

To listen back to this item, refer to [1.06.15](#) to [1:56:14](#) of the recording.

The presentation accompanying this item, refer to pages [9 to 40](#) of the reports pack.

6 Primary Care Commissioning Schemes 2022/23

At this point in proceedings, Cllr Jim Dickson assumed the position as Chair for this item due to a conflict of interest from the Co-Chair.

Garry Money, Director of Primary Care and Transformation at SEL CCG Lambeth, presented the report and noted two items of primary care commissioning business, transacted by the Lambeth Primary Care team within SEL CCG.

The first related to the extension of contractual arrangements for Extended Access Hub services in Lambeth for a further 6 months from 1 April 2022. The extension was necessary due to a



delay in the mobilisation of new national contract arrangements for “Enhanced Access”, to be commissioned via Primary Care Networks, a requirement for all CCGs in England.

The second concerned the continuation of Local Enhanced and Local Improvement Services commissioned from GP Practices in Lambeth into 2022/23, without the need for procurement.

During the discussion, it was noted that:

- Regarding the national contract arrangements for “Enhanced Access”, NHS England confirmed there would be no further delay from the end of September 2022.
- Funding to London CCG would go directly as a payment to Primary Care Networks, which would determine how to allocate the funding.

RESOLVED:

1. Endorse and note the decisions taken concerning Primary Care Commissioning Schemes for Lambeth in 2022/23.

To listen back to this item, refer to [1:56:15](#) to [2:05:30](#) of the recording.

The presentation accompanying this item, refer to pages [41 to 48](#) of the reports pack.

7 Recovering and living with Covid-19

Sophie Taylor, Lambeth Together Programme Lead, presented the review of the [Covid-19 Health and Care Recovery Plan](#) which the Lambeth Together Board, its Delivery Alliances, sub-groups and priority programmes has undertaken over the last few months. The plan reflected wider learning and opportunities, considering recent changes to Government guidance.

Tom Barrett, Assistant Director Covid-19 response, presented the Government Covid-19 response strategy that was published the previous month. The strategy provided four principles underpinned by population immunity, including living with Covid -19, protecting people most vulnerable, maintaining resilience, and securing innovations from the Covid-19 response.

Beyond 1 April 2022, free universal symptomatic and asymptomatic testing would not be provided to the public and the Angela Davies PCR testing site was replaced by a temporary mobile unit.

During the discussion, it was noted that:

- Letters communicating the new guidelines had been sent to all residents, with additional advice for those most vulnerable or at risk.
- The Local Outbreak Management Plan v5 was to be published on 1 April 2022 and would reflect the new guidance.
- There would be no additional funding and testing teams would be transitioned within the

Council or Health System to maintain the response to the pandemic impact.

- Infection control had not changed in primary care settings and communications and expectations had to be managed, especially when working with vulnerable groups.
- Campaign messaging was displayed publicly, such as posters on the Highstreet.
- Business continuity planning took learnings from having to work with minimal information at speed, and this collective learning had already been applied to the Ukraine crisis response.
- This review informed system design, plans and strategies going forward, with a prevention and population-based approach that addressed inequalities presented through the impacts of the pandemic.
- The Health and Wellbeing bus was used as an example of community-led health.
- Dr Sadru Kheraj suggested that conversations could continue around redeploying Covid-19 staff to General Practice contracts and this network was key to neighbourhood response to health and wellbeing going forward.
- There had been 140 local volunteers at Montgomery Hall vaccination centre and learnings taken from vaccination delivery could be applied to the autumn flu vaccination programme.
- Staff stress and anxiety was acknowledged, and it was suggested that reflective spaces with psychology colleagues could be established to support staff and a special statement made as part of the plan to recognise their resilience.
- It was noted that on page 12 of the review, the work of health and social care colleagues was recognised, as well as residents who abided by restrictions.
- Nationally, a lot had been learnt about day-to-day anxiety management and it was suggested that Primary Care Networks maximise approaches to helping people manage anxiety.

RESOLVED

1. To note the next phase of the Covid-19 response, including Lambeth's responses to the publication of the Living with Covid-19 strategy.

To listen back to this item, refer to [2.05.30](#) to [2:43:40](#).

To view the presentation accompanying this item, refer to pages [49 to 75](#) of the reports pack.

8 Deep Dive - Staying Healthy: Adult Weight Management Community Pilot

Alex Jackson, Lead Commissioner (Health & Wellbeing Hubs & Health Improvement), introduced the report and noted the pilot focused on three localities to improve inequalities with a community-based approach. The pilot built on core health services, in collaboration with



partners and additional funding, to support people to maintain healthier lifestyles.

Catherine Kironde, Guys and St Thomas' early intervention manager provided a summary of the twelve-week programme, designed for those registered with a GP in priority areas and delivered at suitable community venues in collaboration with community organisations.

Chris Thomas, representing The Mosaic Clubhouse, outlined collaboration with Heatherington General Practice that offered monthly walk-in health check clinics to promote healthy lifestyles and signpost patients to the Weight Management Community programme. The Mosaic Clubhouse offered affordable meals made from fresh ingredients, as well as weekly walk-in groups, yoga and keep fit sessions and the feedback had been positive.

At this point in proceedings, two service users addressed the Board:

- Denise had lived in Brixton for 26 years and had self-referred herself to the programme after attending a healthy living seminar at Brixton Library. There had been eight people in her first class, which reflected Lambeth's diverse population and she felt valued as a pensioner. The trainer was highly qualified, and emphasised the course was not solely to lose weight but head in a healthy direction for both body and mind.
- Michelle explained that she had had an unhealthy relationship with food, which worsened during the pandemic. The importance of the programme's social aspect was highlighted; however, it took place online during the pandemic and did not return to in-person classes. Michelle had now started a walking group and planned her meals, losing weight and gaining friends.

The service users thanked everyone for their work.

During the discussion, it was noted that:

- Men constituted one third of those on the weight management programme and were not as willing to engage. To address this as an issue, men's health groups offered taster sessions and new models were applied.
- The programme acted as a lever to improve health outcomes generally and as the Council's leisure services came back in-house, opportunities to add value to health in the borough increased.
- This programme connected to Active Lambeth, the approach to increasing participation in physical activity and sport in the borough and could be used to support individuals within the wider sports strategy.
- Food poverty was an issue in deprived areas and the programme could benefit young people who could be taught how to cook nutritious meals from scratch.
- The importance of group accountability was highlighted, and 26 weeks was seen as a long interval for group conversation.
- It was suggested that mental health discussions take place to compliment the programme as not all service users had poor mental health or found it difficult to share this with a wider group.



- Those who missed a class were contacted, sometimes returning after reasonable time and officers would consider the reasons for the 40 people that had left the programme, to provide additional support.
- King's Health Partners, an Academic Health Sciences Centre, was running focus groups to understand the benefits for those involved.
- To integrate mental and physical healthcare, it was suggested to follow a similar mental health screening for those accessing outpatient services. The Talking Therapies hosted by SLAM were also noted.

RESOLVED

1. To note the development of the Adult Weight Management Community Pilot

To listen back to this item, refer to [02:45:20](#) to [00:34:00](#) of the recordings.

To view the presentation accompanying this item, refer to pages [77 to 88](#) of the reports pack.

9 Lambeth Together Assurance

Sue Gallagher and Jo Fernandes took questions on the report and in discussion it was noted that:

- There was uncertainty around Integrated Care System legislation and budget funding.
- Datex information informed risk and this did not tend to change from previous reports, but was considered, revaluated and updated periodically.

RESOLVED

1. To note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report for March 2022.

To listen back to this item, refer to [00:34:10](#) to [00:43:20](#) of the recordings.

To view the report, refer to pages [89 to 132](#) of the reports pack.

10 AOB

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

The meeting ended at 16:46



25 May 2022

Date of Despatch: 6 May 2022

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Clinical and Care Professional Leadership in Lambeth





Implementing Clinical and Care Professional Leadership in Lambeth

- In Lambeth Together, we have moved into Shadow Local Care Partnership arrangements from 1st January 2022, including our new Chairing and Executive leadership arrangements.
- Our leadership model recognises the benefit of bringing together clinical, political/community and executive leaders to collectively enable and champion improvement.



- Importantly, we retain our commitment to developing and implementing our overall Lambeth Together Programme through our three key Delivery Alliances: the Lambeth Living Well Network Alliance, our Neighbourhood and Wellbeing Alliance and the Children and Young People's Alliance and a range of further shared programmes.



Implementing Clinical and Care Professional Leadership in Lambeth

- As part of the development of the ICS there is a real opportunity to take innovative and inclusive approaches to both the way that the system recruits its future clinical and professional leaders and the arrangements through which they are engaged and supported. As such we would wish to build upon and expand the approaches we have had in place for some years through our Lambeth Clinical Network.
- Added benefit of ensuring a more diverse range of clinical and care professionals from across all partners who will be able to participate in system leadership roles - better reflecting our ambitions around integration and the multidisciplinary nature of care, as well as the diversity of the communities we serve.
- Clinical leadership plays an important role in the development of our Lambeth Together programmes, and in particular through our Delivery Alliances.
- As such we have implemented a programme of appointments to Clinical and Care Professional Leadership roles across Lambeth, in a way that ensures a smooth transition to new arrangements, but also sustains our existing momentum. To enable this Lambeth partners supported a tiered and phased approach throughout Spring 22 drawing on our key Delivery Alliance clinical leads.



A tiered and phased approach

Lambeth partners considered it important that our clinical leadership, at our shadow Local Care Partnership Board and within our three Alliances remained effective through this period of transition so that pace and momentum is sustained towards our agreed priorities and ambitions. Therefore we appointed leads across two phases:

- First phase – recruited to 11 roles (and two programme funded roles appointed), with the existing three Lambeth Clinical Leads for our three Delivery Alliances, plus the overall clinical leadership role of Lambeth Together, retained for a transitional period (up to 1 July 22) to oversee and ensure the design, implementation, and delivery of the process of recruitment.
- Second phase - three Lambeth Clinical Delivery Alliance Lead roles and their portfolios recruited to alongside remaining roles not successfully recruited to – appointments from July.





Clinical and Care Professional Leadership in Lambeth and SEL

Borough-based roles/responsibilities	Appointed
CYP	Rachel Kilner
Maternity	Claire Spencer
Long term conditions, diabetes and Obesity	Lilian Iroha & Azhar Saleem
Mental Health & Learning Disability and Autism	Nandini Mukhopadhyay
Personalisation inc social prescribing	Justin Hayes
Medicines optimisation	Elizabeth Williams
Diagnostics	Azhar Saleem & Lucy Goodeve-Docker
Planned care	Debajeet Choudhuri
IRIS domestic abuse programme	Alison Davidson & Shikha Banerjee
Pain	Di Aitken



Meet the leads!





End

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Children & Young People's Alliance

Proposed Changes to Public Health Nursing Model

25th May 2022



Some helpful definitions

Health Visiting: Health Visitors (HVs) are specialist community public health nurses who are at the forefront of providing the national Healthy Child Programme (a series of mandated visits at key stages of a child's early development). This role is at the interface between families and core health, social care and early years education services to support children and their families. They promote health and well-being and prevent ill health through supporting parenting. The HVs are able to prescribe for minor ailments, provide immunisations, contraception, smoking cessation and breastfeeding advice. A significant part of their role is child protection to ensure children are safeguarded and able to reach their potential, working in partnership with social care colleagues and other agencies. HVs are the only service mandated to visit every single family in their home, making them one of the best resources for identifying children at risk.

Early Intervention Health Visiting (EIHV): The core HV service is also supported by a team of EIHV who target support to families with additional support needs, providing additional intensive support during and after pregnancy to improve health outcomes, safeguard children and support parents to be the best they can be in order to meet the physical, social and emotional needs of their child.

Family Nurse Partnership Service (FNP): This is an intensive early intervention evidence based, licensed parenting programme delivered by family nurses to young (under 19 years old) women, who are referred when pregnant and continue until the child is 2 years old. The programme aims to improve outcomes for mothers and their children. A high proportion of the work of this service is related to children's safeguarding and ensuring that mothers have as healthy a pregnancy as possible, and are able to support the development of their baby following birth to improve outcomes. Family nurses are predominantly from a HV or midwifery background and receive further training from the national FNP Support Unit. Unlike core HV services, FNP is not a nationally mandated service.

Drivers for Change

- **Changing population need**

- While the birth rate in Lambeth has reduced over the last decade by c19%, the complexity of the families we support has increased significantly. We have seen a c30% increase in children's safeguarding activity since the start of the pandemic, which is driven by a range of factors including the pandemic itself, deprivation and other social factors.
- Under 18s conception rates have steadily fallen over the last 10 years in Lambeth from 218 per 1,000 population to 83 per 1,000.
- The need for a standalone service for mothers under 19 has decreased, and resources could be redesigned to target all mothers in need of additional support.

- **Requirement to identify the best model of Public Health nursing delivery**

- The intensity of FNP programme leads to some young mothers declining the service offer
- Restricted entry criteria limits eligibility for the programme e.g. age restrictions of the young person, and she must be referred by 28 weeks of pregnancy, the programme is open to first time mothers only, the caseload is capped at 25 families per family nurse.
- As a result, the FNP service does not reach all of the families who require additional support. A recent audit showed that 40% of eligible families enter the programme and c60% do not, but are instead supported by the core Health Visiting Service or the Early Intervention Health Visiting Service (enhanced service).

- **Financial context**

- See next slide

- **National and Local Financial context**

- Public Health services are commissioned from the Public Health grant – which is administered via the Local Authority
- The Public Health grant has been cut nationally over the past 5 years on a number of occasions. This has been reflected in the Council's Medium Term Financial Strategy (MTFS), thus resulting in a requirement to identify a £436k saving.
- Officers have recognised the impact of this and consequently spread the requirement over 4 years, in order to ensure the service delivers within the available financial envelope, and giving us the time to re-design the service to better meet the needs of our population.
- £200k of the required saving was delivered in financial years 2020/21 and 2021/22; this proposal addresses the final £236k
- Any saving is significant and impactful; however the proposed reduction of £436k amounts to just under 5% of the Public Health services delivered by Evelina London for Lambeth.

Client Engagement Activities

Patient and Public Engagement Plan on a Page:

Aim: Ensure that we involve and listen to families, carers and partners as we re-design, develop and implement the Evelina London 0-5 Universal Service redesign, particularly focussing on the Family Nurse Partnership (FNP) and Early Intervention Health Visiting (EIHV) services. Attention will be given to the diverse needs of the families, ensuring that we consider equality, experience and inclusion.

Who are we trying to reach in our engagement?

- Families who have experienced domestic abuse (past or present)
- Parents / carers with significant mental health illness
- Parents / carers with significant learning difficulties
- Parents / carers who have experience of substance misuse
- Parents / carers of children with complex needs
- Young parents 19 and under (not limited to first time parents)
- Parents / carers with a history of safeguarding issues (LAC, abuse, gang affiliation, adult and child sexual exploitation, concealed pregnancies)

These families / carers are generally seldom heard from, so as well as internal resources, we are going to work closely with voluntary sector organisations and charities to reach these communities.

How are we going to engage?

Understanding the experience of our current service is important as a starting point. We have produced a survey to ask some general questions about patient and family experience of services. We asked what specific support they would find most helpful and in what area of care (i.e. breastfeeding, nutrition, child's development, etc) to establish any gaps in the current provision.

Once we have the baseline information, we will do a deeper dive into the results by holding a workshop/s for patients and families to discuss further some of the following:

- What is open for influence in this service re-design
- What we are asking patients and families to support us with
- How we can ensure that involvement is meaningful and patients and families feel listened to
- At what point we will feed back to those involved on how their views have made a difference
- How we can continue to monitor improvements?

Communication

As part of this work, we will engage families in the redesign of this service as widely as possible, and invite them to become involved to influence the future of these services. We will also work in partnership with community organisations (i.e. Healthwatch) to ask them to share our work in their newsletters to encourage further involvement.

Client Engagement Activities

Summary of client engagement activities to date:

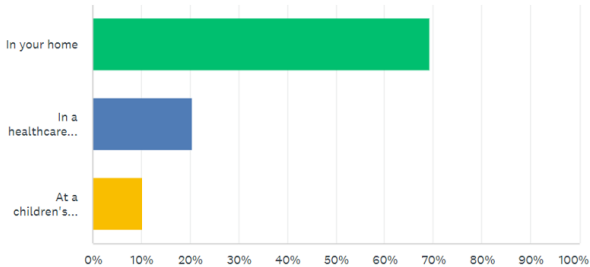
- Over 200 FNP and EIHV clients were contacted electronically and via telephone by Evelina London to complete a survey to help influence the new health visiting pathway for families who require additional support.
- 49 patients completed the survey and a snapshot of some of the results can be found below:

What topics would clients like support with?

ANSWER CHOICES	RESPONSES	
You and your child's physical health	23.40%	11
Your child's diet and nutrition, including infant feeding	38.30%	18
You and your child's mental and emotional health and wellbeing	40.43%	19
Your child's learning and development	59.57%	28
How to keep your child safe and avoid preventable injuries	12.77%	6
Domestic abuse	8.51%	4
Parenting and co-parenting relationships	21.28%	10
The relationship between you and your child	21.28%	10
Other (please specify)	Responses	10.64% 5
Total Respondents: 47		

Where would you like your future appointments to take place?

Answered: 39 Skipped: 10



Future activities planned:

- We arranged a virtual focus group in March to allow further exploration into family responses and get further information about their needs. Due to low attendance the focus group could not go ahead as planned.
- We are attending face to face FNP groups already taking place at community sites in May/June to engage with parents / carers to seek their views about the service and ensure they are able to influence and be involved in co-designing the pathway.
- A specific children and families reference group is in the process of being established to assist with co-production of the new pathway.

Summary of Proposal

Summary of proposal (subject to staff consultation)

- To expand the existing Early Intervention Health Visiting service offer by developing new referral criteria to allow greater numbers of families with additional support needs to benefit.
- Develop clear guidance and interventions for EIHVs to deliver using the latest evidence base and tools available, with clear outcome key performance measures to monitor impact. We are working with an external clinical expert to support this.
- The proposed name for this service offer, following a survey and vote, is the Bright Beginnings Pathway.
- The FNP service will be discontinued.
- FNP staff will transfer to the expanded Early Intervention Health Visiting team and they will collectively as one team deliver the Bright Beginnings Pathway.
- A consultation is planned with affected staff.
- We expect implementation later this year, subject to the outcome of the consultation.

Impact on Clients & Workforce

Clients

- Individual transition care plans will be developed for each family currently under the FNP service to support their transition to the EIHV service.
- More families will be able to access the new offer of the EIHVs, for example:
 - new referrals will be accepted if the child is under 2 years of age (compared to 28 weeks gestation for FNP)
 - children can be seen on this pathway until their 5th birthday (compared to 2 years of age for FNP).
- Some families will receive fewer visits from their EIHV when compared to the FNP service. The number of visits will depend on the individual assessment and plan around the family, compared to the directed programme of FNP.
- We will monitor outcomes to understand the impact of our work with clients.
- Feedback from parents will continue to be used to develop the future model and will be used to evaluate the model once it is in place.
- A Equality Impact Assessment (EQIA) has been undertaken.

Workforce

- There will be an overall reduction in the number of staff as a result of stopping the FNP service, but there will be no staff redundancies due to recent vacancies within the service and existing staff will transfer into the new service or maternity services (subject to consultation).
- Training and new roles within the new service will create opportunities for staff development. Health Visiting recruitment is challenging nationally, and we anticipate this will support recruitment in this area.
- Training and interventions delivered can be adjusted over time in response to changing population needs.

Redesign of targeted Public Health Nursing offer across Lambeth and Southwark – Early Intervention Health Visiting and Family Nurse Partnership

Lambeth Together Care Partnership Board – 25th May

Purpose

This paper provides an overview of a detailed document produced by Evelina London as the provider of Public Health Nursing, in collaboration with commissioners from Lambeth and Southwark.

That document outlines proposals relating to the more targeted elements of the Public Health Nursing offer which is currently comprised of two elements:

1. A team of Early Intervention Health Visitors (EIHV) who provide an enhanced Health Visiting offer for children antenatally until aged 2 and their parents / carers where additional vulnerabilities are identified
2. A Family Nurse Partnership (FNP) team who work across Lambeth and Southwark to deliver the Family Nurse Partnership programme to first time mothers up to the age of 19 antenatally and until the child's second birthday

Summary of proposals – service redesign

In summary, the proposals are to develop a new targeted pathway of support (the Bright Beginnings pathway) to provide a more flexible offer which can meet the increasingly high number of families requiring more specialist health visiting support, within a reducing financial envelope. Under this model, the current EIHV offer will be expanded to include support for the cohort of young mothers currently offered the FNP programme. A range of bespoke new packages of interventions will be developed, underpinned by the latest evidence base and tools to support delivery. These interventions will be tailored and targeted to meet the needs of each individual family, with clear reporting matrix in place to monitor impact. The current FNP programme will be discontinued, with learning from the programme informing elements of the new Bright Beginnings model.

Rationale

This service redesign is required as a result of considerably changing population needs, including a reduction in under 18 conception rate and significantly increased safeguarding needs. The criteria around eligibility for the FNP offer are narrow – despite some work on a national level to adapt these – and this alongside the prescriptive nature of the programme, limitations to case load sizes and very specific requirements around team sizes and structure mean that it is no longer the most appropriate or cost effective model for Lambeth. We are aware that only 40% of eligible families enter the programme.

The enhanced EIHV offer will ensure that the needs of the cohort of families who would currently be offered the FNP programme will continue to be met, but that there will also be a greater level of support for other vulnerable families who currently fall outside the eligibility criteria. The new offer and intervention packages will also be offered to children aged 0-5 rather than the current 0-2. This is of critical importance in supporting school readiness and continuity of care for families, particularly those with more than one child under five.

Medium Term Financial Strategy

The proposed service redesign will also enable the service to fully achieve financial savings agreed as part of the council's Medium Term Financial Strategy (MFTS). The savings

agreed to the Children's Public Health portfolio of services have a total value of £436k, to be achieved as follows:

2020/21		£100k
2021/22		£100k
2022/23		£136k
2023/24*		£100k

Savings of £236k were initially profiled for 2022/23, but have subsequently been reprofiled over the two year period 2022/24.

These savings are to be made against services commissioned via the Children's Integrated Commissioning Team (which sits across the Council and CCG). A number of these services including Health Visiting and the Family Nurse Partnership are commissioned via a Section 75 between the Council and CCG. Reductions have been made to the value of the Section 75 agreement to reflect the saving requirements for 2020-22, and Evelina has managed these within available budgets pending this review and reorganisation required to achieve the full £436k required.

Engagement and Consultation

Evelina London have led on engaging with service users and the workforce. This has included contacting a number of families asking for input to inform a new HV pathway through a survey, as well as ongoing face to face groups taking place throughout May and June at community sites.

A children and families reference group is also being established; while the name of the new service has been the result of a survey and vote.

Next steps

Evelina London have prepared a more detailed paper which outlines these proposals in full and have taken this through their own governance and decision making processes, including service user and staff consultation.

The decision to make savings to the children's public health portfolio of services has been made as part of the MTFs, and no further formal decision from the Local Authority (via Cabinet) or NHS body is required. The proposals represent a significant enhancement to the scope and capacity of the current offer.

Proposals have been discussed with the below meetings:

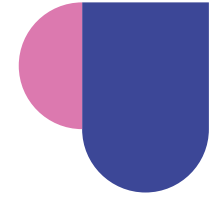
<u>Meeting</u>	<u>Dates</u>
Children's Services Management Team (CSMT)	22 nd February 2022
Cabinet Member Briefing – Children and Young People	8 th March 2022
Cabinet Member Briefing – Adults & Health	17 th March 2022
Children and Young People's Alliance Board	7 th April 2022
Lambeth Together Executive Group	10 th May 2022
Lambeth Together Care Partnership Board	25 th May 2022

Audit trail

Name and Position/Title	Lambeth Directorate	Date Sent	Date Received	Comments in paragraph:
Councillor Ed Davie	Cabinet Member for Children and Young People	08.03.2022	08.03.22	Throughout
Councillor Jim Dickson	Joint Cabinet Member for Adults and Health	17.03.2022	17.03.22	Throughout
Councillor Lucy Caldicott	Joint Cabinet Member for Adults and Health	17.03.2022	17.03.22	Throughout
Fiona Connolly Strategic Director	Children's Services	22.02.2022	22.02.22	Throughout
Jane Carroll, Director	Children's Social Care	22.02.2022	22.02.22	Throughout
Jeanette Young, Director	Children's Commissioning and Community Safety	22.02.2022	22.02.22	Throughout
Dan Stoten	Associate Director, Integrated Children's Commissioning	26.01.2022	26.01.2022	Throughout
Rachel Scantlebury	Public Health	15.02.2022	15.02.2022	Throughout

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Neighbourhood and Wellbeing
Delivery Alliance Leadership Group



Outpatients Workstream – Living with Chronic Pain

**Dr Di Aitken, Eche Anakor and Raquel
Caires Januario**



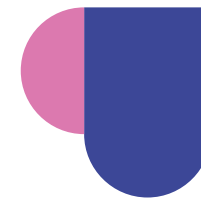
Why are we doing this (1)



- Chronic pain is a long term condition, and not a symptom. Definition is **pain that lasts for more than 3 months**.
- 1 January 2022: The International Classification of Diseases - 11 has come into effect. MG30 Chronic pain
- It can be intermittent or persist all the time. Pain can be *secondary* to an underlying condition (for example, osteoarthritis, rheumatoid arthritis, ulcerative colitis, and endometriosis).
- Chronic pain can also be *primary*. Chronic primary pain has no clear underlying condition, or the pain (or its impact) appears to be out of proportion to any observable injury or disease. It is characterised by significant emotional distress and functional disability. Examples include:
 - Fibromyalgia
 - Chronic primary headache and orofacial pain
 - Chronic primary musculoskeletal pain
 - Chronic primary visceral pain.



Why are we doing this (2)



- Chronic pain is the second most prevalent LTC in Lambeth, and doctors, nurses, pharmacists and physios in primary care are already looking after these affected patients. The local incentive scheme will help practices to identify & recall patients with chronic pain by building a disease register.

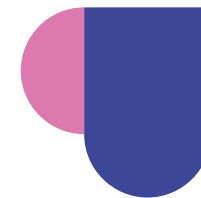
<https://www.iasp-pain.org/publications/iasp-news/new-diagnostic-codes-for-chronic-pain-approved-under-icd-11/>

<https://www.nice.org.uk/guidance/ng193/chapter/Context>

- Patients with chronic pain make significant demands on healthcare resources
 - They consult their GPs up to **five times more frequently** than other patients do. This translates to 4.6 million GP appointments per year.
 - They are hospitalised nearly **three times as often** as the general population
 - Primary care management of patients with chronic pain accounted for 4.6 million appointments per year in the UK, equivalent to 793 full-time GPs.
- Impact of Race and Cultural Bias on Chronic Pain



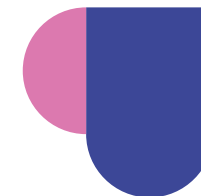




Chronic Pain workstream plan



Chronic Pain Workstream Objectives



Data and Evidence

Key Tasks

Develop an analytical EMIS search to determine the scale and characteristics of those living with chronic pain through primary care and referral analysis

Work with the clinical cabinet and primary care commissioners to include chronic pain incentive measures to establish a chronic pain register

Patient Experience and Inequalities

Key Tasks

Commission independent research agency to explore health inequalities aspect of pain starting with race and identify relevant themes and issues

Explore and embed the patient voice into pain management planning and delivery

Refresh Chronic Pain Referral Pathway

Key Tasks

Review referral pathway (volume of secondary care referrals)

Review the revised pathway with the stakeholders

Relaunch Freely Available Educational Support

Promote the role of First Contact Practitioner

Reduction of analgesic prescribing

Promotion of Community Programmes

Key Tasks

Support and expand community programmes such as Leva and PEACS

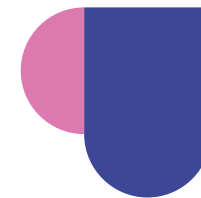
Work with MCLIP and the ICS commissioners to increase investment and service provision for patients with chronic pain

Promote community provision to residents via primary care, link workers and wider community organisations

Communication Strategy – Residents and Lambeth Together Partners



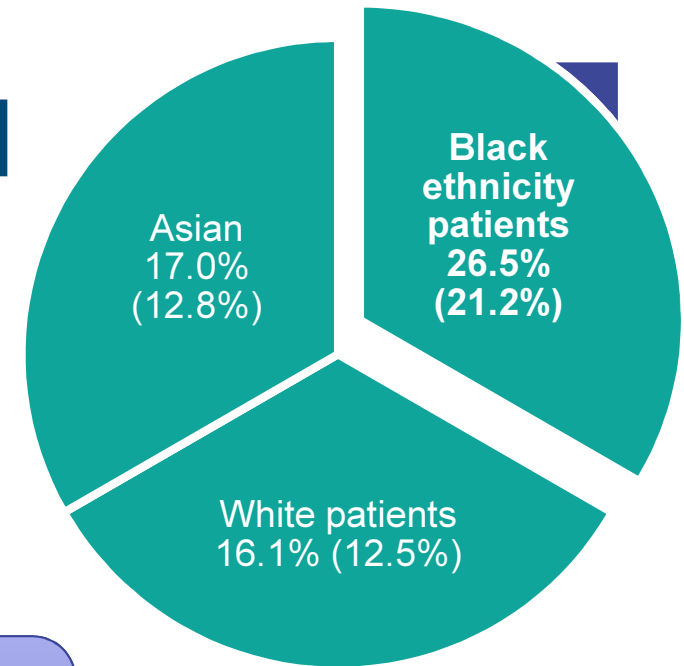
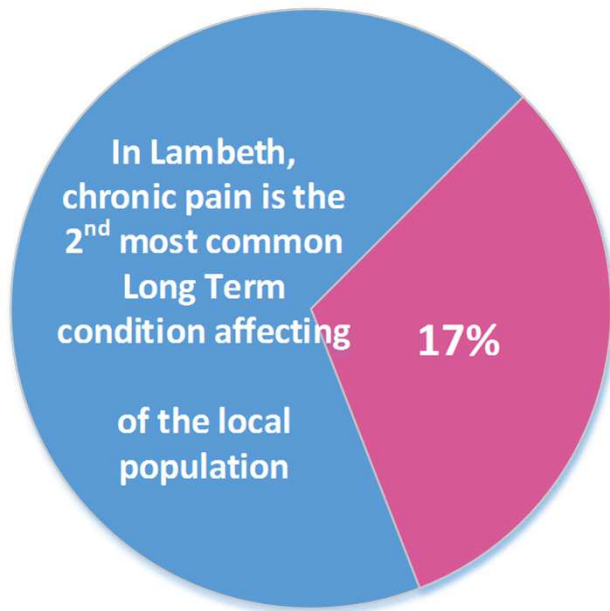
Community based health and care support for adults



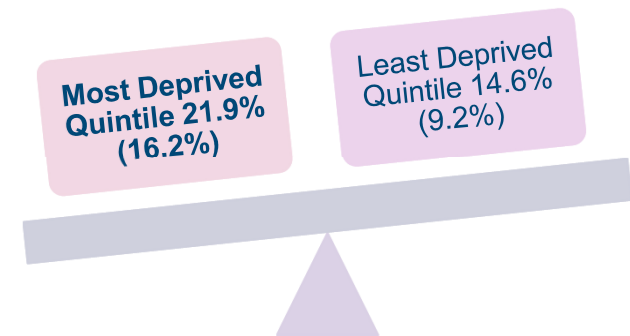
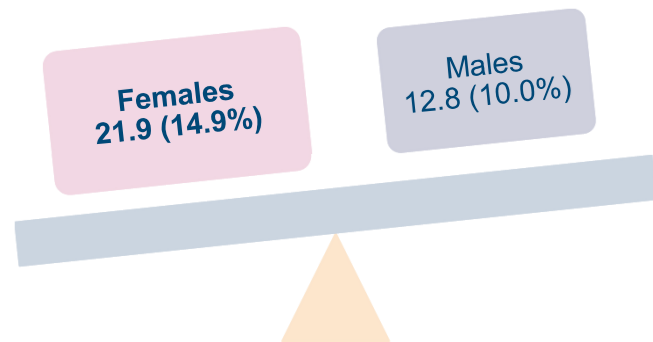
Data & Evidence



Lambeth Data Net 2021

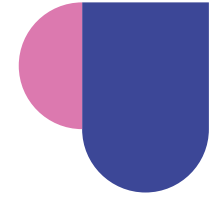


Black females 34.4%
had the highest prevalence compared to all other groups



Community based health and care support for adults

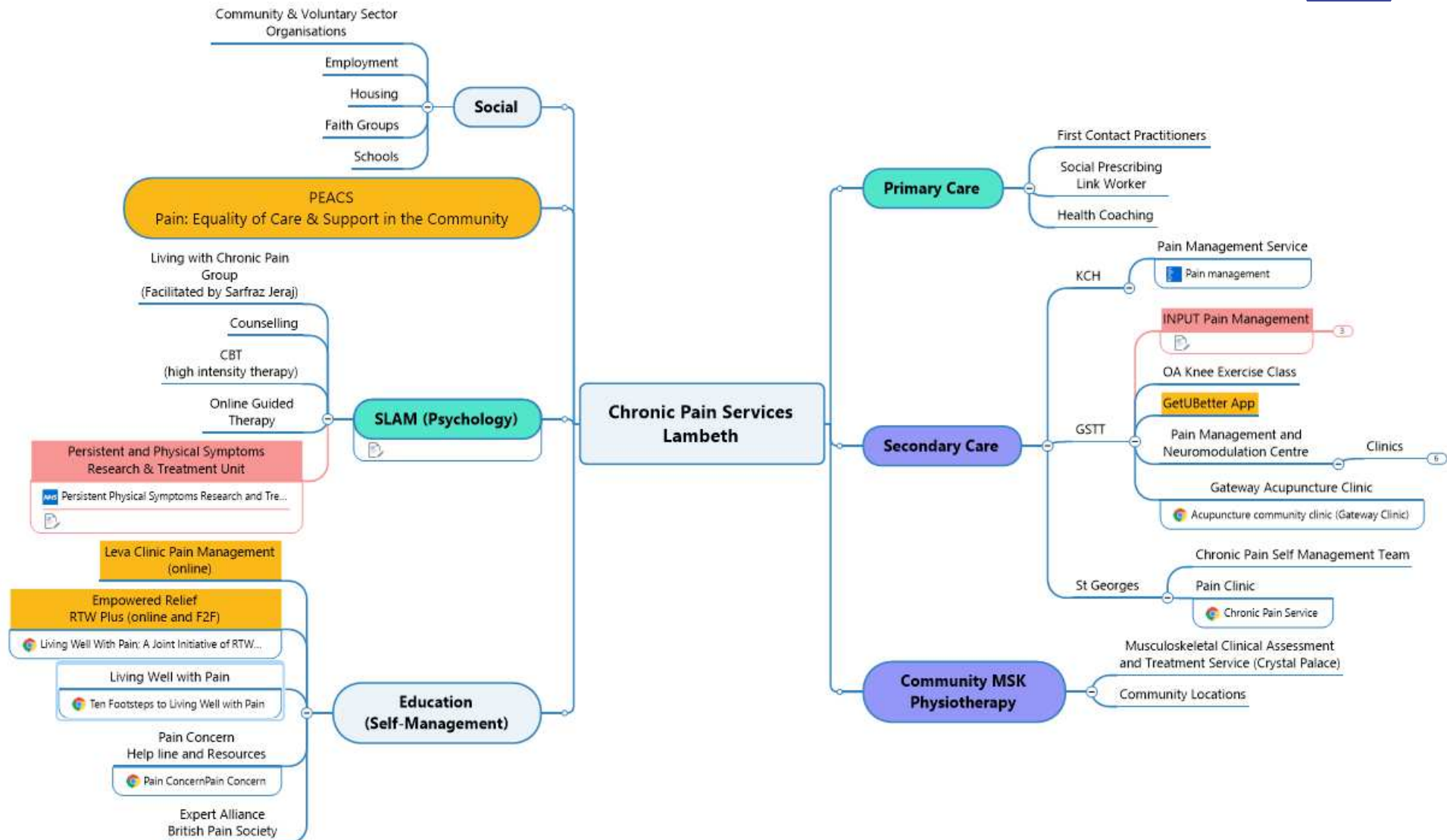
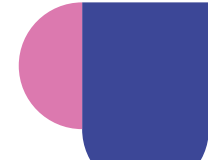
Referrals Reviews



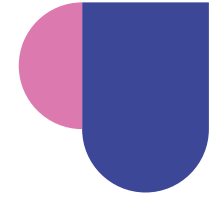
- We looked at referrals received at both GSTT & Kings
- Aim
 - To reduce the variation in the amount of relevant info sent to the services
 - Develop clear criteria for accepting referrals, in order to speed up the pathway.
 - At some stage, the Trusts will be able to return referrals if they do not meet the criteria.
 - Reduced waiting times.
- Why
 - Clinical Resource wasted chasing past history details
 - Patients with untreated/partially treated for mental health disorders, often associated with a significant element of trauma are being referred for pain management.



Lambeth Chronic Pain Offer

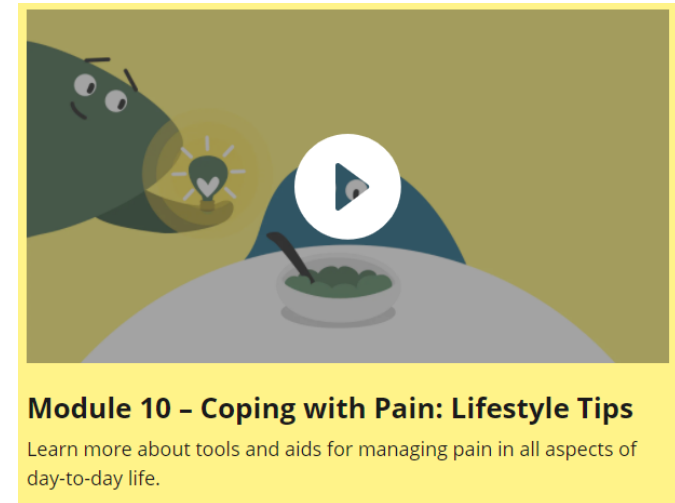


Leva Clinic and GetUBetter –



Leva Clinic

- UK's first CQC registered online clinic for people living with chronic pain
- 12 Module Digital platform (web and app based)
- Piloted by three practices, now available in Lambeth & Southwark



GetUBetter

- Self-management app for MSK pain
- 24 practices now signed up



RTW Plus –

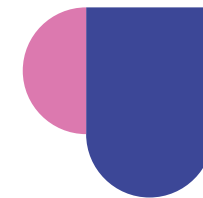
Empowered Relief

- Funded by Black Thrive Lambeth and Impact for Urban Health
- Open to those from the black community in Lambeth experiencing chronic pain
- 3 Modules available - online and face-to-face pain management and employment sessions



Community based health and care support for adults

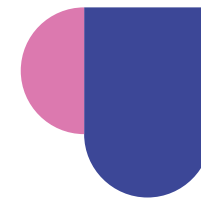
SLaM Primary Care Services



- Self-referral and GP referral most common routes in <https://lambethalkingtherapies.nhs.uk/>
- Clients are triaged within 2 weeks and offered treatment for anxiety and depression, including in the context of chronic pain:
 - Independent and Guided Online Therapy – SilverCloud (4-6 weeks)
 - Low intensity Guided Self Help, using CBT approach - 3 to 6 sessions (adapted for chronic pain) – 10 weeks
 - High Intensity CBT – 6 to 12 sessions (adapted for chronic pain) – 4 months
 - Counselling - 6 to 12 sessions (focus on adjustment) – 2 to 4 months
 - Employment support
 - Living with Chronic Pain group – 10 weekly sessions. Three times a year



Community based health and care support for adults



What will we measure?



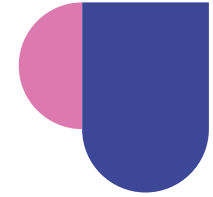
How will we measure progress?



Type of Measure?	Possible Metrics & Frequency of Tracking?	Source of Data?
Intelligence	Prevalence & identification – rising numbers on Chronic Pain Register	SNOMED code
Intelligence	Pain register equalities data – ethnicity, other protected characteristics	EMIS or EZ Analytics searches
Intervention	Chronic pain reviews in General Practice	SNOMED code
Intervention	Prescribing Spend – hope for cost saving over time Volume of opioid analgesic prescribing by practice / PCN	e-PACT2 data
Intervention	Referrals to social prescribing link worker (SPLW)	Elemental software, SNOMED code

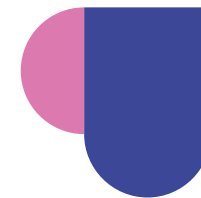


How will we measure progress?



Type of Measure?	Possible Metrics & Frequency of Tracking?	Source of Data?
Intervention	<p>Volume of referrals to community programmes such as Empowered Relief (RTW), Leva Clinic or GetUBetter</p> <p>Referral trends over time</p> <p>Referral sources of time</p>	Providers
Intervention	Trends in FCP Referrals	
Patient reported outcomes	<p>EQ5DL (quality of life)</p> <p>Patient Activation Measure</p> <p>Patient survey using I statements</p>	

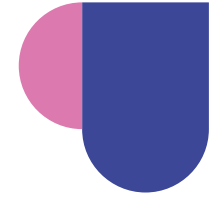




Patient Experience & Inequalities



Patient Engagement



- **Lambeth Together Pain Reference Group**
 - support them in discussing experiences and their suggestions for improvement in the system
 - 6-10 patients who will self-organise to nominate a rep to join the group or they may rotate
 - person attending feels supported and also has a mandate to represent patient views.
 - will need to go out to advertisement





Chronic Pain in Lambeth Among BME and Low-Income Communities

Centric Community Research
2022



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Chronic Pain in Lambeth Among BME and Low-Income Communities

Centric Community Research
2022



**Neighbourhood
and Wellbeing
Alliance**



Contents

- Background
- Focus group Research Approach
- Onboarding Questionnaire Analysis
- Post-focus group Questionnaire
- Key insights
- Recommendations

Background

- Chronic pain is defined, as per the International Association for the Study of Pain (IASP), as 'pain persisting or recurring for longer than 3 months' (Treede et al., 2019). Contrary to *acute pain*, where individuals are alerted to possible or actual tissue damage, *chronic pain* serves no apparent physiological purpose and persists beyond normal healing time. More severe pain is also linked with greater severity of depression (Angst et al., 2020; Liu et al., 2019).
- Chronic pain has an impact not only the individual, families and the wider society. Chronic pain affects family members as role changes have to be made in relationships, employment, and social settings in order to provide appropriate care for the relative in pain.
- Lambeth Together Neighbourhood and Wellbeing Delivery Alliance had suggested should be on the onboarding questions. All 14 participants in total completed these initial questions.
- Ethnic minority communities in the UK are said to have a higher prevalence of depressive moods than the majority white ethnic group (Williams et al., 2015). At the same time, they are less likely to seek professional help for depressive moods. In the UK minority ethnic groups report more chronic musculoskeletal pain. (Allison et al, 2002; Nicholl et al, 2021).

Focus Group Research Approach

Focus group participants were required for two focus groups, with 7-12 participants per group. Participants were approached from Centric's own community research team.

Focus groups were utilised as the method to facilitate the listening exercise and help garner in-depth understandings of the research questions and to possibly co-design future interventions in the remit of chronic pain in Lambeth.

We then disseminated a participant information sheet and invite form which outlined the rationale of the research. An inherent interview factor is the importance that views can be relayed anonymously.

Onboarding Questionnaire Analysis

In our Onboarding questionnaire we explored demographics and services.

Out of the 14 participants, 3 were male and 11 were female. Ages varied from the youngest being 24 years old and the oldest 75 years old.

75% of participants had a physical disability/condition while others had visual impairment and some preferred not to say. Almost all them described themselves as heterosexual/straight while others prefer not say.

Most participants described their experiences with GP treatment as *somewhat satisfied or very satisfied* while 6 were somewhat, very or extremely dissatisfied.

In regards to mental wellbeing, most participants felt that pain had a big impact on their mental health. Most were either *very satisfied* or *somewhat satisfied* with the intervention for their mental health.

Most participants were *somewhat satisfied* with the effectiveness of the services, while 4 participants were *somewhat, very or extremely dissatisfied*.

Almost all participants were *somewhat interested* in utilising online services.

Post-focus Group Questionnaire Analysis

Following the focus groups participants had so much to say that we did not have enough time to go through all of our questions. As a result, we devised a post-focus group questionnaire where we explored a broader range of questions

Most participants stated that pain affected their life significantly and indicated that they were either *very* or *moderately confident* using digital and online options.

Some of the barriers that they expressed were around confidence with technology. They feel that there isn't as much support as there could be in accessing online services. In learning more about pain management 25% expressed levels of dissatisfaction.

Our participants expressed that they felt there were power dynamics between service users and medical practitioners/service users.. Some barriers included the difficulty of contacting GP surgery, lengthy forms, not feeling listened to, finding it too hard to complain etc



Focus Group Insights

Key Insights

- Lack of GP Care and a Sense of Being Over-Medicated
- Telehealth and Long Waiting Times
- Self-Care and Alternative Support Groups
- Managing Pain & Using Alternatives
- Root Causes of Pain Are Not Treated
- Depression & Pain Takes Over



Lack of GP Care and a Sense of Being Over-Medicated

Lack of GP Care and a Sense of Being Over-Medicated

Participants in the first focus group noted that they felt there was a distinct lack of care on the part of GPs, when it came to their pain.

Alongside this was often the feeling that there was an over-emphasis on medication and little else.

The therapeutic aspects of chronic pain treatment were also noted as being absent in treatment plans for the participants.

This correlates with recent research conducted by Webster et al. (2020) that patients with chronic pain often feel stigmatised and misunderstood by care providers. This is exacerbated by doctors who described feeling overwhelmed by patients with chronic pain and were also sometimes judgmental of their patients' situations.

" You ring the GP, you go to see them. They spend like five minutes with you and they're like, "oh yeah, take some paracetamol". But paracetamol doesn't help my back. It don't help when I have my headaches. So what's the point? And they're like, oh, just, you know, "it's just stress. You need to try and drink more water", you know?"

"Now the GP and going back years and years, they knew your name when you walked in there and they'd ask how your dad was. But now I don't know who they are. I see a different one every time, if I'm lucky enough to see one, but I just give up, I don't ring anymore."

"I've been to several GPs and they all differ. I mean, we have a saying in Ireland, "doctors differ and patients die". And I reckon that it's true..."

"As far as GPs go, absolutely no confidence."

"I found the GP, the surgery, not very responsive. I mean, I was in so much pain."

"I just can't cope with the GP. You're just a number and you can't even get through to them."

"Sometimes my GP is not very helpful because I've got two surgeries molded into one, but it's, it's, it's a pain in the behind for like, they're not, they're not very helpful, especially when medication because they give me, co-codamol and it's not working. It's not working. And when it does the only, they only give me a pack of 32. Instead of, sometimes I need more, I can take two. And even, even during this I to take two and they're not even working at the moment. So I'm still in pain, even though I'm not long had two. So the again with the medication, they're not very helpful with that."

"So accepting that limitation as well is...hard to do because you know, you want to be normal as it were, but you're not."

"If you were able to see someone, I reckon you would get diagnosed a lot more like, like sooner, it just, it just, it just beggars belief. I don't get it. It just like, for me, I know, I know I'm not suffering like the majority of people here... And then they take you to go on drugs and then you have to take something else to make you go to the toilet because you're stuck on those drugs. And then it just cascades."

"My experience, when I was going in and telling them that I was sick, I was told I was over-exaggerating"

"I don't like taking medicine all the time though. I mean...we have to like ibuprofen and paracetamol and I hate having to take those things because I don't think they do any good, especially [for] your stomach and all, but...you just end up at [that] you just have to take the painkillers, but I don't want to! But I have to take them because I would be in pain if I didn't [ake them]"



Telehealth and Long Waiting Times

Telehealth And Long Waiting Lists

Participants discussed the frustration with having to wait for long periods in order to be heard in regards to their pain and their enquiry.

For the focus group this was very problematic and has led to a disenchantment with the NHS initial contact and how their pain was regarded by healthcare services.

There are many benefits (this is important as there are several barriers) to the introduction of technology within health settings and services. However, some people still lack confidence or comfort with even rudimentary aspects of technology, and some do not trust the practice of medical histories input to online platforms. Some find the process impersonal and as representing the *mechanisation* of one's body/health. Yet others find that there are language barriers (Qian et al, 2021).

"Have to be waiting, you call GP in the morning, the time they said they should call you before 3.50, but I'm number 14, number 50 in the queue before you get an appointment! And when you get the appointments, it's not that the GP will see you, only talk to you on the phone. You know? So depression is so much in the health system and yeah, that's my own thoughts."

"As I say, tenth in the queue, again tomorrow you're tenth in the queue. Ring again, the next day you're still in a queue! It just goes on and on and on. In the end you put the phone down and say "to hell with that" and you try and think about it and try to help yourself."

"I need physio, but I haven't got an appointment. I went to see my doctor back in December. He's going to refer me and the appointment got canceled and now I'm re waiting for another referral"



Self-Care and Alternative Support Groups

Self-Care and Support Groups

Participants also mentioned the significance of self-care, and the support groups comprised of people who are also going through chronic pain or similar conditions.

This may indicate that there is scope for safe spaces where patients and individuals going through chronic pain can share their experiences and also discuss other matters which may be of relevance to them.

For instance, the focus group participants even found the focus group itself was therapeutic, and that it helped them to process their pain as they were able to speak freely. A *safe space* to talk helped to alleviate stress – participants stated.

Some participants mentioned that they had also resorted to social media in order to locate, link with and liaise with people with the same pain they were experiencing.

"Even then I go back and then again, the same thing that was said before, I just kind of have to come back for two months later and it's the same thing. And then in the end, you just get to the point where you think, you know what, I'm not even going to bother to ring the GP because it's the same thing. I'm going to look after myself"

"If there were more support groups, if there were funding for that. I was a bit apprehensive, because I've got my social phobia and what I'm going through. So I enjoyed this. I don't want it to end now. Honestly, it would be great if there was something"

"I went to a support group. It was a group of women, you know, everyone had pain, same thing, like what we're doing now, but it was around the table. It was really depressing and I just couldn't wait to leave. And I got to say, I don't feel like that this evening. I've quite enjoyed it. you know, I'm not very social person. I don't go out much. So for me, yeah, it was quite a big one actually, even coming on, but I've really enjoyed it. I have. So yeah"

"If you explain to someone who's not going through that pain, like say yourself, it's like for myself personally, that I'm lying and I'm not telling the truth. They don't believe me. I'm thinking, well, why do I bother? forget it. You know why it's explaining it to somebody else. Who's not going through some kind of pain that we want to and you know, it just, it goes to fix now just make it gets me so low and say, I don't want to know. It's not good"

"Just first of all thank you to yourself and Elaine for hosting this evening. We've all had a good statement. I think we all agreed on that. Just thank you for your time and your patience because not everyone is patient with us BAME people. So yeah. Thank you very much for that"

"All we can do is help ourselves"

"Just try to deal with it myself"

"We need to just, well, we've ended up having to help ourselves and we, I, have no faith in the GP."

"I'd like to try , I've got nothing on Facebook, but I, I've no support groups . I mean, something like this, I'd like to do because it, because ,to meet other people who are going through this type of pain that I'm in"

"It would be Lovely. To have a separate person to speak, to and have a moan about pain and I've enjoyed tonight because I've had a little moan about it. So it made me feel better rather than smile and pretend I haven't got any pain, so it's been good to speak to somebody about it, you know?"

"As I said before, you're just a number on a computer. And as I found now that I find that I can help myself more"



Managing Pain & using Alternatives

Managing Pain & using Alternatives

Participants mentioned many ways of managing their pain. Participants expressed that even though managing pain was hard they found a way to help themselves as they felt there were at a loss with the NHS.

Based on care they have received, participants felt like there is little to no choice in their own care and understood that they had to help themselves.

They mentioned the importance of nutrition, staying positive, certain herbs with high vitamin content, hobbies, and the need for alternatives to managing pain, even cannabis was noted.

"You know, those little pedal things that you buy. So I sit on the chair at home and I do a little bit of peddling and I shut my eyes and pretend I'm on a bike going up the road. And that's my little bit of action. You know the little pedal thing you buy its brilliant. Close my eyes and think, well, I've got to, "I'm going to ride around Camberwell on this"

"You know, you have to have a balance because you're on the medication you have to try to have how to know how to blend the medication with the natural herbs. You see, if you don't get that right balance, then it could be worse. You know, you have to know how and get good advice on it Sometimes when you get all these pains, it's...the lack of certain minerals in the body, it can cause problems. So that's why I mentioned herbal medicines..."

"My doctor knows I've got no qualms in saying so because you know, I have to try what works for me. Right. When I checked on the cannabis list my condition is on there"

"We've got to take charge of our own health. You start reading stuff, see what's good. All these herbs that are, you know, age old herbs, you go start seeking them. And they're so hard to get now because they're attacking those people who are supplying them"

"My food intake...So instead of using white sugar, I might use date syrup. I might use a bit of coconut sugar, but never any white sugar, brown sugar, anything. Just keep it basically natural."

"I remember when I was recently admitted in hospital and never had a problem with my blood level, it was all good. Good, good. I thought that was when I made that conscious decision to cut out anything sugary, you know, no sugar in my tea."

"I tried with my GPs, but when they did talk they'd give me, well, they gave me paracetamol and I said: "for how long am I going to be taking this for?" You know? And that's when I said, "I need to find a alternative", and it has really helped me"

"When you think about turmeric, what turmeric can do when you, when you think about golden seal, what goldenseal can do for you? When you so many in my brain, I can't even get them up to you guys. But I think it's become a time when we have to take charge of our own self" -

"But we now got to think about how we eat, our diet, exercising, all these things. You know, if I knew that ages ago, you know, I don't think I would have been in this position now..."



Root Causes of Pain Are Not Treated

The Root Causes of Pain Are Not Treated

Participants emphasised that they did not think that the root causes and prime reasons for their pain were either addressed or treated.

Some research has indicated that clinicians can sometimes believe that the treatment of pain should be based on a different set of principles and practices than other types of patient care. This means that although pain in the cancer or acute illness or injury context is accepted and treated, chronic pain however is approached with scepticism and non-therapeutic care approaches (Wells, 2010: 1165).

Moreover, non-pharmacological approaches to pain management, which include strategies to address trauma, grief, loss and depression which can underpin chronic pain, receive scant attention (Browne et al., 2011: 304). Associative emotions such as fear can also be a root cause of pain (Friedrichsdorf et al., 2022: 310).

"I feel that I've been patched up so many times over the years. They really need to get to the root of these problems without keep giving out drugs and quick fixes on certain things."

"I do try to hide it and there was one point that, I'm sorry if anyone's eating, I was full of, excuse my language, I'm saying I was full of shit. I was literally vomiting faeces and the guy, the doctor, said "is this normal for your mum?" And it just didn't, and it's still to this day, hasn't been sorted out. They're not sorting the root of the problem out at all, and they're just putting me on more tablets just recently."

"I suffered with reflux and it's very, very painful and I do believe wholeheartedly that they are not sorting out the cause of the problem. And that has given me a load of tablets just to get by. And they've actually admitted that to me. They really can't treat this problem . It's so painful."

"They have never got to the root of my pain and I have had many scans."



Depression & Pain Takes Over

Depression From Pain & Pain takes over

This was raised by our participants in some detail within our focus group.

A few participants mentioned that the depression was reinforced by the fact that they were unable to openly speak to their children as they did not want to cause any distress, problems or concerns for their families and children. Yet this in effect led to people handling the pain on their own. Participants often talked about hiding their pain from loved one to prevent any issue.

Some experienced medical trauma that has stayed with them throughout the years. Pain takes over their lives which in return affects them psychologically reducing their quality of life.

This may correlate with research in recent years which suggests: (i) a strong association between depression and chronic pain; (ii) increasing severity of chronic pain was associated with a higher number of depressive episodes being experienced; and that (iii) older age, lower educational attainment, women were associated with higher a chronic pain prevalence (Roughan et al. 2021).

"My children, you know, seeing my children, knowing that I couldn't get out of bed or I was sent to bed and pain and vomiting, it's heartbreak. The only way I can describe it's soul destroying and none of us choose to be in the situation that we're in."

"It does bring me down. I don't want to leave my bed, and don't want to moan to my children."

"I get depressed because I can't do my singing anymore. I can't do my line dance anymore and I can't do Things anymore."

"I can see, you know, why, why you kind of isolate yourself. Because you're in so much pain. You can't even walk at times."

"Depression, you know, the days go by quicker than you even realise, you know, before you know it a year has gone on you think. Where did it go? But you're so depressed you don't realise the time is going"

"Having this condition, which made me, you know, isolated my life. Yeah. And also I've developed this. I'm not going up. I have developed the, being scared to go up there. Right. And it's the fear, it's the anxiety attacks. It's the social phobia. It's yeah. I would love to do so many things, but I'm just kind of scared to take that step as well."

"I mean, so like you know what they say "no pain, no gain", but still there's not much to be gained from this."

"It really has affected my quality of life. I've been with it for almost four years and really it has made my life like living hell, you know? Because I used to be an active lady, go shopping by myself. Maybe go. Sometimes people invite me for parties, I go, but not [now], I can't live that kind of life anymore. So I'm like, "I'm more crippled in my own house". When I see people moving around to maybe going places, just a nearby place, I really admire them. And I think "why do I have to go through this kind of pain"? But when they see you sitting, they sit, maybe they think you're okay, but there in yourself, you feel really? Like I wish God could help me, make me die. No, it is a terrible thing. Nobody knows what your going through until they feel it , chronic pain is really bad"

"I'm doing a lot less, you know, I mean a lot more pain, you know, simply because I can't get my appointment. It's, you know, it's all in the midst of all that everyone's suffering from depression"

"You know, these are things that you need to check. Haven't been checked, you know, I've got, you know, numerous, no referrals nothing's been done. And you know, you get fed up after a while. And like I said, depression, everybody was suffering from that"

"I had to admit and confess. Yeah, I've been missing two weeks, three weeks. And it's why I, you know, I started losing weight rapidly, the pain excruciating. I went back to square one and all this time I was hiding it from my family."

Recommendations

1. **Reduce Waiting lists:** Patients to be able to access ongoing support for their physical health as well as mental well-being. provided other options to patients deal with waiting list
2. **More in person GP appointments:** Patients need more targeted in-person appointments, as they are losing trust in GP services yet still need ongoing 1-1 support.
3. **Provide support groups within communities:** Groups run by people who have themselves experienced similar challenging issues. This would acknowledge what they are going through and aid patients mental health. Groups either online and in person, in order to be inclusive.
4. **Training for GPs:** Provide GPs with more ongoing training on how to approach patients with more empathy, care and understanding.
5. **Alternative options to medication:** Patients need autonomy and more options such as therapeutic services to assist with the effects of long term medications.

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Tackling poverty and the increased cost of living



Working in partnership for a healthier borough

Poverty and Health



Impact of poverty on health

Poverty is bad for health and poor health can lead to poverty

- Infant mortality
- Physical and emotional health (children, young people and adults)
- Long term conditions (LTC)
- Life expectancy - including years of healthy/quality life
- Opportunities to implement and adhere to preventative actions such as healthy eating, physical activities, and emotional and wellbeing practices



What Food Insecurity is telling us about Poverty in Lambeth



“The extremely rapid rise in food insecurity since January points to a catastrophic situation for families. Food insecurity puts families under extreme mental stress and forces people to survive on the cheapest calories which lead to health problems. The situation is rapidly turning from an economic crisis to a health crisis. Food banks cannot possibly be expected to solve this.....Bailing out with emergency food parcels is not going to work.”

Anna Taylor, Executive Director of The Food Foundation



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Anna Taylor, Executive Director of The Food Foundation



Summary Findings from a Lambeth Research on Food Poverty and Insecurity (2021)



- 14% had experienced very low food security and an additional 17% experienced low food security in the past 12 months (therefore 31% of residents experience food poverty/insecurity)
- Over this time, 9% said there were times when they were hungry but didn't eat because there wasn't enough money for food
- Those more likely to experience food poverty/ insecurity are:
 - 45–65year olds
 - Households with children
 - Male (more likely very low food security & women more low food security)
 - Those from Black backgrounds
 - Those with disabilities
 - Social housing tenants
 - Those looking for work (to some extent also those unable to work, economic inactive)
- 17% had received food support or assistance in the past year. This included going to a food bank, receiving food from a food distribution service, or from friends and family
- Of those who had not received any food assistance, 18% said it would have helped to have received some and provided reasons why they didn't receive food



What Food Insecurity is telling us about Poverty in Lambeth



25% said it was sometimes or often true that the food they bought didn't last and they didn't have money to get more

24% said it was sometimes or often true they couldn't afford to eat balanced meals

14% had experienced very low food security - there were times in the past year that someone in their household cut the size of their food or skipped meals as there wasn't enough money for food

11% said there were times in the past year that someone in their household had eaten less than they felt they should as there wasn't enough money for food

9% said there were times in the past year that they were hungry but didn't eat as there wasn't enough money for food

81% said improving their health and wellbeing was important to them

79% thought food poverty and insecurity is a significant issue in Lambeth and of those 43% said a very big issue

**Almost 1 in 3 people in Lambeth experience food poverty
(2021)**



Panel



Supporting residents with the cost of living crisis

Current Interventions



As we know poverty is detrimental to the physical and mental health of residents, the Council is creating a programme of support for residents struggling with the increased cost of living.

The following services can currently be accessed by residents in the borough:

- Commissioned support services to working with residents to reduce their utility bills
- Debt and financial advice offers through the Council, advice agencies and on the Health and Wellbeing bus
- Lambeth Council's Household Support Scheme (prev. Emergency Support Scheme) to provide direct award to residents
- Homelessness prevention services for residents at risk of losing their homes





Household Support Fund

Between October 2021-Mar 2022, Lambeth Council received £2.7m from the DWP to support residents who would otherwise struggle to buy food or pay essential utility bills. This fund supported people primarily through the following interventions:

- Holiday provision for families in receipt of free school meals
- Broadening the eligibility criteria of the Household Support Scheme and allowing residents to apply more frequently.
- Providing additional capacity in at-scale food bank/surplus food distribution





Future support for residents

The Council has now received further funding from the DWP to provide support to vulnerable households in most need of support to help with significantly rising living costs. The funding will run 1 April – 30 September.

- Lambeth Council has also received £16m as part of the Council Tax Energy Rebate to provide residents in bands A-D with an additional £150 to support with energy increases
- A further £1.5m has been received by Lambeth Council as a Discretionary Council Tax Energy rebate.
- The Council would like to ensure this funding contributes to a wider borough approach to support residents with tackling the increasing cost of living
- Funding has already been committed to broadening the criteria of the Household Support Scheme further to include more vulnerable households and provide holiday provision for those in receipt of free school meals





Feedback and discussion

Welcome feedback and discussion on:

- Your experience with the increased cost of living
- Your suggestions on how Lambeth may be able to support residents further with the cost-of-living crisis and how we can ensure how we can ensure this funding is reaching residents who need this support most
- Your views on how we can target those who may not be currently engaged with the Council, community groups and/or voluntary sector organisations to prevent crisis-need arising



Report to: Lambeth Together Care Partnership

May 2022

Report Title	Lambeth Together Assurance Sub-Group
Lead	Warren Beresford – Associate Director Health and Care Planning and Intelligence
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 discussed two areas of focus,</p> <ul style="list-style-type: none"> • Primary Care Deep Dive • Planned Care <p>The group received the findings from PWC – Lambeth Together audit report. In addition, 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 Group meeting will be 5 July 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 May 2022.

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Lambeth Together & Integrated Health and Care

Assurance Report May 2022

Lambeth Together Assurance Group 3 May 2022



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1. Executive summary

1.1 Introduction



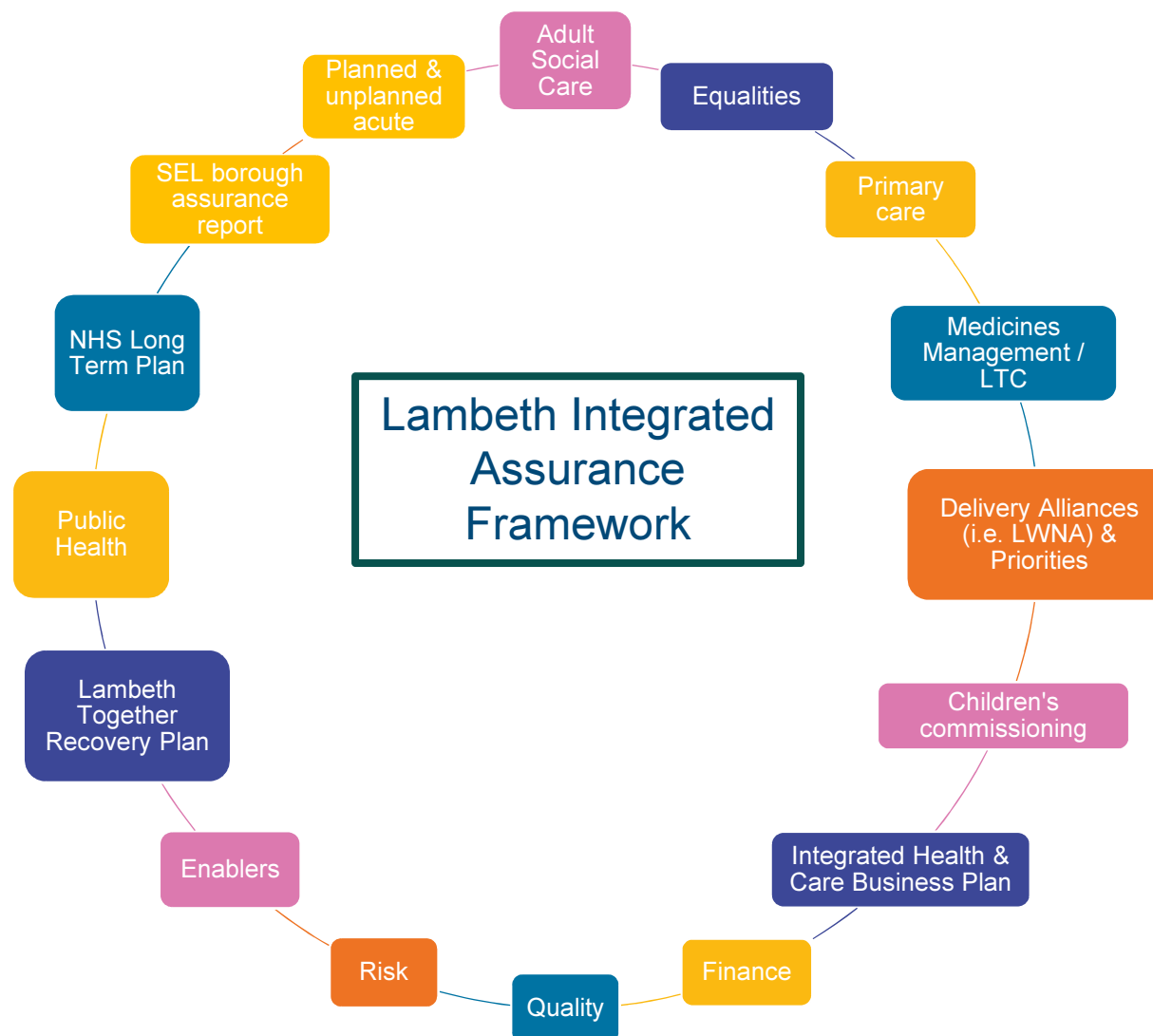
- This report provides in one place an integrated summary of assurance across **Lambeth Together** and **Lambeth integrated health and care** arrangements.
- This report draws upon existing assurance, performance or quality reporting arrangements, and does not seek to duplicate what is covered within 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 May 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
- Red Issues and Risks
- Other Highlights: Enablers, Workforce, Data, Budgets, Communications



Executive Summary

LWNA - The South West Living Well Centre Lead started in Post on 14th March
There was a soft launch of the CAPSA service on 31st March.

LDA - Those with the most complex needs require coordinated care from multiple organisations. Complex discharges will now be managed through a one-system project plan.

Programme – Process of recruitment for clinical and care professional positions.



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

LWNA - Development and Use of Escalation Flow Chart to identify 'Top 6 Red Flags' pre and post admission.

CYP - Two of the three workstreams have agreed their ToRs, have met and are in the final stages of defining and programming their objectives and strategic workplans.

Staying Healthy - Working towards long term aim of embedding prevention and early intervention in the community as a cornerstone of delivery.

EDI - 75% of cases diagnosed at stage 1 or 2 by 2028. New CCPL Cancer Lead & local commissioners to work with SEL Cancer Alliance Early Diagnosis Programme.

Substance Misuse - Commissioners and colleagues working on the 3 year strategic aims for the OHID submission and associated additional funding.

LDA - Lambeth All-Age LDA Steering Group is now established to provide overall partnership governance of local programme of work in six workstreams.

Comms - Decisions by LT Board to refresh Public Forum format and to recruit Patient/Public Voice members support long term objective to ensure there is involvement of local people at all 'levels' of LT work.



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

NWDA - Engagement focus groups to explore the link between loneliness & unemployment for young black adults.

LWNA - An analysis by ethnicity and source of new introductions to Lambeth SPA, received in M11 February, shows that all sources continue to show much higher rates of referral to SPA for Black, Asian and minority ethnic service users (at 52% in M11 Feb) than would be expected given Lambeth demography (35%).

LDA -Securing funding to help care to be delivered closer to home, offers more culturally appropriate services, better connectivity to communities and better opportunities for family connection.

CYP - Conversations are ongoing with alliance partners regarding inequalities funding bids.

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 – We hope to join the national Core20PLUS Connectors programme, and recruit Community Connectors who could act as signposts, advocates for Lambeth residents affected by high blood pressure.

Comms - Insights gathered and new resources developed to support delivery of campaign for at risk and healthy 5-11 year-olds, spring booster doses 75+ and at risk, and BAME hesitant e.g. bus driver case study.

Staying Healthy - Weight management pilot successfully targeted at those with highest need (uptake 82% BAME and 96% with LTCs).



Benefits / Deliverables Update – Better Population Outcomes

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

LWNA - Working with CLaSS, LBL ASC & commissioning to develop a “discharge to assess” model for people on the acute ward and initial placements identified to test this model are Riverside and the Turrets.

EDI/LDA - Severe Mental Illness (SMI): ensuring annual health checks for 60% of those living with SMI will be supported by the Lambeth Primary Care Incentive Scheme.

Staying Healthy - More integrated and joined-up support and partnership working across health, social care, housing and the VCS e.g. delivery of weight management pilot project and rollout of Citizens Advice welfare support for low-income residents through health and wellbeing bus and hubs.

Substance Misuse - Successful targeted work to Rough Sleepers and those in the criminal justice system.

LDA - During 2021 five people were successfully discharged from inpatient settings to community placements after intensive MDT support. Capital funds from NHSE secured to purchase accommodation for person at risk of admission.

Comms - Recruitment of Public Voice members to LTCP Board – role descriptions and adverts in development.



Partner or wider system requests and blockers stated

Staying Healthy - (repeat request) Sharing of primary care data to enable case finding model across the borough (currently being piloted in North Lambeth between PCN and GSTT).
(new request) Remobilisation of capacity to deliver the NHS Health Check programme, targeting those at highest risk.

Sexual Health – re digital tool: Recruitment of a Business Analyst and Project Manager is taking time. We need to hand over delivery of the project – the development of the sexual health digital tool - from our consultants on the Future Insights Partnership Project to a Project Management Office (PMO). It is in the meanwhile being held and led by the AD for Digital (Residents' Experience).

Substance Misuse - Initial delays to new Government Strategy and awaiting guidance on menu of interventions aligned to funding from Strategy. This has now been released alongside the Lambeth actual allocated funding. Commissioners are now working across Lambeth systems to refresh our strategic trajectory with a submission date of 11th May 2022.



Achievements and Opportunities

CYP - Successful Easter HAF programme; PH Nursing changes through significant governance steps.

Staying Healthy - Delivery of pilot community based weight management project.

EDI – Funding to host health and wellbeing events in May.

Substance Misuse - The Treasury have confirmed Lambeth's actual additional Grant funding for the next three years as part of the Govt ten year strategy.

Red Issues and Risks

LDA – 1) Covid-19 vaccination for people with LDA - Current progress shows 72% of those recorded on Lambeth GP Learning Disability register have received the second dose. 2) Finding good quality care provision close in London continues to be difficult particularly for those with complex needs and behaviour that challenges.

CYP - System capacity to engage in workstreams; and ensuring no duplication with other projects at Place and SEL.

Sexual Health - The Business Analyst and Project Manager are not hired by end of April. MITIGATION: Amanda, AD of Digital (Residents' Experience) is acting as Project Manager and holding/leading the development work until these staff are in place.



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 Alliance Workforce Strategy and Milestone Plan are being finalised with Alliance HR leads and Alliance staff.

CYP - Discussions held with Comms team and first draft of CYP Alliance information for Lambeth Together web page and Children Services updates will be reviewed and signed off in June. Conversations begun with Black Thrive as to how we can form an appropriate emotional health and wellbeing outcomes framework.

EDI - NDA 20-21 audit period (Jan 20 to Mar 21) – 68.5% of patients with Type 2 diabetes and a learning disability had all 8 care processes measured.

LDA - Opportunity: to develop the all-age approach to an integrated health and care offer for people with LDA by bringing together the expertise and resources in different organisations.

Substance Misuse - Commissioners and colleagues working on the 3 year strategic aims for the OHID submission and associated additional funding.

2.2 Equalities indicators



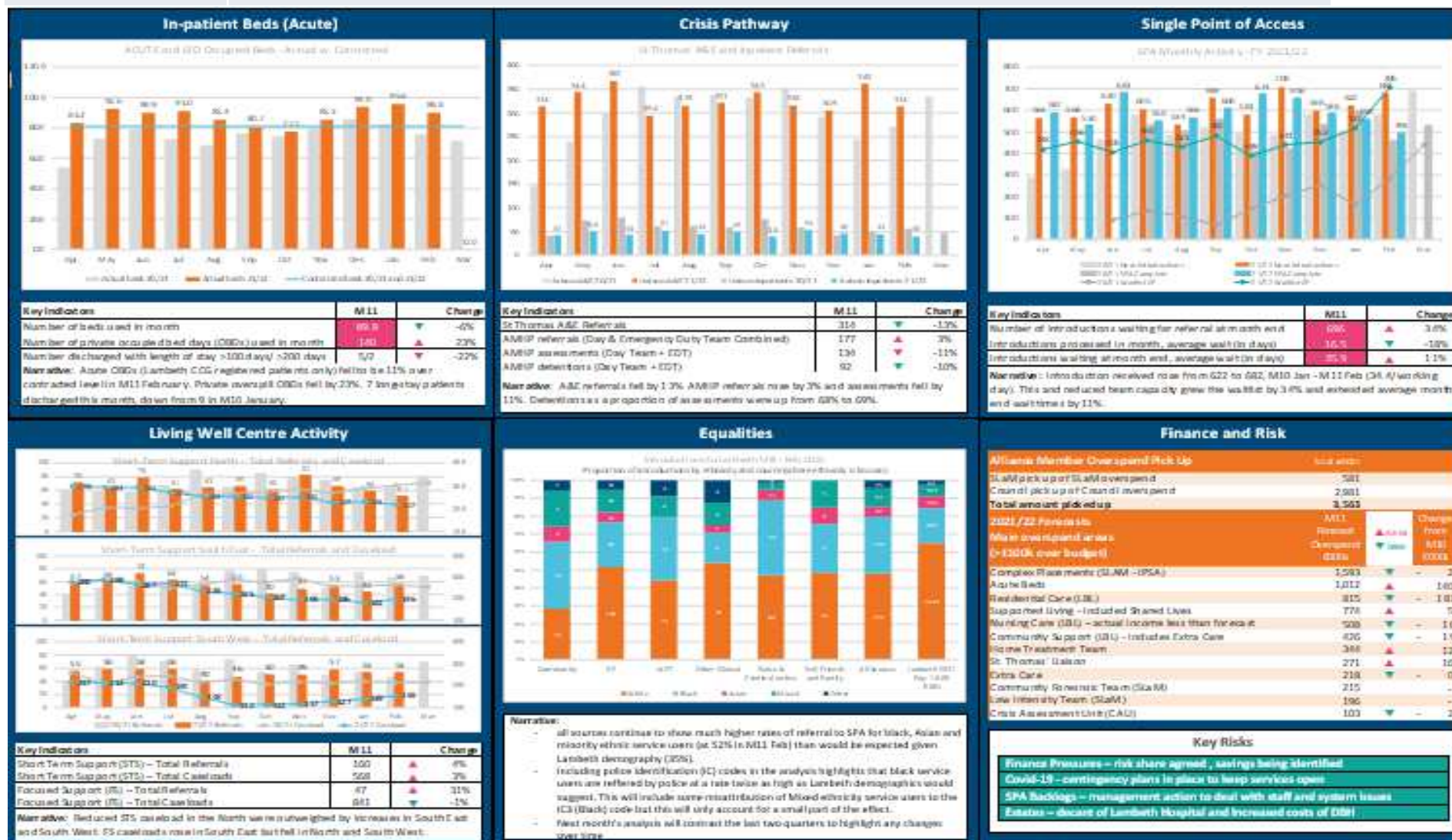
Equalities

- Reducing inequalities is fundamental to our ways of working and ambitions as described within Lambeth Togethers work, delivery alliances, Recovery Plan and programme approaches.
- There are a number of key equalities indicators already included within this report, for instance Severe Mental Illness health checks, Adults with Learning Disabilities health checks, and public health indicators.
- The 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 Future NHS Equality Health and Inequalities Network and developing Health Inequalities and Improvement Dashboard (HIID).
- Locally we are in the process of refreshing the Joint Strategic Needs Assessment (JSNA) which will identify areas of inequality and will inform EDI group on future metrics to consider.
- Lambeth Together Development Manager (EDI) is now in post and will support and progress this work.

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 11, February 2022



2.3 Alliance Dashboard Highlights - continued



- The other delivery alliances will continue to report progress against key activities and priority areas through the Lambeth Together Programme Highlight Reports in section 2.1.
- Over time, as with the LWNA, the other delivery alliance will be developing outcome monitoring dashboards and these will be included here in section 2.3.



3. Integrated Health and Care assurance summary

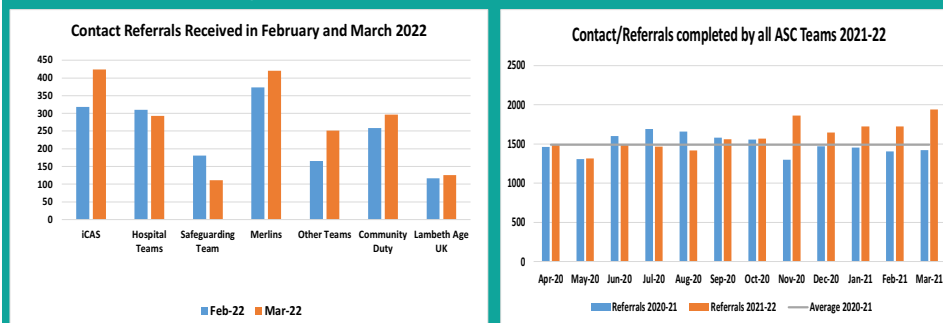
3.1 Adult Social Care



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

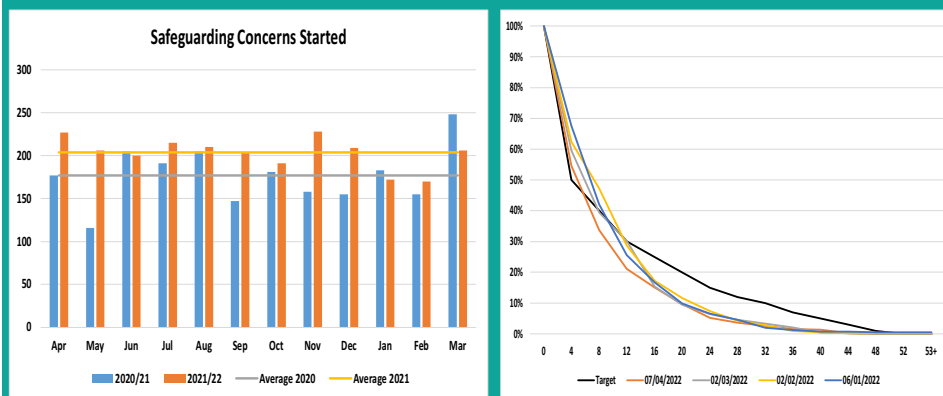
Overall Contact/Referrals completed by all teams

- A total of 1941 contact/ referrals in March, this represents an increase of 10% from previous month.
- 273 (14%) were raised as Safeguarding Concerns, representing a 1% increase from previous month. 420 (22%) raised were Merlin Adult Come to Notice reports, most significance increase reported was in iCAS.



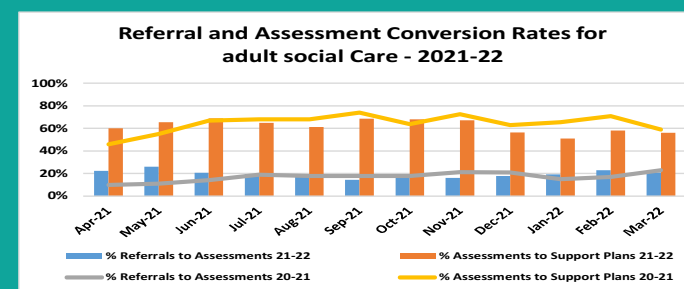
Safeguarding Information

- The number of cases started in March have increased by 36 (21%) from the previous month.
- There are no cases open for 12 months or more.

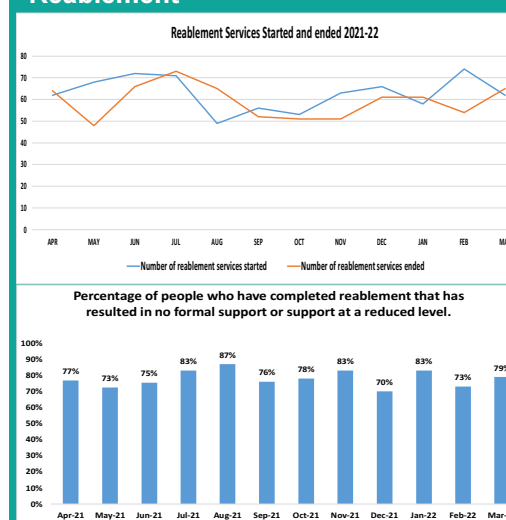


Overall Contact/Referral and Assessment Conversion Rates

- Conversion rates from contact-referrals to assessments has decreased by 2% in March to 21%. If Merlin referrals were excluded then this would increase to 26%.
- Conversion rates for Assessments to support plans have decreased by 2% to 56% in March.



Reablement



There has been an average of 63 services started per month.

There have been a total of 65 people that completed reablement in March and of those 51 had no ongoing support or support at a reduce level.

3.2 Public Health

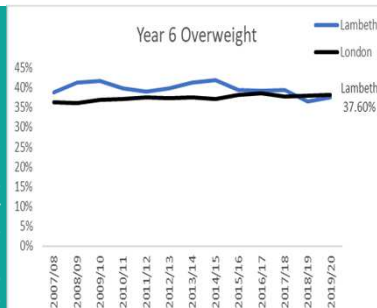


Director / lead	Ruth Hutt, Director of Public Health
Management Lead	Ruth Hutt, Director of Public Health
Data source / period	Vince Wakfer Head of Business and Performance Public Health Data: Fingertips and Service Monitoring

Year 6: prevalence of overweight

No data update since last reporting.

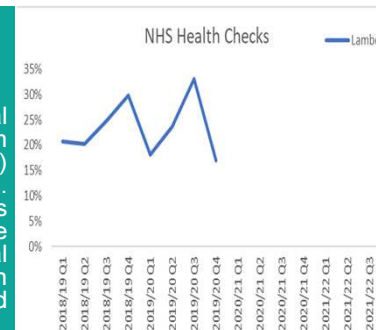
Due to Covid-19, for NCMP 2021/22 local authorities were asked to take measurements from only a sample of schools (rather than every school) to form a nationally representative sample of 10%. Since the volume of data collected at local level is much lower than in previous years, prevalence estimates 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.



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.



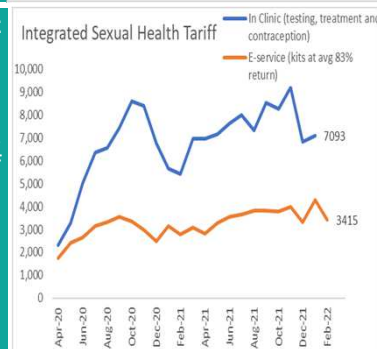
In Clinic and E-Service STI Testing & Treatment and Contraception

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:

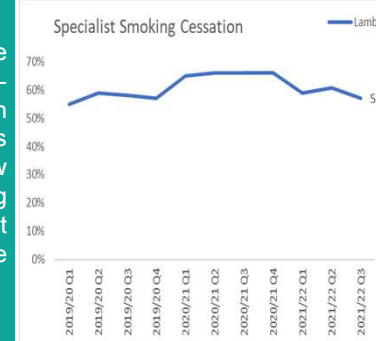
In clinic: 10,408

E-service: 1,860



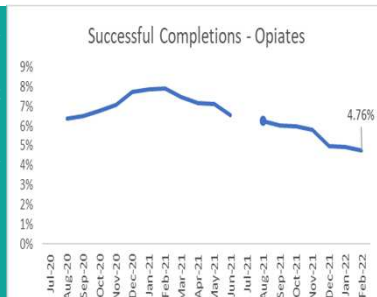
Success Rate at Smoking Cessation Services

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.



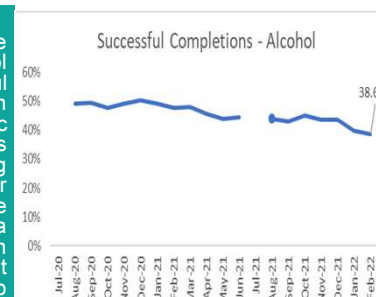
Successful completion of drug (opiate) treatment

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 treatment 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)

Covid response

Covid Response team services, excepting the vaccination uptake programme, largely ceased from 1 April 2022 following the removal of all remaining regulations put in place in response to the Covid-19 pandemic. This was in line with HM Government's strategy to enable the management of Covid-19 like any other respiratory illness outlined in its 'Covid-19 response: Living with Covid-19' strategy. This followed the removal of some testing requirements and all contact tracing from 24 February 2022.

Testing

- From 1st April free universal symptomatic and asymptomatic is no longer provided. Free symptomatic testing will remain for social care staff and at-risk groups
- Guidance on testing in adult social care and care homes has now been released.
- The testing rate in the borough has dropped substantially with significant under-reporting expected given recent government announcements.

Contact tracing

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

Self-isolation support

- National self-isolation support, including support payments, ended on 24 February.
- Record numbers of support payment applications were made during the omicron wave. No further funding for self-isolation has been made therefore any isolation support will need to be met through existing financial support schemes (namely the Household support/emergency support schemes)
- Lambeth's local stay home safely support service continued to operate until 31 March 2022.

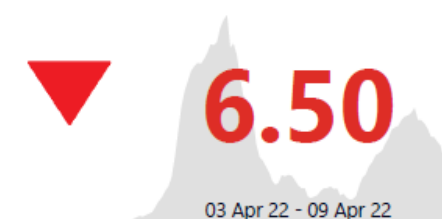
Vaccination uptake

- 60% first dose uptake; wide variation in uptake across ethnicity (White British population -79% uptake, Black Other 39%) and age (70-74yo – 80%, 12-15yo – 38%)
- 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 completing by first week of May via GSTT/AT Medics, healthy 5-11 programme underway via community sites, 4th dose programme for vulnerable underway
- Health and wellbeing bus delivering in-reach vaccination to vulnerable and targeted (e.g. construction) settings

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



Individual positivity levels³ in the last 7 days



Total number of confirmed COVID-19 cases⁴



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



Beds occupied by confirmed COVID-19¹ patients, GSTT and KCH - Denmark Hill



HDU/ITU beds occupied by confirmed COVID-19¹ patients, GSTT and KCH - Denmark Hill



3.3 Childrens Commissioning



Director / lead	Jeanette Young, Director of Children's Commissioning and Community Safety
Management Lead	Dan Stoten, Integrated Associate Director - Children's Commissioning
Data source / period	SLaM 4 boroughs Community Performance Report March 2022, Lambeth Council Pentana as of April 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. We will update the group once Public Health releases more information on this programme.

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	32	26	25	35

Childhood immunisations in primary care

- The Quarter 3 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: 87.83% (London average 86.6%)
 - Children receiving DTaP/IPV/Hib % at 24 months: 86.2% (87%)
 - Children receiving DTaP/IPV/Hib % at 5 years: 90.2% (90.4%)
- MMR performance for Quarter 3 2021/22 (compared with the London average)
 - Children receiving MMR1 at 24 months: 51.8%* (78.5% London)
 - Children receiving MMR1 at 5 years: 86.2% (87.9%)
 - Children receiving MMR2 at 5 years: 78.3% (73.8%)

* 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. We will update the group once Public Health releases more information on this programme.

Domestic Violence

- The proportion of repeat cases heard at MARAC has decreased to 21% in Q4 2021/22 from 30% in Q3 2021/22. The target is set at 34% and in Q4 we are below the national best practice target rate. This decrease may be due to a lower number of repeat referrals coming from our specialist IGVA service, which referred 21 repeat cases (44% of all repeat cases) in Q3, and only 10 (31% of all repeat cases) in Q4. This may be due to staffing changes and capacity difficulties in specialist frontline services, who are often the referral source for repeat cases. This is being addressed with the service through contract monitoring and we have addressed the decrease with all the MARAC representatives and asked them to consider whether victims/survivors they are working with have experienced repeat incidents and require a repeat MARAC referral. This will be monitored and escalated if it has not improved in Q1 2022/23.

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

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 28 February 2022. Source: ImmForm.
- Borough Average (national target for March 2022)
 - 65+ years olds 63.3% (85%)
 - At Risk 37.6% (75%)
 - Pregnant Women 32.3% (75%)
 - 50-64 Year olds 33.2% (75%)
 - 2 year olds 40.8% (70%)
 - 3 year olds 39.8% (70%)

Learning Disability Annual Health Checks

- The Learning Disabilities (LD) health check scheme is one of several GP enhanced services as well as being in 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 February 2021/22 shows 973 (67%) service users have had an annual check against a year end target of 75%.
- The Q3 operational target of 790 service users having an AHC is a challenge, however Lambeth services have met the year-end target in previous years.
- There are inherent challenges under a pandemic backdrop and winter pressures though services are being supported.

Covid Vaccinations – primary care

- Walk-in clinics continue to operate across a number of settings including Local PCN Vaccination Sites, Hospital sites, Pharmacies as well as the Health and Wellbeing Bus to provide an evergreen offer to those who have either not taken up an offer of a vaccine or have had at least one vaccine but not taken up other eligible offers.
- The Spring Booster Vaccination programme has commenced for eligible cohorts: care home residents adults aged 75 and over and immunosuppressed patients aged 12 and over. A Spring booster plan has been developed to facilitate uptake amongst these eligible cohorts.
- Vaccination programme for children aged 5 to 11 has commenced with adequate provision within the borough.
- Following Government guidance to utilise NHS sites for future vaccination provision, Montgomery Hall, one of the main vaccination centres has closed with provision moved to Ackerman Medical Centre.
- 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.
- Principles to inform future commissioning of vaccinations is currently being developed with a focus on addressing health inequality, accessibility, long-term sustainability and collaboration with community services.

CQC Ratings – May 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.

3.5 Medicines Optimisation / Long Term Conditions



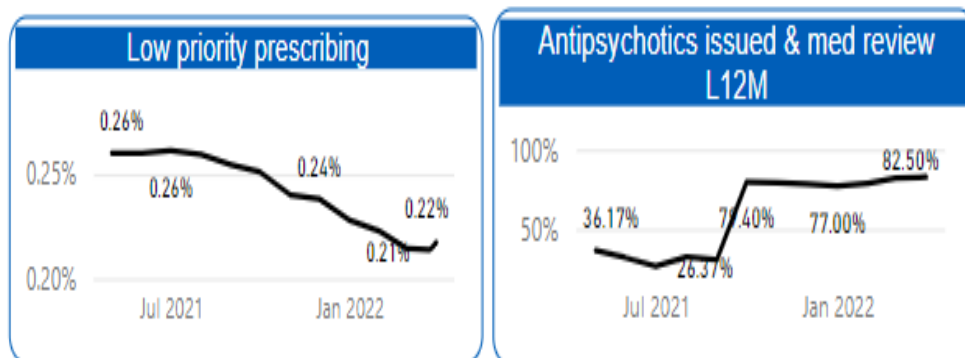
Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Vanessa Burgess, SEL Chief Pharmacist & Director Medicines Optimisation and Long Term Conditions Jenny Sivaganam and Finlay Royle, Assistant Directors Medicines Optimisation and Long Term Conditions
Data source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

Lambeth Together Medicines and Clinical Pathways Group (MCLiP)

- The Group supports the delivery of medicines and long term condition (LTC) optimisation priorities of the Lambeth Together strategic alliances by developing and implementing strategies to promote high value, safe, effective medicines in LTC management within Lambeth. It has met six times since April 2021.
- Membership is formed of representatives from the Governing Body, Primary Care Networks, 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 being finalised 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 (Apr 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.
 - Extended access to walk in vaccination services at Community Pharmacies (CP). Following the first phase in Summer 2021, we have established walk in opportunities with extended opening hours via many of our pharmacies to the end of March 2022.
 - Community Pharmacy Vaccine Champion Scheme (20/66 Lambeth pharmacies): 2,874 patient contacts during the full period of the service, resulting in 1,307 COVID-19 vaccines being administered, giving a 45% success rate.

Community Pharmacy Consultation Service

- The GP-Community Pharmacy Consultation Service (GP-CPCS) has been 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 be recommended treatment (if necessary) for a range of conditions. 92% of pharmacies have signed up and engaging with the service. Pharmacies have nominated lead PCN pharmacists to coordinate implementation for pharmacies. 8 out of 9 PCNs have made referrals with a total of 173 referrals made, as of March 17th 2022. An EMIS add-on, 'Patient Access', has been commissioned as the digital referral tool.

Cardiovascular diagnostics

- New provision of community Electrocardiogram (ECG) and Ambulatory Blood Pressure monitoring (ABPM) has been embedded since May 2021 and currently six community venues are providing these diagnostics in Lambeth. The service has improved access for Lambeth people to receive care closer to their homes and has reduced waiting times for these booked diagnostic services.

Respiratory Diagnostics

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

Diabetes treatment and care

- Preliminary National Diabetes Audit 2020-21 data shows 64.4% of people in Lambeth with T2D had 8 Care Processes recorded, highest borough achievement in London and 2nd in England. The Care Processes are an evidence-based measure of whether patients are being supported to manage their condition, improve health outcomes and reduce the occurrence of diabetes complications.

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, May 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.

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, May 2022

Personal Health Budgets

- Lambeth is currently achieving 409 (as of March) 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 – Q4 2021/22							
Target – 2021/22	451	644	558	622	515	494	3,284
Q4 2021/22	459	1,235	706	409	135	356	3,300

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	May 2022

Urgent Care

- The Lambeth and Southwark Urgent & Emergency Care Board continues to submit a monthly highlight report detailing milestone updates, risks and any issues. Headlines for April 2022 report included:
 - A. There has been an increase in activity at GSTT and KCH DH in excess of pre-Covid figures including paediatrics.
 - B. Missed Opportunity Audits have been completed at both GSTT and KCH DH. The reported outcomes are expected in May/June
 - C. LAS workshop held in March 2022 with good representation from all providers – prevention of handover delays SoPs to be embedded across all sites
- April 2022 is the last requirement for monitoring/tracking of Winter Initiatives return. Providers will now start preparing for Winter 2022/23 utilising the evaluation of 2021/22 actions and schemes.

Planned Care

- AQP Adult Community Audiology service procurement process has been completed with 3-year contracts being awarded to six providers (20th April start date).
- Lambeth Community Dermatology Clinic established.
- Mapping existing MSK pathways as part of the wider SEL MSK programme - aiming to reduce variation/align services.
- Work continues on improving cancer screening rates particularly cervical, bowel and breast.
- Number of regional priorities identified to be added to the work programme including cardiology and urology.

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, May 2022

SMI Physical Health Checks

- Quarter 4 performance in this area is below the national standard of 60%. 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. Performance improvements in 21/22 was challenging due to Priorities align with Covid vaccination programme. Performance improvements in 21/22 was challenging due to
- 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 (Q4 2021/22) – target 60%							
% patients receiving check	37.0%	31.1%	8.7%	38.7%	33.1%	47.3%	33.4%
Trend since last quarter	+5.4%	+9.8%	-4.2%	+5.7%	+3.9%	+9.0%	+4.9%

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 January 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 January 2022 Lambeth continues to be the top performer in SEL.

	Standard	Lambeth
IAPT Access Rate – rolling three months	6.2%	*
IAPT Recovery Rate – rolling three months	50%	53.5%
IAPT Waiting Times 6 weeks	75%	96.3%
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	65.7%	45.1%	68.4%	75.4%	72.4%	73.4%	69.0%
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.

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

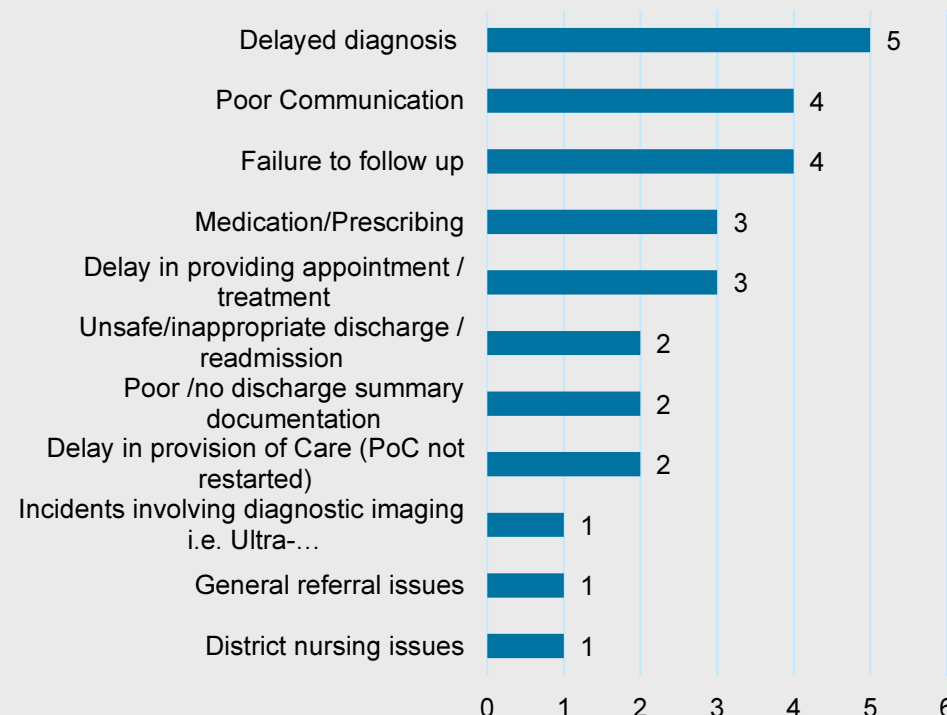
Quality Alerts (Themes & Trends)

There were 28 Quality Alerts raised in Lambeth in March 2022.

- Top key themes from the Lambeth in March :
 1. Delayed Diagnosis
 2. Poor Communication
 3. Failure to follow up
 4. Medication / Prescribing
 5. Delay in providing Appt/ Treatment
- Actions taken by the CCG:
 - The Quality Team ensures that each alert raised is resolved between the parties involved.
 - Any themes and concerns are included in the bulletin / quarterly reports and shared with stakeholders across SEL with a view to learning from the alerts to improve care and service provision.

Trust/Provider	No. of QAs
Guys and St Thomas' NHS Foundation Trust	17
King's College Hospital NHS Foundation Trust	4
St George's University Hospital NHS Foundation Trust	2
Beckett House Practice	1
Lambeth Walk Group Practice	1
South East London 111	1
Streatham High Practice - AT Medics	1
Xyla Diagnostics	1

No. of QAs By Category



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

Serious Incidents Overview

- The graph and tables show locally the number of Serious Incidents by category, SIs by provider and trend summary.

Trust/ Provider	No. of SIs
Guys and St Thomas' NHS Foundation Trust	5
Kings College Hospital NHS Foundation Trust	4
South London, and Maudsley NHS Foundation Trust	1

Trends	No. of QAs
Deteriorating Patient	3
Unexpected admission to NICU	2
Departmental Processing Procedure	1
Fall	1
Safeguarding - Adults	1
Self-Harm	1
Surgical Incident	1

No. of SIs Reported By Category





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. Still not fixed. Has been escalated to senior Management within Datix.
- Lambeth Together risk has been closed as primary driver was Covid-19. New risk opened to reflect current landscape. Gaps in Controls and Assurances to be added.
- Estates risk to be looked at by GM and MB with a view to possibly closing and adding new updated risks.

Risk Forum

- The latest Risk Forum took place on the 11 March 2022.
- Governance deep dive was completed. All risks are relevant and up to date.
- Have sent our two safeguarding risks to the SEL Quality and Safeguarding team for oversight.

ICS Transition

- No further information as yet on how Risk Management will look in the new ICS. Will update when information 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 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, Centrepont 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., SLAM are pausing accepting 'green' pathway referrals for up to 3 months from April in order to mitigate the demands of significantly increased complex referrals and significant challenges with workforce.	9	Monthly contract monitoring meetings in place with SLAM enabling drill down into performance issues rapidly, Monitoring of this indicator at council as well as CCG level, MHST Implementation		3
129	Failure to reduce diagnostic waiting times for children and young people awaiting an Autism or ADHD assessment.	8	Transformation funding proposal from Evelina London is going through contract management meetings route in order to build paediatric capacity to manage this., ADHD working group ongoing aimed at better apportioning the resource between SLAM and Evelina to enhance pathway, The additional capacity in place is overseen by Evelina Contract Management meeting - any issues escalated and managed there.	6	Bi-monthly contract monitoring meetings with Evelina., Monthly ADHD meetings with Evelina and SLAM.		4
130	There is a risk that the CCG will not meet budget or performance requirements for Prescribing and Continuing Health Care in 2021/22. This could contribute to an in-year and underlying financial pressure for the CCG.	16	Budget controls have been negotiated into CHC contracts with our major providers, Robust CCG governance through Finance and service working groups in place to mitigate any potential impact of under-delivery., Monthly monitoring of spend and also Cat M and NCSO spend, reduced Qipp Recovery Plan from Q3 due to capacity of team and providers to deliver but also for safety e.g. no drug switches to avoid destabilising the supply chain. Also non deployed CCG MM teams still linking in with practices but focus is on system and pathway work e.g. increasing electronic repeat dispensing which may support QIPP, SEL rebate schemes continue to be processed, Continue to focus on areas of potential savings and value improvement as well as any emerging pressures, Additional capacity secured to support the team including financial specialist who has helped cleanse and analysed data, usefully identifying underlying trends. Routine catch-up sessions with SEL finance team in place to maintain co-ordinated working	12	CCG assurance processes in place through service specific focus groups and overseen by detailed review through the SEL Planning and Delivery Group. Further, this control ensures the risk is monitored with exceptions discussed at SEL level Meds mgt and finance meetings. This control attempts to minimise the risk as well as prioritises urgent COVID-19 decisions		8

5.1 Risks highlights



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

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
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., All Trusts have in place the appropriate personnel, policies, training strategies and supervision frameworks to safeguard children, The Strategic Director for Integrated Health and Care, Safeguarding Lead Director and Designated Safeguarding Children Professionals have led the transitional period from LSCP to LSCB	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 LCSB 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 LCSB 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, Lambeth managerial lead for safeguarding children is the Director of Children and Young People's Commissioning and Community Safety, The Safeguarding Lead Director coordinates the Health Agencies contribution to the LSCP and Chairs the CCG Safeguarding and Children Looked After Children Working Group (SLAC)., LSCP has revised and refreshed the working subgroups to strengthen the focus on key priorities and to implement local and national learning from Child Safeguarding Practice Reviews (CSPR). All 3 safeguarding partners have equal and joint responsibility for local safeguarding arrangements		5

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 ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
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, new Lambeth Lead to start in post January 2022, Borough leads contributed to new safeguarding governance structures for ICS	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	Enhanced SG assurance frameworks for major providers, Primary Care Level 3 safeguarding training Lack of Care Act compliance with SG policies in Primary Care Domestic Abuse training/ referral pathway in Primary Care	8
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. 2nd visits to schools being completed., Health and wellbeing bus in place throughout the borough in places of low uptake to help with hesitancy, answer questions and encourage uptake	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

5.1 Risks highlights



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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 ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
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
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.	6	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., 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, SELCCG wide BC Exercise gave assurance that staff are aware of roles and responsibilities in the event of an incident and contact cascade is in place and working effectively, Staff complete annual training on Data Security.	Some Staff have not updated their annual training, reminders at staff briefings and updates on training are taken to management training to keep momentum going	6
145	Risk of failure to plan for future premises needs across Lambeth. Sites include Clapham Park, Crown Dale, Waterloo Health Centre and Nine Elms Vauxhall.	9	CCG Senior Estates Project Manager in place since December 2018., CIL Funding approved for Phase 2 of the project and secured for Clapham Park Project, Phase 2 pre-planning complete, tender process complete and main contractor appointed for Clapham Park., Funding of feasibility study by CCG for Waterloo Health Centre, CCG is funding project post with Wandsworth CCG and NHSE, Funding proposal submitted to Lambeth Council for NEV project.	9	Regular updates to LCCG BBB, Regular discussion with Practices/NHSE, Monthly NEV Health Programme Board – with Wandsworth CCG, LBW and LBL, Regular discussion with Practice/NHSE PAU NHSPS (as landlord of Crown Dale)		4

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 ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
308	Risk that system-wide pressures and developments (linked to Covid-19 pandemic, wider system demand pressures, and national and regional transition to an ICS) impacts Lambeth Health and Care services/partners to the extent that it constrains the transformation programme for Lambeth Together to improve health and reduce inequalities in the borough through integrated working.	16	<p>The Lambeth Together programme has continued to operate effectively throughout the pandemic; utilising integrated working to manage Covid-19 response and recovery.,</p> <p>Officers are ensuring there is balance between transformation and pandemic management; managing immediate demands and longer-term objectives.,</p> <p>The partnership shifted their strategic direction to one of Covid-19 recovery and this has formed the basis of the programme development.</p>	16	<p>Weekly Lambeth MT and Executive meetings - divided space between Borough Pressure operational information sharing and partnership working with LT development and transformation work. Focus on Covid recovery programme areas.</p> <p>Participation in SEL Executive, LBL Management Board SEL Planning and Delivery Group, Directors Network and other service oversight groups to ensure assurance and overseen by detailed review through the Lambeth Together Care partnership. Further, this control ensures the risk is monitored in partnership with stakeholders at LT programme meetings.</p> <p>Addition of new Lambeth Together Assurance sub committee reporting into LTCP on a bi monthly basis - Focus on ensuring that alliances are moving forward with programme of delivery,</p> <p>Lambeth Council Covid team to oversee the response and management of Covid across the partnership - FTE Lambeth Together Programme Lead in post with focus on return to transformation and development of ICS.</p>		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 (M11 2022) Lambeth Borough (SEL CCG)

- The M11 (February 2022) year to date budget is £164.2m and full year budget is £179.6m. The borough is reporting an overall year to date position of £114k underspend and forecast position of £509k underspend.
- Continuing Care: The year-to-date reported position includes Continuing Health Care (CHC) year to date £894k 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 £894k year to date overspend is built off the patient database and risk adjusted for identified reporting issues.

2021-22 (M11 2022) Lambeth Council

- Adult Social Care is forecasting to breakeven for 2021/22, as of February 2021. However, this position is funded by use of reserves and grants to alleviate staffing and third-party payments pressures, other short-term projects and additional care costs incurred from the response to the pandemic. If non recurrent resources are excluded there is an underlying position of £3m overspend which is a resource pressure for future years, made up mostly of third-party budget pressures in Learning Disabilities residential care and Mental Health residential and nursing care. Funds carried forward from 2020/21 for staffing and provider support will also be used to offset additional expenditure in year.
- 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	H2	Half 2, referring to the last 6 months of the financial year, October - March
AHC	Annual Health Check	HDP	Hospital Discharge Programme
AQP	Any Qualified Provider	ICS	Integrated Care System
BAF	Board Assurance Framework	KCH	King's College Hospital NHS Foundation Trust
BI	Business Intelligence	KPI	Key Performance Indicator
CCG	Clinical Commissioning Group	LBL	London Borough of Lambeth
CCLP	Clinical Care Professional Lead	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

A1 Glossary



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

Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
MLTC	Multiple Long-Term Conditions	VAWG	Violence Against Women and Girls
MO	Medicines Optimisation	VCS	Voluntary Care Sector
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		
ToR	Terms of Reference		

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