

LAMBETH TOGETHER STRATEGIC BOARD

Date: **Wednesday 20 July 2022**

Time: **1.00 pm**

Venue: **THB-06 and Microsoft Teams**

Members of the Committee

Dr Di Aitken	Lambeth Together Care Partnership Co-Chair and Delivery Alliance Clinical and Care Professional Lead
Ruth Hutt	Director of Public Health
Fiona Connolly	Strategic Director of Children's Services
George Vegrhese	Chair of GP & Primary Care Clinical Cabinet
Adrian McLachlan	Delivery Alliance Clinical and Care Professional Lead
Raj Mitra	Delivery Alliance Clinical and Care Professional Lead
Cllr Jim Dickson	Cabinet Member for Healthier Communities and Lambeth Together Care Partnership Co-chair (job-share)
Cllr Ben Kind	Cabinet member for Children and Young People
Natalie Creary	Programme Director, Black Thrive
Sue Gallagher	LT Lay Member
Andrew Eyres	Place Executive Lead, Strategic Director, Integrated Health & Care NHS SE London ICS (Lambeth) and Lambeth Council
Sarah Austin	GSTT NHS Foundation Trust
Julie Lowe	Kings College Hospital NHS Foundation Trust
James Lowell	South London and the Maudsley NHS Foundation Trust
Therese Fletcher	Managing Director, Lambeth GP Federation
Paul Coles	CEO, Age UK Lambeth
Natalia Sali	Healthwatch Lambeth Chief Executive (until 1 August)
Mairead Healy	Healthwatch Lambeth, Chief Executive (from 1 August)
Penelope Jarrett	Chair Lambeth LNC

Further Information

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

AGENDA

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Lambeth Together Care Partnership Public Forum and Board Meeting in Public

Wednesday, 20 July 2022
1 pm to 4.30pm
Lambeth Town Hall - Basement Committee room
AGENDA

Members of the public are welcome and encouraged to attend the public forum and Board meeting in person or via [Teams link](#).

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>		Cllr Dickson
2 p.m.	Board Meeting in Public		
1.	Introductions Welcome, introductions and apologies		Dr Di Aitken
2.	Declarations of Interest Members are asked to declare any interests on items included in this agenda. Members will be presented with the register of interests.		Dr Di Aitken
3.	Review of Minutes Approve minutes and review matters arising from the Board meeting on 25 th May 2022.	Paper enc.	Dr Di Aitken
4. 2.10pm	Lambeth Together Update An update summary to the board of key developments since the last board meeting.	Paper enc.	Andrew Eyres
5.	Lambeth Together Assurance Board members are asked to note the	Papers enc.	Sue Gallagher / Warren Beresford

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
2.20pm	accompanying report from the Lambeth Together Assurance Sub-Group.		
6. 2.30pm	Governance and Leadership To inform the Board of the newly established South East London Integrated Care System, including the full membership of the Board and associated governance.	Papers enc.	Andrew Eyres
7. 2.40pm	Lambeth Together Strategy Development To update the board on timeframes with regional and place-based strategies and progress in developing our Health and Wellbeing Strategy.	Presentation enc.	Sophia Looney
8. 2.55pm	Next steps for integrating Primary Care Board members to receive a summary of the <i>Fuller Stocktake Review</i> and discuss local implications.	Presentation and papers enc.	Garry Money / Dr. George Verghese
3.15pm	BREAK		
9. 3.30pm	Child Friendly Lambeth To inform and update the Board on the Child Friendly Lambeth programme's purpose, progress and plans going forward, and to identify areas of collaboration and engagement.	Presentation enc.	Cath Millington / Francesca Wickens / Finnian Anyanwu
10. 4.00pm	Lambeth HEART Board members to receive an outline of the Lambeth HEART (Health Determinants Research and Evaluation Network) bid to the National Institute for Health Research (NIHR).	Presentation enc.	Jennifer Curley / Hiten Dodhia
11. 4.30pm	AOB Close Date of next meeting: 7 th September 2022 – Public forum 1-2pm and Board meeting in Public 2-5pm		Dr Di Aitken



LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

Wednesday 25 May 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:

- [Public Forum to Item 7](#)
- [Item 7 to end of meeting](#)

Members Present:

Dr Dianne Aitken	NHS SEL CCG Neighbourhood & Wellbeing Delivery Alliance Clinical Lead – Co Chair
Councillor Jim Dickson	LB Lambeth – Co Chair
Councillor Ben Kind	LB Lambeth
Andrew Eyres	NHS SE London CCG (Lambeth) and LB Lambeth
Adrian McLachlan	NHS SEL CCG (Lambeth) Living Well Network Alliance Clinical Lead
Penelope Jarrett	Lambeth Local Medical Committee
Ruth Hutt	LB Lambeth
Rajive Mitra	NHS SEL CCG (Lambeth) Children and Young People Alliance Clinical Lead
George Verghese	GP and Primary Care Clinical Cabinet Co-Chair
Julie Lowe	Kings College NHS Foundation Trust
Sue Gallagher	NHS SEL CCG (Lambeth)
Sarah Austin	Guys and St Thomas' Foundation Trust
Paul Coles	Age UK Lambeth

In attendance:

Amanda Coyle	NHS SEL CCG (Lambeth) Lambeth Neighbourhood & Wellbeing Delivery Alliance
Bimpe Oki	LB Lambeth
Edward Odoi	NHS SEL CCG (Lambeth)

Sabrina Phillips	NHS Sel CCG (Lambeth) Lambeth Living Well Network Alliance
Tom P Barrett	LB Lambeth
Sulaimon Quadri	NHS SEL CCG
Jo Fernandes	NHS SEL CCG (Lambeth)
Peter Hesketh	LB Lambeth
Richard Outram	LB Lambeth
Catherine Flynn	NHS SEL CCG (Lambeth)
Juliet Amoa	LB Lambeth
Jane Bowie	LB Lambeth
Sophie Taylor	LB Lambeth: Lambeth Together Programme Lead
Guy Swindle	NHS SEL CCG (Lambeth)
Cheryl Smith	NHS SEL CCG (Lambeth)
Pamela Handy	NHS SEL CCG (Lambeth)
Rebecca Manzi	NHS SEL CCG (Lambeth)
Garry Money	NHS SEL CCG (Lambeth)
Jeanette Young	LB Lambeth

Apologies:

Natalia Sali	Black Thrive
James Lowell	South London and Maudsley NHS Trust

1 Introductions

Cllr Jim Dickson welcomed members to the meeting and noted the apologies received in advance.

Cllr Jim Dickson noted that he had been re-elected as cabinet member for healthier communities (Job share). Cllr Dickson also welcomed Cllr Marcia Cameron as cabinet member for Healthier Communities (Job Share) and Cllr Ben Kind as cabinet member for Children and Young people. Cllr Dickson also gave his thanks to Lucy Caldicott and Ed Davie for their hard work both within the council and on the Lambeth Together Strategic Board.

2 Declarations of Interest

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

3 Minutes of the Meetings 23 March 2022

The minutes of the meeting of Wednesday 23 March 2022 were agreed as an accurate record of the meeting pending an amendment to the attendance record.



4 Clinical and care Professionals Leadership in Lambeth

Di Aitken welcomed the new Clinical and care Professional Leads to the meeting and explained to members the rationale behind the new way of working which included having a more diverse range of clinical leads to reflect the multi-disciplinary nature of care both in South East London and Lambeth. Raj Mitra introduced several Clinical Leads who were in attendance who each gave a short introduction.

- Rachel Kilner – Children and Young People
- Claire Spencer – Maternity
- Nandini Mukhopadhyay – Mental Health & Learning Disabilities and Autism
- Lilian Iroha – Long Term Conditions, Diabetes and Obesity
- Justin Hayes – Personalisation including Social Prescribing and End of Life Care
- Lucy Goodeve-Docker – Diagnostics
- Di Aitken – Pain

Adrian McLachlan added his welcome to those Clinical Leads who were able to attend and those who were unable to join. Adrian also gave thanks to the team working on this project.

During the discussion it was noted that:

Penelope Jarrett noted that it was great to see a good mixture of experience and fresh faces and looked forward to working with the clinical leads.

George Verghese noted that it would be good to hear about the clinical leads that were not able to attend the meeting today and hoped that this would be a really transformative piece of work across the partnership. He also asked what the accountability of leads would look like. Di Aitken noted that there would be a workplan in place with guidance and supervision of sorts lead by the three alliance clinical leads.

Garry Money noted that there will be a 2nd and 3rd phase of Clinical and care Professional Lead recruitment in the near future and they would be invited to a future meeting in public.

Andrew Eyres added his thanks to those who were joining the Clinical Lead cohort. Andrew also noted that the arrangement of soft touch supervision would be arranged as we recruit through the 2nd and 3rd phase.

Sue Gallagher also gave her welcome to the Lambeth Together care Partnership and asked about roles that were not appointed to in the 1st phase of recruitment and whether the roles would be looked at to focus in on certain areas. Di Aitken noted the roles that were not recruited to, and that feedback had been that some of the roles were too broad and as a result of this a more detailed outline would be produced to sit alongside the generic job description.

RESOLVED

1. To note the update.



To listen back to this item, refer to [1:02:30 to 1:34:25](#) of the recording.

The presentation accompanying this item, refer to pages [15 to 21](#) of the reports pack.

5 Children's Public Health Nursing Provision

Laura Griffin, Janet Parr, Jeanette Young and Judith Connolly spoke to this item.

In discussion it was noted that:

- The drivers for change were a changing population need
- The requirement to identify the best model of Public Health nursing delivery
- The wider national and local financial context
- Patient and public engagement will be taking place to ensure that families, carers and partners are involved and listened to as the redesign takes place
- Attention will be given to the diverse needs of the families

Summary of Proposal

- 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
- The proposed name for this service off, following a survey and vote, is the Bright Beginnings Pathway
- The FNP service will be discontinued
- FNP staff will transfer to the expanded EIHV team, and they will collectively as one team deliver Bright Beginnings Pathway
- A consultation is planned with affected staff
- We expect implementation later this year, subject to the outcome of the consultation

RESOLVED

1. To note the report.

To listen back to this item, refer to [1:36:00 – 2:03:23](#) of the recording.

The presentation accompanying this item, refer to pages [23 to 33](#) of the reports pack.

6 Neighbourhood and Wellbeing Delivery Alliance – Living with Chronic Pain

Amanda Coyle, Di Aitken and Eche Anakor spoke to this item along with colleagues from Centric. In discussion it was noted that:

- Chronic pain is a long-term condition, and not a symptom and is defined as pain that lasts more than 3 months



- Chronic pain can be intermittent or persist all the time and can be both a primary condition as well as secondary to an underlying condition
- In Lambeth Chronic pain is the second most prevalent LTC is Lambeth
- Patients with Chronic Pain are 5 times more likely to visit GP's and are admitted to hospital 3 times as often as those without Chronic Pain
- Objectives of the Chronic Pain workstream are:
 - Look at data and evidence
 - Listen to patient experience and inequalities
 - Refresh the Chronic Pain Referral Pathway
 - Promote community programmes

RESOLVED

1. To note the report.

To listen back to this item, refer to [2:04:10 to 2:55:30](#) of the recording.

To view the presentation accompanying this item, refer to pages [35 to 89](#) of the reports pack.

7 Deep Dive – Tackling poverty and the increased cost of living

Laura Stoker, Vida Cunningham, Damon Gibbons and Bimpe Oki took members through this item. In discussion it was noted that:

- The impact of poverty on health includes:
 - Physical and emotional health
 - Long term conditions
 - Infant mortality
 - Life expectancy
 - Opportunities to prevent illness and disease
- The aims of this program are to:
 - Establish baseline data on food poverty and insecurity in the borough
 - Gather ideas for what could be done to support residents who are experiencing food poverty and food insecurity
- Almost 600 people within Lambeth were surveyed on the subject of food poverty and insecurity. Results included:
 - 14 % had experienced very low food security and an additional 17% experienced low food security in the past 12 months
 - 9% stated that there were times in the past year that although hungry, did not eat as there was not enough money for food
 - 14% had either cut the portion size or skipped meals as there was not enough money for food



- Project objectives are to improve the health and financial well-being outcomes for working age people who are either at risk or have long term health conditions and experiencing financial problems. Also, to maximise income and address debts, test pro-active referral routes from social prescribing teams and lastly to evaluate outcomes for service users, health agencies and creditors.
- The project is focused on five GP practices in Stockwell and has recently been expanded to include Clapham Park Practice
- Five creditor organisations are also participating including Lambeth Council, Hyde Housing and Optivo
- Evaluation report is due in the Autumn
- It is hoped that as a result of the report discussions can begin on a further roll-out within Lambeth and Southwark
- Between October 2021 to March 2022, Lambeth Council received £2.7m from the DWP to support residents struggling to buy food or pay essential utility bills
- Further funding has been received from the DWP to support vulnerable households most in need of support

RESOLVED

1. To note the report.

To listen back to this item, refer to [2:56:15](#) of recording 1 to [43:56](#) of recording 2.

To view the presentation accompanying this item, refer to pages [89 to 102](#) of the reports pack.

8 Lambeth Together Assurance Sub-Group

RESOLVED

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

To view the report, refer to pages [103 to 150](#) of the reports pack.

9 AOB

The date of the next meeting was confirmed as 20 July 2022.

Meeting ended at 16.58



Lambeth Together Care Partnership Board

Lambeth Together Place-lead Executive Update

20 July 2022

Andrew Eyres; Strategic Director, Integrated Health and Care



Our governance and leadership

The 1st of July saw the launch of the newly established South East London Integrated Care Board (ICB) and it started with a public meeting, held in person, at Coin Street Resource Centre in Waterloo. The launch saw other Board members and I formally agree the organisation's constitution and other governance arrangements. There was a wide range of members of the public who attended to hear about our aspirations, responsibilities and plans.

I was delighted that Dr George Verghese, Chair of the Lambeth GP Clinical Cabinet and Clinical Director for North Lambeth PCN, has been appointed as the Primary Care Partner on the SEL ICB, completing the Board's membership. After two years of development that overlapped with the coronavirus pandemic, new ICS arrangements have formally gone live. And I'm delighted that SE London is recognised as one of the most developed systems - and within that Lambeth Together as our Local Care Partnership.

Along with the formal launch of the ICBs across the country comes the disestablishment of Clinical Commissioning Groups (CCGs). I believe we can all look back with some great pride at the achievements made as NHS Lambeth CCG, and over the past two years, as SE London CCG. Since 2013, Lambeth was rated 'outstanding' as one of the top 10% of CCGs across the country and only one of 4 CCGs in London for successive years. Our innovative integrated commissioning and shared leadership arrangements across the NHS and local government and award-winning Living Well Network Alliance for adults with mental ill health demonstrate our ground-breaking approaches. We have commissioned and enabled high quality care services across the borough and responded to huge challenges including in recent years the Covid-19 pandemic. Through Lambeth Together we have built a valued and effective partnership well placed to progress the ICS arrangements at borough level. We know there is more we need to do to support better health outcomes and care experience for local residents and to reduce the very real inequalities that still exist across our communities. However, we can positively draw on our learning from past years and the strength of our partnerships.

As part of the Integrated Care System, Lambeth Together now formally operates as a committee of the Integrated Care Board, known locally as the Lambeth Together Care Board, under new Terms of Reference as agreed by our Board members in June. This includes the addition of two new membership roles representing the patient and public voice of Lambeth. These roles will inform and advise the Board on key patient and public perspectives and ensure that local people are involved at the highest level in decisions about health and care in Lambeth. The deadline for submitting expressions of interest is 24 July - please do share [this opportunity](#) through your networks.

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 have been building upon the approaches we have had in place for some years through our Lambeth Clinical Network, and recruiting to a new set of system leadership roles since March this year, open to a more diverse range of clinical and care professionals from across all partners - better reflecting our ambitions around integration and the multidisciplinary nature of care, as well as the diversity of the communities we serve. Lambeth partners also recognise that our clinical leadership plays an important role in the development of our Lambeth Together programmes, and through our Delivery Alliances. At our May Board we introduced the leads appointed to our first round of 11 roles. Since then, we have appointed to Clinical and Care Professional Leads for our Alliances and I would like to congratulate Dr. Adrian McLachlan, Dr. Di Aitken and Dr. Raj Mitra in their appointments as leads for the Living Well Network Alliance, Neighbourhood and Wellbeing Alliance, and the Children and Young People's

Alliance respectively. We have also appointed Dr Divanka Wijendra as the Primary and Community Care & Estates lead and Dr. Raj Mitra as the Staying Healthy Programme lead. The recruitment is now in its final phase, with five roles currently seeking expressions of interest.

Our strategic development

The Health and Wellbeing Strategy development continues at pace. To better understand best practice, we have completed desk-based research considering how different places have approached their Health and Wellbeing Strategies post the Covid-19 pandemic. We have undertaken nearly 60 early engagement conversations, to hear what is important to different people and organisations across the system – and these continue. Working with *Integrate*, we are planning workshops and a survey for their network of voluntary and community organisations to take place over the next two months. We continue to meet with local groups and undertake community visits to capture the essence of what is happening within communities and have been undertaking assessment of what we know about the community voice to support the development of our areas of focus.

Emerging areas of focus were considered by the Health and Wellbeing Board at their last meeting in June, where we sought feedback on them, our ways of working and our ambition. This is now being brought together to start drafting the initial strategy over the coming weeks, determining the outcomes we are seeking and to clarify our priorities in line with the output of the Joint Strategic Needs Assessment. Lambeth Together has begun to create our strategic action plan, informed by both the Health and Wellbeing Strategy and input from our partners, programme areas, learning from Covid-19 and the needs of our key populations. This will form the basis of our transformation work as an effective Local Care Partnership for the next five years.

Tackling inequalities and improving equity

The South East London Integrated Care System has made funding available to local areas for targeted investment in tackling health inequalities. As addressing inequalities in health and care outcomes for our residents is a key goal of our Lambeth Together partnership, we welcomed the opportunity to invest in this area and submitted a substantial bid for this funding.

In June, we were delighted to receive news from the ICB Inequalities review panel, that Lambeth was awarded £958,000 of this funding. Our investment will be themed around frontline provision delivered to residents by Primary Care and our Delivery Alliances; Lambeth Living Well Network Alliance, Neighbourhood and Wellbeing Delivery Alliance, and the Children and Young People's Alliance; alongside many of our valuable partners across the borough including Black Thrive, Carers4Carers, Mosaic Clubhouse and Evelina Children's Hospital to name a few. Our Acute Provider Collaboratives submitted proposals which included projects to narrow hypertension and diabetes inequalities and projects to reduce inequalities for our children and young people working in collaboration with Partnership Southwark. We are keen to now hone our delivery plans and begin delivering impactful work with this funding.

Work is underway to refresh 'The Health Profile for Lambeth' (HPfL) which brings together Office for Health Improvement and Dipartites (OHID) data and knowledge with information from other sources to give a broad picture of the health and wellbeing of people in Lambeth today. Emerging findings were presented at the Lambeth Health & Wellbeing Board in June and will continue to be developed throughout the current financial year. Data from the 2021 census shows that, in Lambeth, the population size has increased by 4.8%, from around 303,100 in 2011 to 317,600 in 2021. This is lower than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800. At 4.8%, Lambeth's population increase is lower than the increase for London (7.7%).

A recent summit was held in June with an aim of understanding the opportunities and challenges regarding Population Health Management (PHM) in Lambeth. The session was very well attended across the partnership with discussions on how to deliver PHM at scale, how we might design a local methodology to using PHM and how to maintain focus on prevention. There was also discussion on how we use and share data and develop the infrastructure to monitor and evaluate outcomes effectively.

Our Alliances

Work in the children and young people's space continues, with our Emotional Health and Wellbeing and Early Years workstreams now stood up and with excellent engagement. Both are forming programmes of work,

with the former focusing on our response to the needs assessment and developing an outcomes framework; while the latter will also consider our approach to Start for Life and Family Hubs alongside continuing integration of our early years pathways. We will be using the development of our Health and Care Plan to drive the strategic direction of the Alliance at some away time in September. Alongside this, we have also finalised the planning stage for our Summer Holiday Activities and Food programme, our Lambeth Made Employment, Skills and Education programme has now supported over 270 Kickstarters.

The Living Well Network Alliance (LWNA) continues work to improve the access, experience and outcomes of those needing mental health services. We have aimed to widen our focus to include the determinants of health such as work, the physical health of the people we care for, with a focus on communities in the most deprived areas of Lambeth. We are piloting our Culturally Appropriate Peer Support and Advocacy (CAPSA) service – developed with our partners Black Thrive and people with lived experience from Lambeth’s Black communities – to transform our understanding, relationship and approach to supporting these communities. Our Staying Well offer will help us bridge the gap between primary and secondary MH services to support more people to thrive in their homes and communities. We will draw on findings from the sector to guide our engagement with key stakeholders as we develop our next 3-year LWNA business plan.

The Neighbourhood and Wellbeing Delivery Alliance (NWDA) continues to develop and drive full Lambeth coverage of Thriving Communities (neighbourhood health & wellbeing networks) working with the Lambeth Public Health team Building Healthier Communities programme. The NWDA is progressing the improvement of chronic pain services in Lambeth informed by research conducted by Centric (capturing the voice of local Black, Asian and Multi Ethnic residents). The program (informed by a patient reference group) will work with Primary care and the ICS to improve the referral pathways, develop local pain registers and to attract volunteers to train as digital champions. Additionally, partners met in June to refresh their collective system transformation ambition in terms of citizen-led transformation and patient centred co-delivery. Work is underway with partners to define what the NWDA will deliver and impact in 2023-25 using Population Health methodology.

Our public health

We are delighted to have submitted our stage 2 application of Lambeth HEART to the National Institute for Health and Care Research (NIHR). This exciting new opportunity is to enable us to build research infrastructure to develop a culture of using research, evidence and evaluation in order to reduce health inequalities by addressing some of the factors which impact on residents’ health outcomes. Examples of health determinants may include social care, housing, climate change, employment, education etc. The public health team in collaboration with staff, local researchers, and local community organisations developed the stage 2 application to embed a strong focus on our mission to reduce health inequalities. This included a detailed business case with costings, feedback from external peer reviewers which were very positive, and an interview that included a 10-minute pitch and series of detailed questions from an NIHR panel. We expect to hear the outcome by August.

Our partners

I also wanted to share with colleagues the passing of two colleagues, Pam Harper Elliott and Leslie Elliott. Pam, our North Lambeth PCN Operations Director, was a consummate primary care professional who was well known and respected in many circles of Lambeth Health and Care for many years. Pam had dedicated her considerable talent and hard work in service to Lambeth’s patients and we hope to honour her memory in continuing in the great work she lived for. Les was a campaigner for improving services for people with both mental health and physical health services, as well as fostering a love of community cohesion and in particular, housing that supported active community development. He was an unforgettable man whose input and scrutiny over the years has led to many improvements in our local care partnership.

Finally, I would also like to welcome new Board members in Paul Coles as the new CEO of Age UK Lambeth and Cllr Ben Kind as the new Cabinet Member for Children and Young People. We also welcome new Lambeth Together partners, with Cllr Marcia Cameron joining the alongside Cllr Dickson as Cabinet Member for Healthier Communities, and Mairéad Healy as the new Healthwatch CEO who will formally start in post in August 2022.

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Report to: Lambeth Together Care Partnership

July 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>In July, the group discussed two areas of focus,</p> <ul style="list-style-type: none"> • The children’s and young people’s programme • Long Term Conditions <p>The group received the Terms of Reference for review. 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 13 September 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 July 2022.

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Lambeth Together & Integrated Health and Care

Assurance Report July 2022

Lambeth Together Assurance Group 5 July 2022



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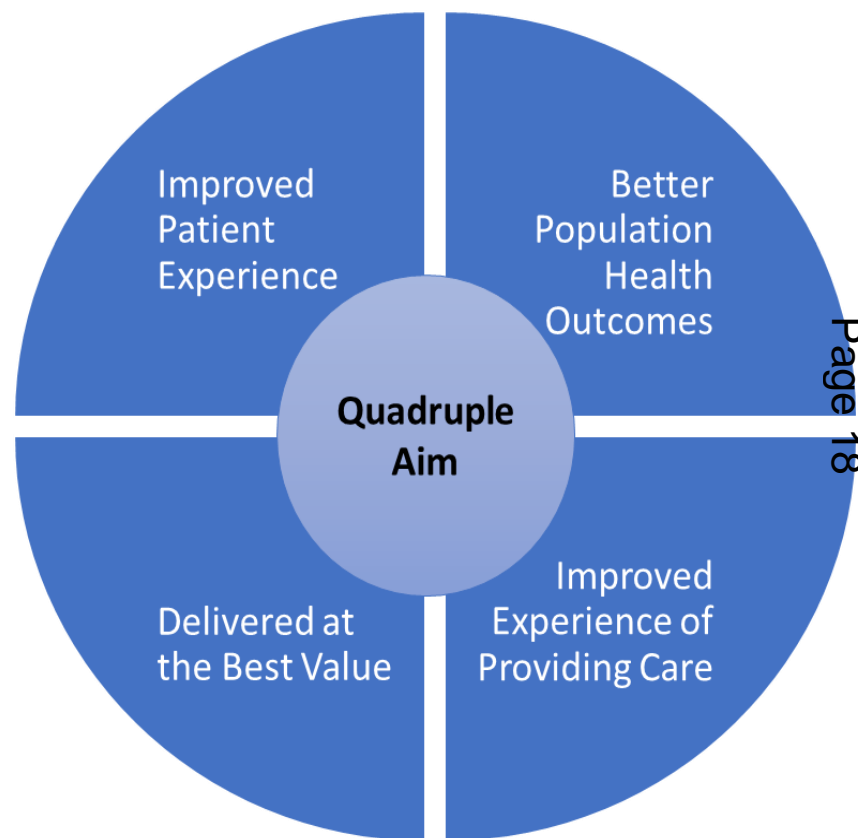


1. Introduction

1.1 Report context (Annex)



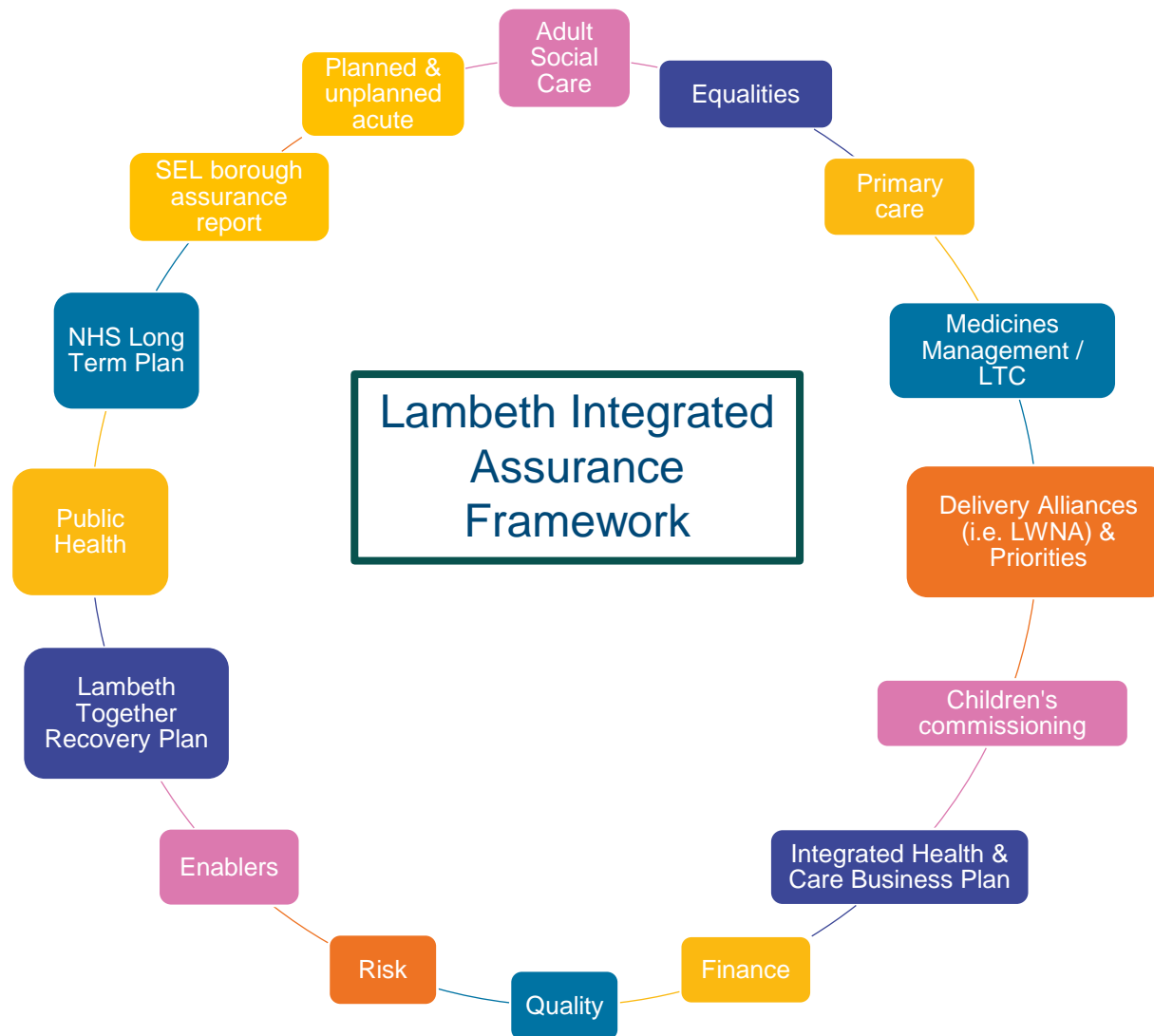
- This report provides in one place an integrated summary of assurance across **Lambeth Together** and **Lambeth integrated health and care** arrangements.
- This report draws upon existing assurance, performance or quality reporting arrangements, and does not seek to duplicate what is covered within 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 July 2022

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 – Demand for beds is high and SLaM went into OPEL 4 (highest level for bed demand).

The CYP Alliance Board has met and welcomed the new chair, Fiona Connolly.

Substance Misuse – confirmation of Lambeth's Grant funding for the next three years as part of the government ten-year strategy.

NWDA - Alliance Outcomes Development Framework is ongoing and under scoping phase



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

LWNA - Demand for beds continued to be pressured with SLaM going into OPEL 4 (highest level for bed demand) with alliance partners supporting discharge.

The CYP Alliance Board has met and welcomed the new chair (Fiona Connolly). The two defined workstreams (Emotional Health & Wellbeing and Early Years) are meeting every month and refining their work and priorities with partners.

Substance Misuse - Commissioners have completed the initial submission for the Supplemental Substance Misuse Treatment and Recovery Grant.

Sexual Health - A Project Manager joined the Business Analyst recently as part of the Lambeth-based project management office (PMO) developing the tool.



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

NWDA - 25 patients under Health & Wellbeing Coach portfolio = population at risk of diabetes, BAME communities.

Centric commissioned to undertake PWLE project. Focus groups held with BAME and low income communities suffering from pain to understand their current experience of care across health system.

LWNA - DrDoctor visited the SPA team on 23/05/22, spoke to staff and observed the team processes to improve the 'patient' experience and workflow.

CYP - Three EDI proposal bids for Children and Young People have been submitted reviewed and endorsed via the ICS Prevention and Inequalities Board and then shared with the ICS Executive.

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.

Sexual Health - First cohort completed the weight management service at the Black Prince Trust as part of North Lambeth case finding approach and continue to engage with the community offer outside of the programme including rowing and yoga.



Benefits / Deliverables Update – Better Population Outcomes

NWDA - Thriving Gipsy Hill now established inclusive of physical hub at Emmanuel Church (Thursday PM) offering activities, signposting and support via walk-ins for local residents.

LWNA - continue to see a downward trend overall in the waiting list which is really positive.

CYP - Emotional Health and Wellbeing JSNA will be finalised over the next month, with the final consultation period now closed.

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

Sexual Health - Community based weight management project (OHID funded) finished at the end of June with 110 people engaging on the programme.

Sexual Health - the PMO have supplied the commissioning team with a comprehensive business case and answers to further questions from the 2 other boroughs.



Partner or wider system requests and blockers stated

NWDA - partners to join or knowing more about the Thriving Communities programme
Primary Care data still not in data dashboard (currently working with secondary care data only).

LWNA - Over the past few months (Jan-May) there has been an increase in urgent referrals from 30% to 40-60% of all referrals, most of these are from IAPT, GPs and Police (via Merlin reports).
Delay in handover to Douglas Bennett House.

CYP - Communications expertise to define and promote the work of the CYP Alliance.

Substance Misuse - With the investment of funding into the substance misuse sector across London, there is a risk that we will not be able to recruit to key posts.

Sexual Health - Primary care to continue referrals e.g. weight management, stop smoking and prioritise health checks remobilisation where possible Remobilisation of capacity to deliver the NHS Health Check programme.

Sexual Health - We will need NHS, ICS and LA stakeholders to support the development of the tool as key to improving access to and knowledge of our sexual health services for our residents.



Achievements and Opportunities

NWDA - Engagement with 11 churches – taster sessions to be organised.

- £230k secured for 2 projects – social prescribing hub and volunteering project with disadvantaged residents.

- Alliance Outcomes Development Framework – in scoping phase to pull together data dashboard aligned to NWDA indicator sets and projects detailing the health profile of Lambeth residents.

LWNA - The SPA Team continue to see a downward trend overall in the waiting list which is really positive.

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

NWDA - Capacity and time resource issues from MLTC working group.

- Efficient system of accountability required from primary and secondary care partners for MLTC population.

CYP - Resources to support programme planning.

Sexual Health - Unable to understand who is accessing preventative programmes such as NHS Health checks or to demonstrate the impact.

Sexual Health - Southwark and Lewisham not agreeing by end of Q1 to contribute the finances requested in 22/23.



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

NWDA - EOLC: FAQ sheet co-produced and drafted with a PPG for local residents. Providing various information, advice and signposting around advance care planning, end of life care, hospices and family / friend / carer support pre and post death.

LWNA – Transition workers started, 1st Primary Care Mental Health Worker started in post, Staying Well Team is now fully staffed.

CYP - Work has started on a logic model within the Emotional Health & wellbeing workstream and will be reviewed at July's meeting.

Substance Misuse - As part of the SSMTRG, Commissioners have proposed developing new posts internally to support with the ongoing needs.

Sexual Health - Unable to understand who is accessing preventative programmes such as NHS Health checks or to demonstrate the impact.

Sexual Health - A Project Manager is now in post alongside a Business Analyst.

Comms - a small budget was secured which has enabled the team to upgrade the website and improve accessibility as well as to design and produce series of comms assets.



Equalities

- Reducing inequalities is fundamental to our ways of working and ambitions as described within Lambeth Together's work, delivery alliances, Recovery Plan and programme approaches.
- There are a number of key equalities indicators already included within this report, for instance Severe Mental Illness health checks, Adults with Learning Disabilities health checks, and public health indicators.
- We are pleased to announce the Health Inequalities funding bid has been approved and we secured circa £958K to support Lambeth Together Alliances and partners workstreams on reducing inequalities.

2.3 Alliance Dashboard Highlights



Director / lead

Sabrina Philips, Alliance Director, Lambeth Living Well Network Alliance

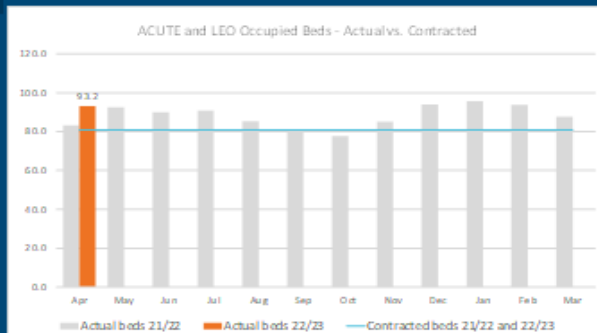
Management Lead

Guy Swindle, Deputy Director, Lambeth Living Well Network Alliance

Data source / period

Lambeth Living Well Network Alliance Performance Dashboard, Month 1, April 2022

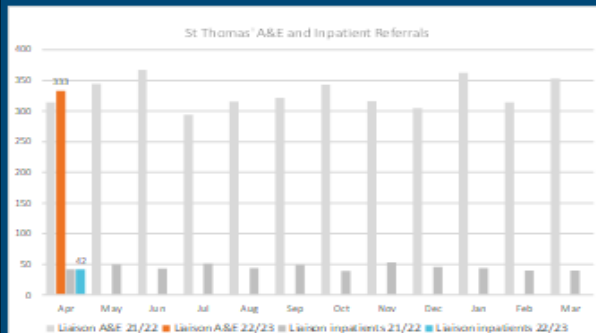
In-patient Beds (Acute)



Key Indicators	M1	Change
Number of beds used in month	92.3	▲ 5%
Number of private occupied bed days (OBDs) used in month	13.1	▲ 19%
Number discharged with length of stay >100 days/ >200 days	9/2	0%

Narrative: Acute: OBDs rose by 5% to finish 14% over contracted level in M1 April. Private overspill OBDs rose by 19%. 11 long-stay patients discharged this month, unchanged from the previous month.

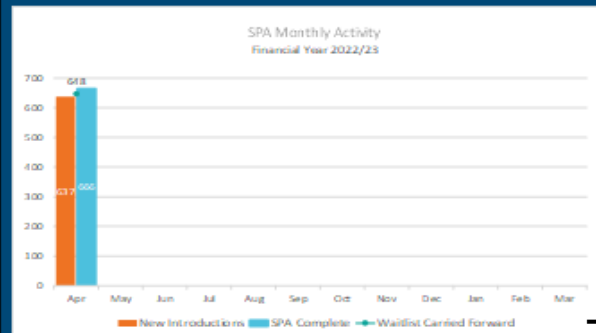
Crisis Pathway



Key Indicators	M1	Change
St Thomas A&E Referrals	333	▼ -6%
AMHP referrals (Day & Emergency Duty Team Combined)	to follow	
AMHP assessments (Day Team + EDT)	121	▼ -32%
AMHP detentions (Day Team + EDT)	107	▼ -15%

Narrative: A&E referrals fell by 6% in M1. AMHP referrals data is delayed due to process issues but assessments fell by 32%. Detentions rose to 88% of assessments from 70%.

Single Point of Access



Key Indicators	M1	Change
Number of introductions waiting for referral at month end	648	▼ 3%
Introductions processed in month, average wait (in days)	30.9	▲ 3%
Introductions waiting at month end, average wait (in days)	38.8	▲ 1%

Narrative: Introduction received fell from 715 to 637, M12 Mar to M1 Apr. (33.5/working day). The SPA waitlist fell by 5% (648 from 680) but the average month-end wait time rose slightly, as resources were focused on the most urgent introductions in the waitlist.

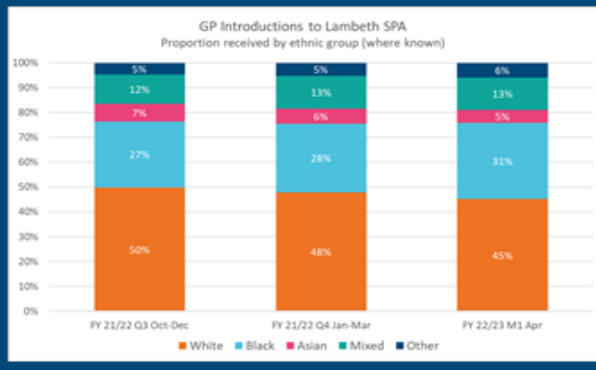
Living Well Centre Activity



Key Indicators	M1	Change
Short Term Support (STS) - Total Referrals	163	▼ -15%
Short Term Support (STS) - Total Caseloads	563	▼ -4%
Focused Support (FS) - Total Referrals	43	▲ 19%
Focused Support (FS) - Total Caseloads	827	0%

Narrative: STS caseload rose in all three Living Well Centres. FS new referrals and caseloads rose slightly in North but fell in South East and South West.

Equalities



Narrative:

- Analysis of introductions received by Lambeth SPA from GPs since October 2021, categorised by ethnicity, shows that a growing proportion are for Black service users.
- In M1 April, 31% of all introductions, where ethnicity is known, were for Black service users, up from 27% and 28% respectively in the preceding two financial quarters.
- Lambeth CCG's GP Lead has linked this result to a CCG initiative making GPs more aware of how Lambeth's Community Mental Health services can support their patients from the Black community

Finance and Risk

Budget Monitor

As is typical for the first month of the financial year, there is no budget monitor for M1 April. Budget monitoring will begin as usual with M2 May and the report will be distributed for discussion at Finance and Performance and Alliance Leadership Team meetings in June.

Key Risks

- Finance Pressures – risk share agreed, savings being identified
- Covid-19 – contingency plans in place to keep services open
- SPA Backlogs – management action to deal with staff and system issues
- Estates – decant of Lambeth Hospital and increased costs of DBH

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- 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

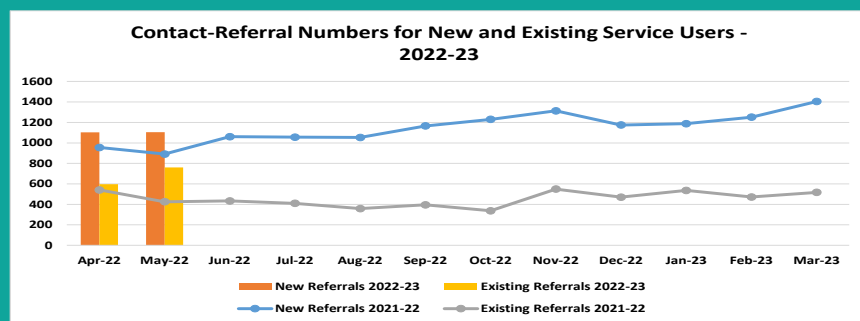
3.1 Adult Social Care



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

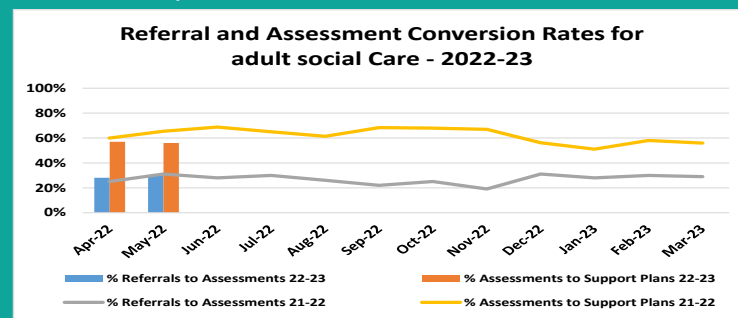
Overall Contact/Referrals completed by all teams

- A total of 1855 contact/ referrals in May, this represents an increase of 10% from previous month.
- 298 (16%) were raised as Safeguarding Concerns, representing a 3% increase from previous month. 411 (22%) raised were Merlin Adult Come to Notice reports, 3% increase from previous month.



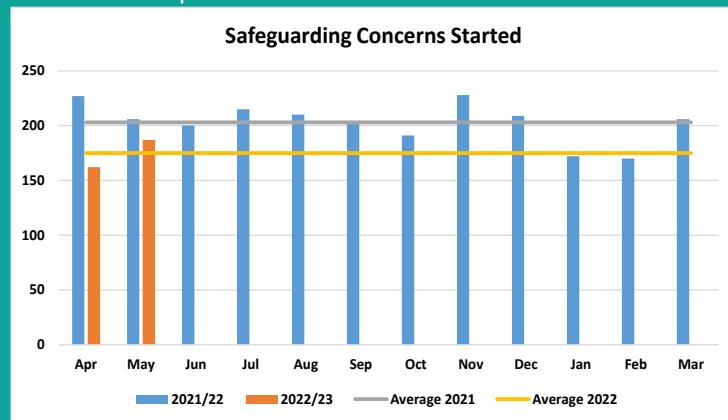
Overall Contact/Referral and Assessment Conversion Rates

- Conversion rates from contact-referrals to assessments in May were 30%.
- Conversion rates for Assessments to support plans have increased by 1% to 56% in May.

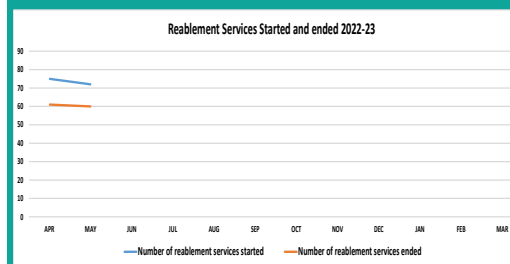


Safeguarding Information

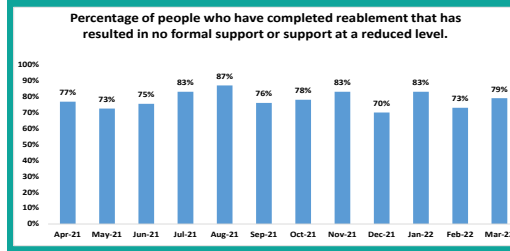
- The number of cases started in June have increased by 25 (15%) from the previous month.
- There are 6 cases open for more than 9 months.



Reablement



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

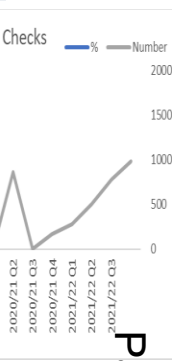


There have been a total of 52 people that completed reablement in May and of those 43 had no ongoing support or support at a reduced level.

3.2 Public Health



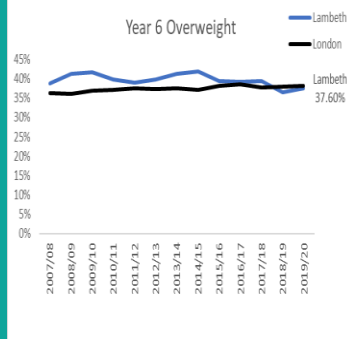
Director / lead	Ruth Hutt, Director of Public Health
Management Lead	Ruth Hutt, Director of Public Health
Data source / period	Vince Wakfer Head of Business and Performance Public Health Data: Fingertips and Service Monitoring



Year 6: prevalence of overweight

No data update since last reporting.

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

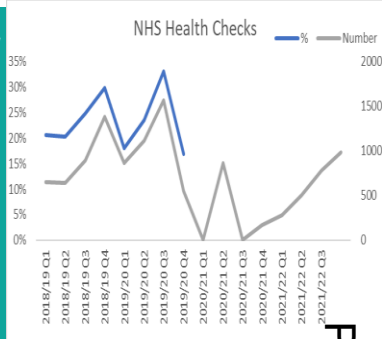


NHS Health Checks

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

Practices have continued to offer opportunistic checks to those who are eligible and most at risk of CVD, and from Q1 2022/23, practices will resume Health Check invitations. Extra support is being put in place for low-performing Practices through the GP Federation.

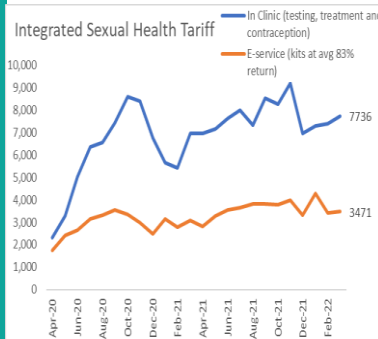
Number of Health Checks delivered in 2021/22: Q1 282, Q2 505, Q3 779, Q4 988



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

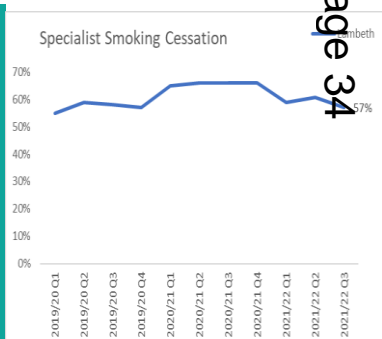
Over 2021/22, all sexual health activity steadily increased at both clinics and via the e-service. Testing saw greater increases online than in clinics. User dependent methods of contraception increased online whereas long-acting methods of contraception were mostly over baseline in clinics.

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



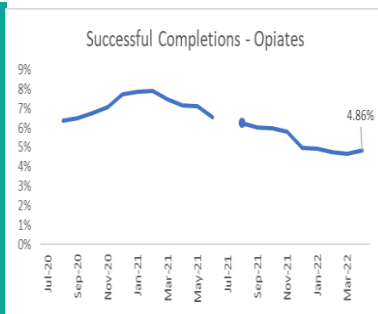
Success Rate at Smoking Cessation Services

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

Local officers continue to work alongside partners and providers within the substance misuse sector to ensure that outcomes for individual remain positive. Commissioners have recently led on the strategic partnership approach for the development of service development in line with the new ten year drug strategy, and associated funding. It is the intention that the local service delivery partnership in Lambeth will increase treatment capacity across the treatment population within Lambeth and create new and innovative ways for individuals to access treatment and support when and where they need it. Treatment capacity will be increased through use of recruitment, high quality staff training and investment in after care support. This will also include a review of all inpatient detox placements, residential rehabilitation placements and long term impact on the health and wellbeing of the individual. Changes made now will be carried through and developed for the next three years.



Successful completion of alcohol treatment

Although the recent Govt Strategy – From Harm to Hope is a drug strategy, the Supplemental Substance Misuse Treatment and Recovery Grant is a new fund for substance misuse and includes alcohol. As part of the new proposals for all associated funding streams, officers and partners in Lambeth are committed to reducing drug and alcohol related deaths and significant investment is being made in the recruitment of specialist substance misuse nurses to support all therapeutic and clinical support offered to alcohol users in the borough. A refreshed approach to drug and alcohol related harm will enable us to learn from any fatalities that occur within Lambeth alongside any near misses also. Over the coming few months, a Reducing Harm from Alcohol Group will consider where and how additional investment can be made to reduce alcohol harms and how the Lambeth populations can be better supported.



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 (15/6/2022); SEL CCG (Lambeth) draft 5-11 and Spring Boosters dashboard (June 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.

Contact tracing

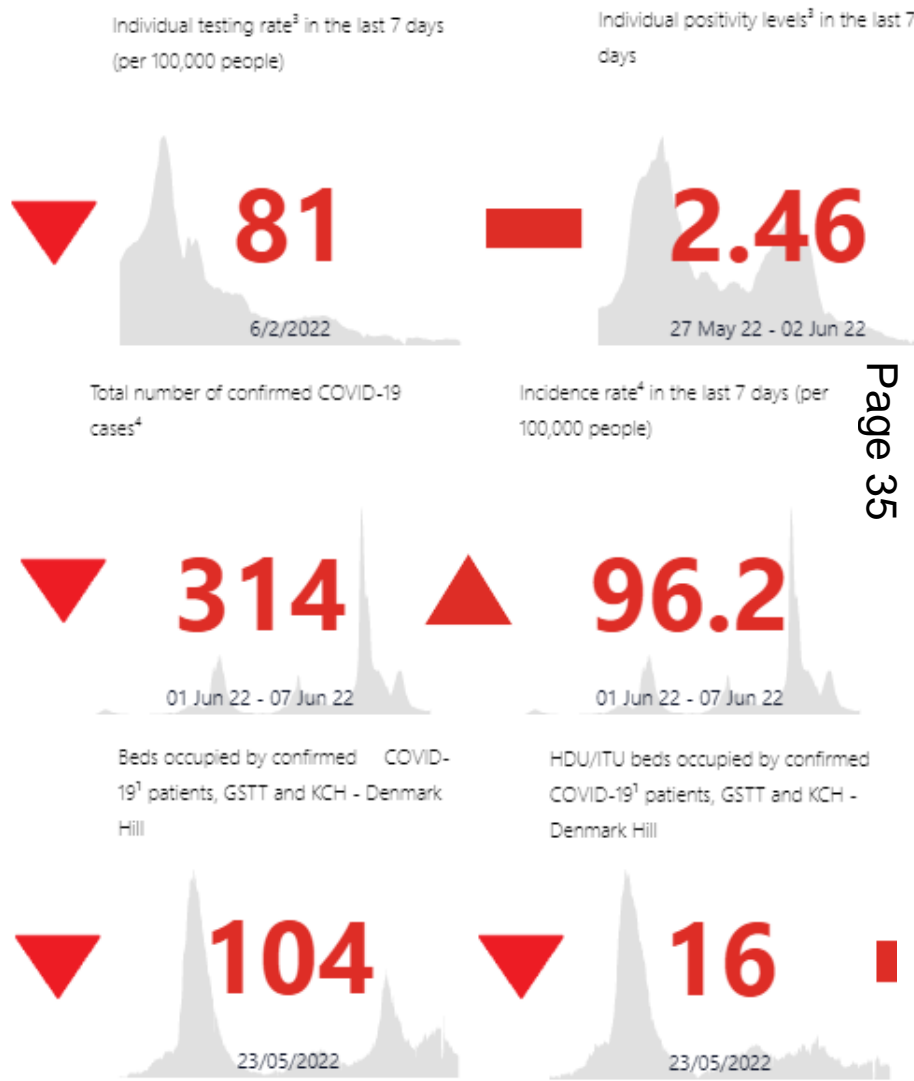
- On 24 February routine contact tracing ended with cases and contacts no longer required to self-isolate. Lambeth’s local contact tracing service has been stood down with a retained capability and rapid restart plans in place.

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)

Vaccination uptake

- 61% first dose uptake; wide variation in uptake across ethnicity (White British population -79% uptake, Black Other 40%) and age (75-79yo – 84%, 12-15yo – 36%)
- Focus of uptake programme is on increasing uptake in Black communities and cohorts 2-4 and 6 (older, vulnerable and at risk)
- Among Lambeth’s population of 5-11 year olds (26,806), 7.6% (2,028) has received their first dose as at 13 June 2022
- As at 25th May 2022, spring booster uptake among Lambeth’s eligible population is 6,539 (47.8%). As at 30th May 2022, 23% of Lambeth’s care home residents had received their spring boosters; uptake among older adults aged 75 years and over was at 56% and 30% within the immunosuppressed cohort.



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 May 2022, Lambeth Council Pentana as of April 2022, SEL Borough Based Report March 2022

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Overweight and obese children Year 6 (no data update since May report)

- 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 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1 M02
32	19	32	26	25	35	20

Childhood immunisations in primary care (no data update since May report)

- 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 (no data update since May report)

- 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 (no data update since May report)

- 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 (SEL Analytics and Foundry)

Plans to develop Primary Care Reporting Metrics

Previously, this report provided detail on Influenza vaccination uptake with the last report showing the final uptake position of the end of the 21/22 campaign. Flu reporting will be reinstated as the vaccination campaign is rolled out in 22/23.

The Lambeth Primary Care team, in conjunction with systems intelligence leads, are currently undertaking a stocktake of a wide range of primary care metrics to determine which metrics are most appropriate to include within the Lambeth Together Assurance Report. Areas of focus include PCN DES and IIF metrics (including enhanced access reporting), alongside various resilience metrics and measures reported within the NHSE/I General Practice indicators reporting suite.

Progress on the development of primary care assurance reporting will be managed through the relevant primary care committees with the aim of additional metrics to be shared with LTAG at the next meeting in September 2022.

Covid Vaccinations – Primary Care

- The Lambeth COVID surge plan has been updated and was signed off at the most recent Borough Plan Steering Group
- The steering group and sub programmes are being refreshed with both flu & childhood imms being apart of the formal structure
- As at 22nd June uptake out of 423,000 aged 5+ population, vaccination uptake for 1st dose was 61.5% , 2nd dose: 58.5%, 1st booster 43.7%
- As at 22nd June 2022, spring booster uptake among Lambeth’s eligible population is 7,434 (55.7%). This is an increase of 7.9% (899 vaccinations) since 13th June 2022
- Among Lambeth’s population of 5-11 year olds (26,778), 7.8% (2,089) have received their first dose as at 22nd June 2022. This is an increase of 0.2% (61 vaccinations) from 13th June 2022.

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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) for 2021/22 year end shows 79.8% of service users have had an annual check, achieving locally the 75% national target for this health indicator (data provided by SEL BI Team)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	0.9%	3.6%	9.3%	16.2%	18.9%	24.7%	31.3%	40.8%	50.4%	56.8%	67.5%	79.8%
2022/23	2.6%	4.9%										

CQC Ratings – June 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)

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

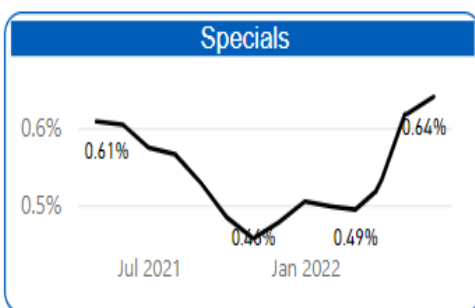
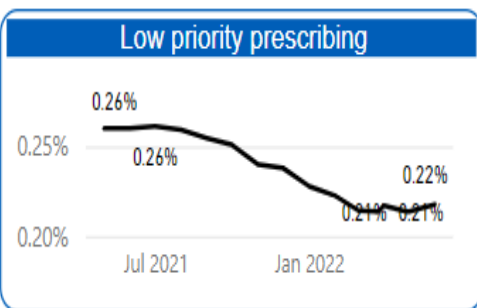
Lambeth Together Medicines and Clinical Pathways Group (MCIIP)

- The established 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.
- 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, 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' is continually at the heart of discussions to define ways of implementation.

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

- The MO and LTC sections of the Lambeth Primary Care Improvement Scheme (LPCIS) for 2022/23 were successfully launched in May through bulletin announcements and a webinar session. Continuing to prioritise elements of medicines optimisation and LTC management within these schemes endeavours to support general practice to strive towards Lambeth Together's pledge of improving health and wellbeing of Lambeth residents. The focus on reducing unwarranted variation by prioritising individuals who have experienced health inequalities and are at highest risk of poor health outcomes, also, continues. Practice visits commence in June to embed the core principles of the MOS and LTC sections and a programme of support is planned throughout 2022/23.
- The EZ Analytics (EZA) Medicines Optimisation and Long Term Conditions Dashboards provide real-time data for practices to identify patients for review within the prioritised improvement areas. Figure 1. below gives examples of the tracking data from EZA. Refresh of OptimiseRx® continues to support up to date joint prescribing decision making alongside South East London Integrated Medicines Committee (SEL IMOC) recommendations.

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These graphs from EZA MO Dashboard illustrates the progress and the need to continue to embed practice to sustain best value medicines: number of patients on low priority prescribing drugs had been decreasing and now reaching a plateau; number of patients on unlicensed drugs ('specials') had been declining but is now rising.

Figure 1. Examples of EZA MO Dashboard tracking (June 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 and we are working with primary care and providers to ensure a joined up approach for seasonal flu and potential Covid booster programme in the autumn.
- 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.
- Focussing on vital 5 interventions and addressing health inequalities, a Health and Wellbeing scheme is being developed to enhance the vaccine champion scheme and maximise the impact our community pharmacies can have on improving outcomes in our population.

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 the recommended treatment (if necessary) for a range of conditions. Pharmacies have nominated lead PCN pharmacists to coordinate implementation for pharmacies. 8 out of 9 PCNs have made referrals with a total of 684 referrals made in April and May 2022. An EMIS add-on, 'Patient Access', has been commissioned as the digital referral tool.

Access to cardiovascular diagnostics

- There are six community venues established in Lambeth to provide community Electrocardiogram (ECG) and Ambulatory Blood Pressure monitoring (ABPM). 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

- The community respiratory diagnostic service restarted in November 2021. Additional capacity is being explored.
- SEL IMOC Overprescribing group will play a role in implementing sustainability and the greener NHS agenda across SEL.

Diabetes treatment and care

- Patients are being supported to manage their Type 2 Diabetes (T2D) condition in order to improve health outcomes and reduce the occurrence of diabetes complications. 8 Care Processes are an evidence-based measure of the support received by patients. 64.4% of people in Lambeth with T2D had 8 Care Processes recorded, highest borough achievement in London and 2nd in England [National Diabetes Audit 2020-21].

3.6 Planned and Unplanned Care



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Avril Satchwell, Associate Director, Planned and Unplanned Care
Data source / period	NHS South East London CCG Performance and Assurance Reports, July 2022

Cancer Update

- 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
- PRUH Rapid Diagnostic Centre (Non Specific Symptoms pathway) live in April 2022
- PCN DES Workshop held on 16 June 2022 was well attended and received, with attendees discussing a number of local challenges around early cancer diagnosis and screening
- NHS-Galleri Trial (Blood Test Cancer Markers) – returning to South East London 27 June – 16 July The trial will be managed by the Cancer Research UK & King’s College London (KCL) Cancer Prevention Trials Unit (CPTU) on behalf of GRAIL Bio UK Ltd. (GRAIL) and NHS England (NHSE). In order to take part in the NHS-Galleri trial, participants must be: age 50-77 years old; registered at a postcode within a participating Cancer Alliance (SEL); and not diagnosed with cancer in the past 3 years or currently under diagnostic follow up/treatment for cancer.
- Targeted Lung Health Checks – due to begin Summer 2022, starting North Southwark
- 2 Cancer System Locality Leads are being recruited to centrally to support PCNs with DES
- A shared dashboard is being developed centrally in SEL ICS which will contain inequality data which can be sliced and diced locally. SEL linked in with PH team on this.
- Local focus on:
 - Screening uptake and influencing the local population to take up screening offers
 - Improving quality of referrals
 - Engagement of clinical lead for cancer (when recruited to) in cancer locality group meetings
 - New referral pathways within primary care e.g. new telederm service due to go live on ERS 18th July. Providing access to a medical photographer within 7 days and review by clinician within 7 days (estimated 60-65% could be discharged without the need for face to face appointment)
 - Use of Rapid Access Diagnostic Clinics to support GPs for non-site specific symptoms
 - Review of and use of decision support tools available to GPs

3.6 Planned and Unplanned Care



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Avril Satchwell, Associate Director, Planned and Unplanned Care
Data source / period	July 2022

Urgent Care

- Work continues around launching the 3 workstreams aligned to the outcomes of the missed opportunities and Same Day Emergency Care workshops. Workstreams include:
 1. Engagement and behavioural insights - include review feedback from patients on their experiences of front doors; systems to draft shared messages for residents; development of a single real-time dashboard to report and publicise demand at specific points in system
 2. Right Care, Right Time - include analysis of patients cohorts at different front doors; develop estates proposals and digital offer; review and improve handoffs/transitions between services; development of new provision (e.g. respiratory, intermediate care); schedule seasonal overview of delivery
 3. Workforce - Include identification of particular staffing groups on demand; to agree best use of scarce professions; develop rotational models across organisations/teams; improve shared training and communication systems between services
- There is also an oversight Group established to support and guide the 3 other workstreams under the programme.
- High Intensity Users Service Kings DH and GSTT – GSTT have undertaken some great work in this area, outputs are to be shared with the UEC Board and Primary Care and any key learning / future ideas discussed, which could help manage high attenders.

Planned Care (1/2)

- AQP Adult Community Audiology service procurement process has been completed with 3-year contracts being awarded to six providers (20th April start date).
- Denosumab service in Lambeth provided by the Federation is going well and well received by patients, work is underway to roll this out wider across SEL via PCNs / Federations using the intelligence from Bromley and Lambeth who currently have the service up and running in the community.

3.6 Planned and Unplanned Care



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Avril Satchwell, Associate Director, Planned and Unplanned Care
Data source / period	July 2022

Planned Care (2/2)

- MSK – Get U Better App Pilot until May 2023 in SEL – aims to have all GPs signed up and promoting to patients. If patient meets criteria, GP encourages patient to download the app and links to Lambeth services they can access dependant on their answers submitted regarding their health. Currently just over 70% of Practices are signed up to the app. The remaining practices are being contacted with a view to obtaining 100% coverage in Lambeth.
- Dermatology: New Referral form on DXS. Target is for 90% of appointments to be through community service. Currently running at 65- 85%. New telederm service being launched mid July for non 2WW initially, patients will be able to have an appointment with medical photographer within 7 days and remote review by clinician in the following 7 days. Age criteria is 16 – 50.
- Community Earwax ENT service – Go live 1st July provided by Specsavers, with SEL residents able to access 9 sites in SEL have been identified with one being Walworth Road. Sites in Lambeth are being considered (GP Estates, due to lack of capacity in the Lambeth based specsavers).

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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, June 2022

SMI Physical Health Checks (No data update since May report)

- 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%

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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 March 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 March 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%	54.5%
IAPT Waiting Times 6 weeks	75%	95.6%
IAPT Waiting Times 18 weeks	95%	99.7%

	Standard	Bexley Mind	Bromley Healthcare	Oxleas NHS FT - Greenwich	Lambeth Psychological Therapies	Lewisham Psychological Therapies	Southwark Psychological Therapies	SEL
IAPT performance – Q4 2021/22								
1 st to 2 nd treatment under 90 days	-	54.5%	33.3%	71.1%	73.8%	78.6%	61.2%	66.1%



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 – June 2022 update

SEL Place Based Quality update

- A review of the incidence and prevalence of pressure ulcers across South East London was reported to the CCG Quality and Safety sub Committee in March and the finding identified significant variation in the way that pressure ulcers are recorded and reported by partner agencies, there needs to be greater standardisation across providers on capturing protected characteristics and governance arrangements differed between organisations.
- The final independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust was published on the 30th March 2022. The Ockenden Report follows on from the first report published in December 2020. The second report identified 15 key themes to improve all maternity services in England:

Workforce Planning & Sustainability	Learning from maternal deaths	Obstetric anaesthesia
Safe Staffing	Multidisciplinary training	Postnatal care
Escalation and accountability	Complex antenatal care	Bereavement care
Clinical Governance - Leadership	Preterm birth	Neonatal care
Clinical Governance – Incident investigation & complaints	Labour and birth	Supporting families

- NHS England will lead assurance visits to maternity units in south east London in June & September to review services and the quality improvement work underway. The Local Maternity and Neonatal System (LMNS) is supporting improvements within each Trust and is moving its surveillance group from quarterly to monthly to support the improvements required.
- The LMNS provides assurance to the CCG through the Quality and Safety Sub-committee.

4.1 Quality highlights



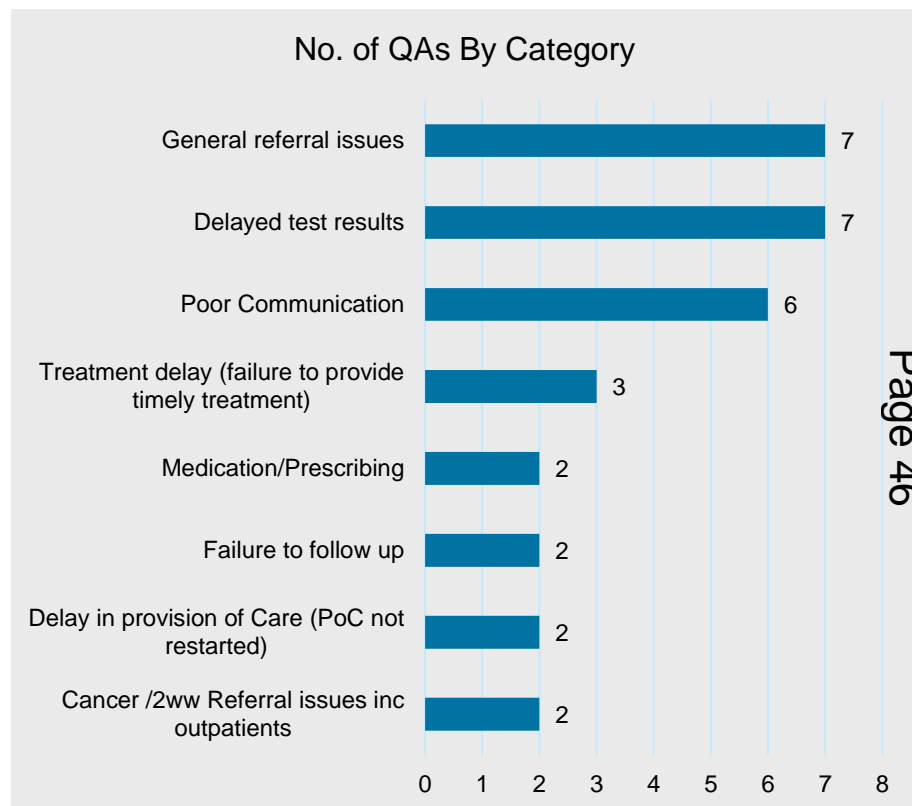
Director / lead	Leads for the 7 priority areas, lead providers & commissioners
Management Lead	Cheryl Smith, each of the leads for the 7 priority areas, lead commissioners
Data source / period	SEL Quality – June 2022 update

Quality Alerts (Themes & Trends) - April and May 22

There were 31 Quality Alerts raised during this period in Lambeth.

Top key themes from Lambeth during this period:

1. General Referral issues
2. Delayed Test results
3. Poor communication
4. Treatment delays(failure to provide timely treatment)



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Trust	No. of QAs
Guys and St Thomas' NHS Foundation Trust	15
Kings College Hospital NHS Foundation Trust	4
Viapath	2
Dartford & Gravesham NHS Trust	1
Grafton Square Surgery (Dr Ala's Surgery)	1
Minet Green Health Practice	1
Moorfields Eye Hospital	1
NHS SEL CCG	1
NHS SEL CCG / Guys and St Thomas' NHS Foundation Trust	1
Riverside Medical Centre	1
SELDOC	1
South London, and Maudsley NHS Foundation Trust	1
St George's University Hospital NHS Foundation Trust	1
Total	31

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 – June 2022 update

Serious Incidents Overview – April & May 22

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

Description	No. of SIs
Delay in treatment	2
Accidental dislodgement of Equipment	1
Alleged physical assault to third party	1
Disruptive/ aggressive/ violent behaviour or assault	1
Failure to follow up	1
Fall	1
Invasive procedure error	1
Medication error	1
Never Event - Misplaced naso-or-oro-gastric tubes	1
Never event – Wrong site surgery	1
Pressure ulcer identified	1
Safeguarding - Adults	1
Suicide	1
Surgical Incident	1
Unexpected admission to NICU	1
Total	16

Trust	No. of SIs
Guys and St Thomas' NHS Foundation Trust	8
Kings College Hospital NHS Foundation Trust	4
South London, and Maudsley NHS Foundation Trust	4

Ethnicity	No. of SIs
Black or Black British - Caribbean	5
Not Stated	5
White - British	5
Other	1



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

- Risks in the process of being transferred over to the ICB Lambeth 'Place' Risk Register
- Estates risk to be looked at by GM and MB with a view to possibly closing and adding new updated risk/s
- Risk Owners should now be receiving reminders for risk reviews
- 2 risks are currently red,
 - Lambeth Together Program – This risk will stay red until transition to ICB is complete. Will then look at reducing risk score accordingly.
 - Risk is monitored regularly and risk owner / sponsors are happy to Keep score as is for now to ensure monitoring is performed.

Risk Forum

- ICS BAF will be refreshed in early July.
- Requested that all liaise with their Primary Care leads regarding possible addition of Ukrainian Scheme risk.

ICS Transition

- All risks now being transferred over to new ICB register for each place.

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 â€” including Kooth, Centrepoint and more., Successful bid for MHST funding - MHST programme commences Jan 2021, Redesigned model of CAMHS implemented July 2019 has seen improvement in performance, Monitored via monthly CMMs. Performance is improving., 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
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., Savings programme in place for joint budgets - new Coburg scheme opened to provide local borough resource	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, Also reviewed appropriate use of mental health funding streams for identified LD service users		6



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
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 86° 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 LSCP	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, LCSB 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, LCSB 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). 10 All 3 safeguarding partners have equal and joint responsibility for local safeguarding arrangements	OFSTED inspection May 2018 concluded that children services in Lambeth require improvement to be good with one area judged as inadequate	5
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, Now in post, Borough leads contributed to new safeguarding governance structures for ICS. New GP domestic abuse policy launched.	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, Appointing new local CCPL Quality Lead	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



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
140	Risk that uptake of Covid-19 vaccination is suppressed due to issues of Hesitancy leading to poorer Health outcomes and inequalities		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, 16 answer questions and encourage uptake	8	Regular reporting to LTEG through Borough Vaccination Steering Group, Multi-faceted and multi-agency Vaccination programme to work with hesitant or vulnerable patients in Lambeth		
141	Possible risk that the provisions of the Mental Capacity Act and Deprivation of Liberty authorisations are not fully adhered to, resulting in a breach of the law and an individual's human rights.		CCG MCA Lead Continuing Care Team Commissioning Teams, MCA MCA Amendment Act 2019 Human Rights Act MCA Code of Practice/ DOLS Code of Practice, Lambeth Safeguarding Adults Board Lambeth SAB MCA Subgroup remains in place with DR as chair - waiting release of national guidance for new LPS., DoLS team available for advice Informal Resources such as the internet site "Mental Capacity Law" Legal Updates from 39 Essex Street SCIE mental capacity resources National MCA Forum NHS MCA Commissioner Toolkit NHSE MCA Commissioner Guidelines LSAB MCA QA Tool, Access to legal advice/ service via Capsticks CCG experience of legal processes in Court of Protection CCG MCA guidance, Liberty Protection Safeguards & Mental Capacity Act Designated Lead in place at SEL 12level.	8	LSAB MCA QA report demonstrates good baseline assurance in CCG and main providers MCA Lead, Policy in place for most commissioned nursing homes, DoLS audit demonstrated improved Form 1 quality from main providers, MCA awareness events arranged via LSAB MCA training provided for Integrated Commissioning team, MCA Masterclass session, Every CCG funded DOLs objection is overseen by legal services CCG knowledge of legal processes in Court of Protection Risk reviewed at the Management Team meeting Lambeth Advance Planning Consortium CCG register of DoLS cases., Continued review of joint opportunities with new LPS legislation		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
142	Failure to maintain high immunisations performance will pose a communicable diseases risk to young peoples health and subsequent need to access services.		Although meetings were suspended during covid, there are plans to refresh and restart the group. Public Health continues to monitor vaccination coverage across the borough and work with key partners to address challenges., Immunisations is on the agenda of the CYP Alliance board., Regular attendance at the NHSE Imms Performance and Quality Board led by NHSE. Although suspended during covid, improving data sharing in place. For E.G. regular look ahead reports to GP practices to inform of relevant cohort by month/quarter for call/recall; Practice level data to ICS borough based leads to inform targeted remedial actions, Covid flu Vaccination plan 2021/22 being implemented with support from Public Health	12	Appropriate working groups and documentations in place, including NHSE Imms Performance and Quality Board led by NHSE., Public Health scrutiny of commissioning arrangement for immunisations programs		
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.		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.	12	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.		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 9NEV 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	The Lambeth Together programme has continued to operate effectively throughout the pandemic; utilising integrated working to manage Covid-19 response and recovery., Officers are ensuring there is balance between transformation and pandemic management; managing immediate demands and longer-term objectives., The partnership shifted their strategic direction to one of Covid-19 recovery and this has formed the basis of the programme development.	16	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., 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. 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. 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.		
319	There is a risk that the CCG will not meet budget or performance requirements for Prescribing and Continuing Health Care in 2022/23. 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 2021/22 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. Reset SEL savings programmes in place for both prescribing and CHC - further progression on CHC Transformation project	16	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. Continued routine scrutiny of performance scheduled through 22-23		



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 (M12 2022) Lambeth Borough (SEL CCG)

- The M12 (March 2022) full year budget was £184.1m. The borough reported an overall financial outturn position of £44k underspend for the financial year 2021-22.
- Continuing Care: The borough overall reported position includes Continuing Health Care (CHC) £1.2m overspend mitigated by non-recurrent flexibilities and underspend in other budget areas. The CHC reported position was built off the patient database and risk adjusted for identified reporting issues.

2021-22 (M12 2022) Lambeth Council

- The M12 full year budget was £97.3m. The 2021/22 outturn position is overall breakeven as forecast throughout the year as the underlying overspend position of £3m was largely balanced through non-recurrent sources of funding.
- There were a number of significant overspends in Adult Social Care. Mental Health had a £2.6m overspend mainly due to overspends in most areas of purchased care which is a similar position to the previous few years. Learning Disabilities had a £5m overspend which is due to large increases in expenditure on purchased care from the greater acuity of clients that have come into the service over the last two years along with some other one-off items of expenditure. Although the Older People service was near to breakeven, there have been significant increases in client numbers and expenditure which were off-set by increased council budgets and NHS income to help fund discharges.



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

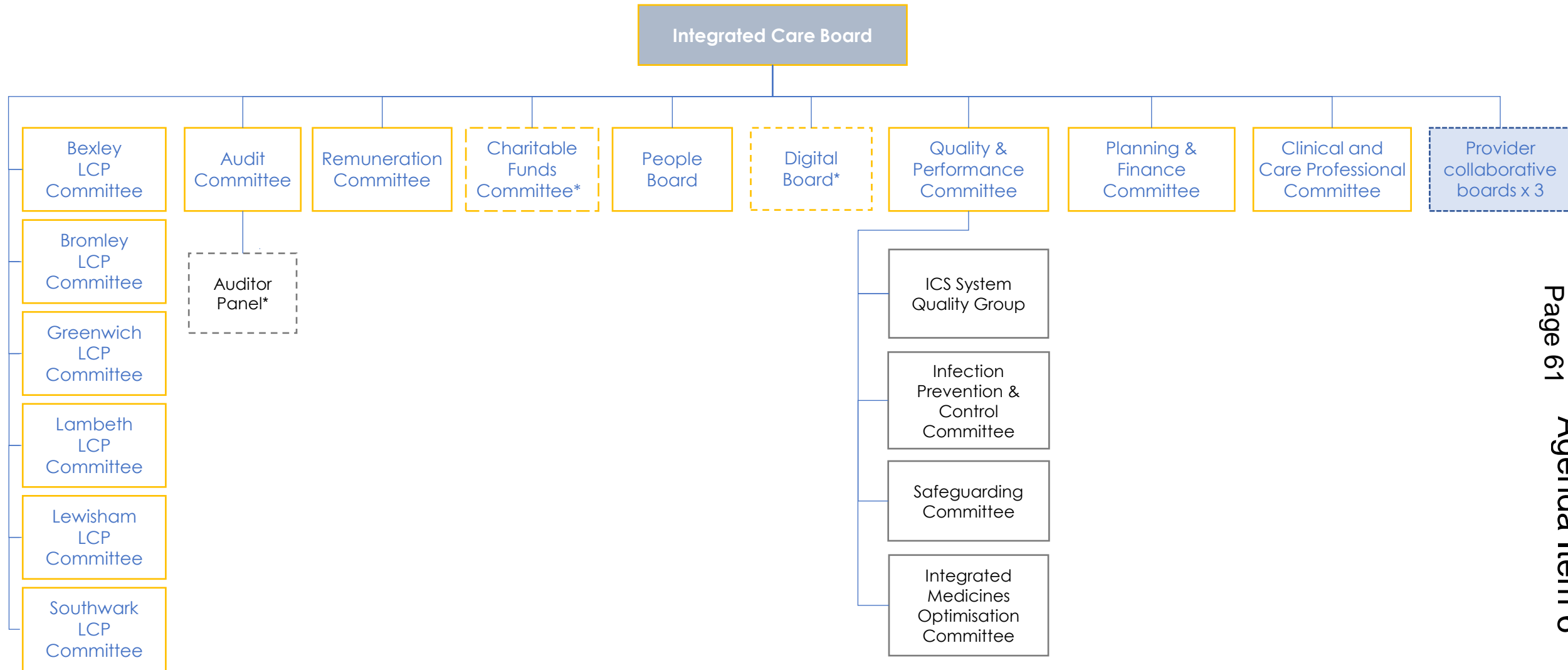


This glossary will be developed as the framework is populated with assurance material

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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South east London ICB governance structure



Notes:

* Full terms of reference to be developed. Final ToRs will be presented for approval by the ICB Board ahead of first meetings of the respective committee / board / panel.
LCP – Local Care Partnership

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**Non-executive
and Partner
members**



Richard Douglas
ICB Chair



Anu Singh
Non Exec Director



Peter Matthew
Non Exec Director



Paul Najsarek
Non Exec Director



Debbie Warren
Partner Member
Local Authorities



Prof Clive Kay
Partner Member
Acute Care



Dr Ify Okocha
Partner Member
Community



David Bradley
Partner Member
Mental Health



Dr George Verghese
Partner Member Primary
Medical Services

**Executive
members**



Andrew Bland
ICB Chief Executive
Officer



Angela Helleur
Chief Nursing
Officer



Dr Jonty Heaversedge
Joint Chief Medical
Officer



Dr Toby Garrood
Joint Chief
Medical Officer



Mike Fox
Chief Financial
Officer



Dr Angela Bhan
Bromley Place
Executive Director



Stuart Rowbotham
Bexley Place
Executive Director



Sarah McClinton
Greenwich Place
Executive Director



Andrew Eyres
Lambeth Place
Executive Director



Ceri Jacob
Lewisham Place
Executive Director



James Lowell
Southwark Place
Executive Director

**Executive
Directors**



Beverley Bryant
Chief Digital Officer



Sarah Cottingham
Executive Director of
Planning



Tosca Fairchild
Chief of Staff



Ranjeet Kaile
Director of
Communications
and engagement



Julie Screaton
Chief People Officer

**Presenting
items today**



Michael Boyce
Director of Corporate
Operations



Martin Wilkinson
Chief Operating Officer
Southwark

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Lambeth Together Strategy Development

Lambeth Together Care Partnership
20th July 2022



Working in partnership for a healthier borough

Strategic Development - timeframes



Joint Strategic Needs Assessment

Lambeth Borough Plan

Health and Wellbeing Strategy

Lambeth Together Strategic
Health and Care Plan

SEL ICS Strategy

April/May/June



July/August/Sep



Oct/Nov/Dec



Jan/Feb/March



The process of developing our new HWB strategy

- Current Strategy created in 2013, and lasts until 2023; last refresh 2016
- We're working to develop a new plan with a timeline to get the high-level priorities and strategy agreed by October 2022
- This will be the key strategic framework to guide our priorities for action over the next 5 years



What we have been doing to date to produce the new HWB strategy?



- Started to **synthesise the output of any public engagement**
 - to secure deep understanding of what our communities think is important for their health and wellbeing, we're capturing the key messages that have come through any existing public consultation and engagement activity.
 - We'll identify any gaps and plan to fill them if there are voices we haven't heard.
- Undertaken **organisational engagement**
 - talking to key anchor organisations and groups to capture their immediate thoughts about what is important for Lambeth, building on what they know about the borough and its people.
 - Undertaken 60+ interviews and conversations from our key anchor organisations to date
- Started to **understand the themes emerging from the JSNA**
 - Picking up where and how things have changed since 2016 to help support the development of changed or new priorities for our new strategy.
- Understand **what we've achieved**, and where there's still work to do
 - Against our 2016 priorities, to identify any gaps or remaining action needed.
- Listened to what is happening **nationally and internationally**, to help us learn
 - For example, the work by Marmot relating to tackling inequalities
- Engaged at **the Lambeth Health and Wellbeing Board** on the emerging areas of focus, our ambition and our ways of working




What is emerging from this work?



We need a clear, unambiguous statement which sets out our ambition, something like:

Lambeth is a place where all people have the opportunity to experience good health and wellbeing

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Feedback so far says we should be bolder and recognise the challenging context that we face to tackle health inequalities





What is emerging: key areas for focus

Since 2016 our areas of focus have moved on - less on system changes, more on the people of Lambeth

The following are emerging as key areas for focus for us now:

- **Inequity** – how can we genuinely reduce inequity? How can we take a real anti-racist approach to this work? How can we ensure this strategy is driven by tackling inequalities, and that isn't just part of what we do?
- **Children and young people** – how can we work to improve the health and wellbeing of young people in the borough? How can we mitigate the impact of serious crime on the health and wellbeing of children and young people?
- **Mental Health and resilience** – how can we support good mental and emotional health throughout life? How can we build resilience within our communities?
- **Healthy Aging** – how can we build on what we already do to enable people to live active and healthy as they get older?
- **Involving communities** – how can we build bridges from the formal system to the informal system of community assets and action to enable better health and wellbeing outcomes for all? How can we work better within localities and at a neighbourhood level?
- **Housing** – how can we build on what we have already achieved to improve housing and the impact that it has on people's health and wellbeing?
- **Climate Action** – how can we better understand and mitigate the impact of climate change on people's health and wellbeing, building on the borough's commitments in the Lambeth Climate Action Plan?
- **Poverty** – how can we work to mitigate the impact on people's health and wellbeing of cost of living rises? How can we always consider the intersection of deprivation and rising cost of living?
- **Employment and skills** – how can we support people into good work?


Feedback so far says we should be more focused, but to include loneliness and social isolation



What is emerging: the way we work

In all key discussions, there are a **set of principles emerging which direct the way in which we work**. These include, but are not limited to always taking:

- a positive and action orientated approach to equity throughout all we do, taking an anti racist approach;
- an asset based approach, building and amplifying what is already in the community;
- an integrated, systems approach, which understands that no one organisation has the answers to these complex issues we are attempting to tackle.



Feedback so far suggests we need to explain what this means in practice – so that it really generates action

Next steps



- We are building our prioritisation matrix, to help us work out which of our emerging areas of focus should be our priority and feature in this strategy.
- Organisational engagement and public consultation will continue over the next 8 – 12 weeks, including an engagement exercise with the voluntary and community sector and consultation on our draft strategy, to extend the views we can capture from across the borough.
- We're aiming for final sign off at the October Health and Wellbeing Board, with this board seeing the final consultation draft ahead of formal sign off
- If you would like more involvement or have more to contribute, please get in touch with us in the Public Health team via publichealth@lambeth.gov.uk





Fuller Stocktake Review: Next Steps for Integrating Primary Care

**Lambeth Together Care Partnership Board
July 2022**



- In November 2021 NHS England asked Dr Claire Fuller, GP and CEO Surrey Heartlands ICS, to undertake a stocktake of integrated primary care to look at what is working well, why it's working well and how we can accelerate the implementation of integrated primary care (incorporating the current 4 pillars of general practice, community pharmacy, dentistry and optometry) across systems. The remit excluded the partnership model, the GP contract and the funding formula.
- The Stocktake team engaged with almost 1,000 people through workstreams, roundtables and one-to-one meetings, and had over 12,000 individual visits to a dedicated engagement platform and over 1.5 million Twitter impressions.

- The engagement reached a consensus that what is not working in primary care is access and continuity, with frustrations shared by both patients and staff alike. What also emerged was a consensus on what to do differently with 15 areas of shared action identified.
- At the heart of this report is a new vision for integrating primary care, improving the access, experience and outcomes for our communities, which centres around three essential offers:
 - **Streamlining access to care** and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
 - **Providing more proactive, personalised care** with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions
 - **Helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention.
- The Stocktake Report acknowledges a number of challenges to deliver the vision, and notes local leadership at Primary Care Network (PCN), place and system level will be the difference between success and failure in integrating primary care. It has received the support of all 42 Integrated Care System leads in England, including South East London.



Next steps for integrating primary care: Fuller Stocktake report

Commissioned by NHS England and NHS Improvement from Dr Claire Fuller, CEO (designate) Surrey Heartlands ICS

MAY 2022



Integrated neighbourhood teams

- Systems are encouraged to support primary care to build on the primary care network (PCN) structure by coming together with other health and care providers within a local community to develop integrated neighbourhood teams at the 30,000-50,000 population level. This will help to realign services and workforce to communities and drive a shift to a more holistic approach to care.
- This means putting in place the appropriate infrastructure and support needed to build these multi-disciplinary teams, so they can proactively tailor care to meet the needs of the communities and individuals in their local population, with a particular focus on the most deprived 20 per cent of their population ([Core20PLUS5](#)).

Streamlined access

- To improve access, primary care should be supported to offer streamlined access to urgent, same-day care and advice from an expanded multi-disciplinary team and given the flexibility to adapt their service to local need.
- Data and digital technology should be optimised by systems to connect existing fragmented and siloed urgent same-day services, empowering primary care to build an access model for their community that gives patients with different needs access to the service that is right for them.
- This will also create resilience around GP practices by connecting patients to the practitioner who meets their need, rather than increasing GP referrals to additional services, increasing practices' capacity to deliver continuity of care.

Personalised care for those who need it

- People should be able to access more proactive, personalised support from a named clinician working as part of a multi-professional team. To achieve this, development of neighbourhood teams providing joined-up holistic care to people who would most benefit from continuity of care in general practice (such as those with long-term conditions) should be supported and delivered in partnership with system partners and primary care.
- This model of care should offer greater shared decision-making with patients and carers and maximise the role of non-medical care staff, such as social prescribers, so people get the care they need as close to home as possible.

Helping people to stay well for longer

- There should be a more ambitious and joined-up approach to prevention for the whole of health and care with a focus on the communities that need it most. System partners should work collectively across neighbourhood and place to share expertise to understand what factors lead to poor health and wellbeing and agree how to work together proactively to tackle these.
- This means building on what primary care is already doing well to improve local community health: working with communities, effective use of data, and relationships with local authorities while harnessing the wider primary care team including community pharmacy, dentistry, optometry and audiology, as well as non-clinical roles.

Creating the environment for change



Locally driven change

- Local decision-making should be maximised to enable the delivery of improved support at a local level. NHS England and NHS Improvement (NHSEI) should consider what investment could be devolved to ICSs as part of the implementation of the wider recommendations.
- NHSEI should also consider combining and simplifying central programme and transformation budgets for primary care.

Estates

- Estates that are not fit for purpose can impact how well providers can collaborate. Therefore, there needs to be greater weighting of capital investment to primary care estates, informed by a detailed review of physical space within systems to build a one public estate approach.
- NHSEI and the Department of Health and Social Care should consider what flexibilities and permissions should be afforded to systems to build estates capability.

Data and digital

- Shared data and digital capabilities can play a big part in joining up services and help the whole health and care system to deliver care informed by local knowledge.
- A shared patient record, interoperability and system-level data analysis capabilities are essential to planning and delivering service in a coherent way.
- ICSs should develop coherent plans to data sharing and cross-system IT infrastructure, supported by NHSEI.

Leadership and representation

The report outlines the importance of primary care leadership and representation across the whole system. It states that investing in leadership at PCN, place and system level will be the difference between success and failure in integrating primary care.

ICSs will want to ensure that primary care leadership across all four pillars is embedded across systems – this might be through the creation of, and continued engagement with, a primary care forum or network.

ICSs will also want to ensure integrated neighbourhood teams are linked to – and represented on – all place-based boards.

Workforce

- Workforce capacity remains a huge pressure on primary care. There must be a continued focus on recruiting and retaining GPs and the wider primary care workforce, alongside optimising current capacity with a long-term, system-wide workforce strategy that includes primary care.
- The report welcomed progress made in recruitment through the Additional Roles Reimbursement Scheme (ARRS). However, it recognised there needs to be improvements in supervision, development and career progression. Systems and national leaders also need to support PCNs to deliver the ARRS offer post-2024.
- More work is also required to make primary care more attractive to staff by addressing work-life balance, parity with other NHS career paths, and making a portfolio career more accessible. Training and education to encourage career development should be rolled out across primary care, from clinical to managerial and reception roles.

Infrastructure

- To ensure the right environment for improvement, there needs to be stability in general practice across all parts of the country. This can be achieved by:
 - utilising at-scale providers, such as GP federations, to enable general practice to work with other providers
 - providing support where there are gaps in provision or services which are deemed inadequate by the Care Quality Commission.
 - back-office support such as HR, finance and organisation development to be delivered by at-scale providers such as GP federations or NHS trusts.
- At a national level, there should be consideration of the contractual and funding levers needed to create the right environment for integration and improving local health outcomes.
- At a system level, there needs to be accountability for delivery of integrated primary care reflected in the ICS accountability framework. This should include tailored support to practices to improve and, where appropriate, actively commission new providers of integrated list-based primary care that includes a focus on quality improvement.





- Reinforces the importance of a number of current Lambeth plans around the development of PCNs, working in neighbourhoods with partners through our Delivery Alliances and Local Care Partnership.
- Builds upon the concepts of different types of care being offered, tailored to patient needs – e.g. same day vs long-term complex care.
- Acts in synergy to our Lambeth Together partnership ambition. It is also a call-to-action for the wider South East London ICS around the phasing and pace of change – e.g. with improving the enablers of change such as workforce and digital, reducing health inequalities by looking at the “Core20+5”, and switching to a greater focus on prevention.



- Current Primary Care transformation plans in Lambeth and South East London will be reviewed to ensure full alignment with the Fuller Review, and to ensure the necessary support is in place to deliver against its recommendations to ICSs.
- The Lambeth Clinical Cabinet will integrate the key components of the recommendations into their plans to support General Practice to survive and thrive locally, including further engagement with patients, communities and partners.
- Alignment work will also take place against our Delivery Alliances, EDI and related partner programmes.
- A further update will be brought back to the Lambeth Together Care Partnership Board later in the year with plans and progress.



Questions?



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Our Child Friendly Lambeth Journey

Lambeth Together Partnership, July 2022



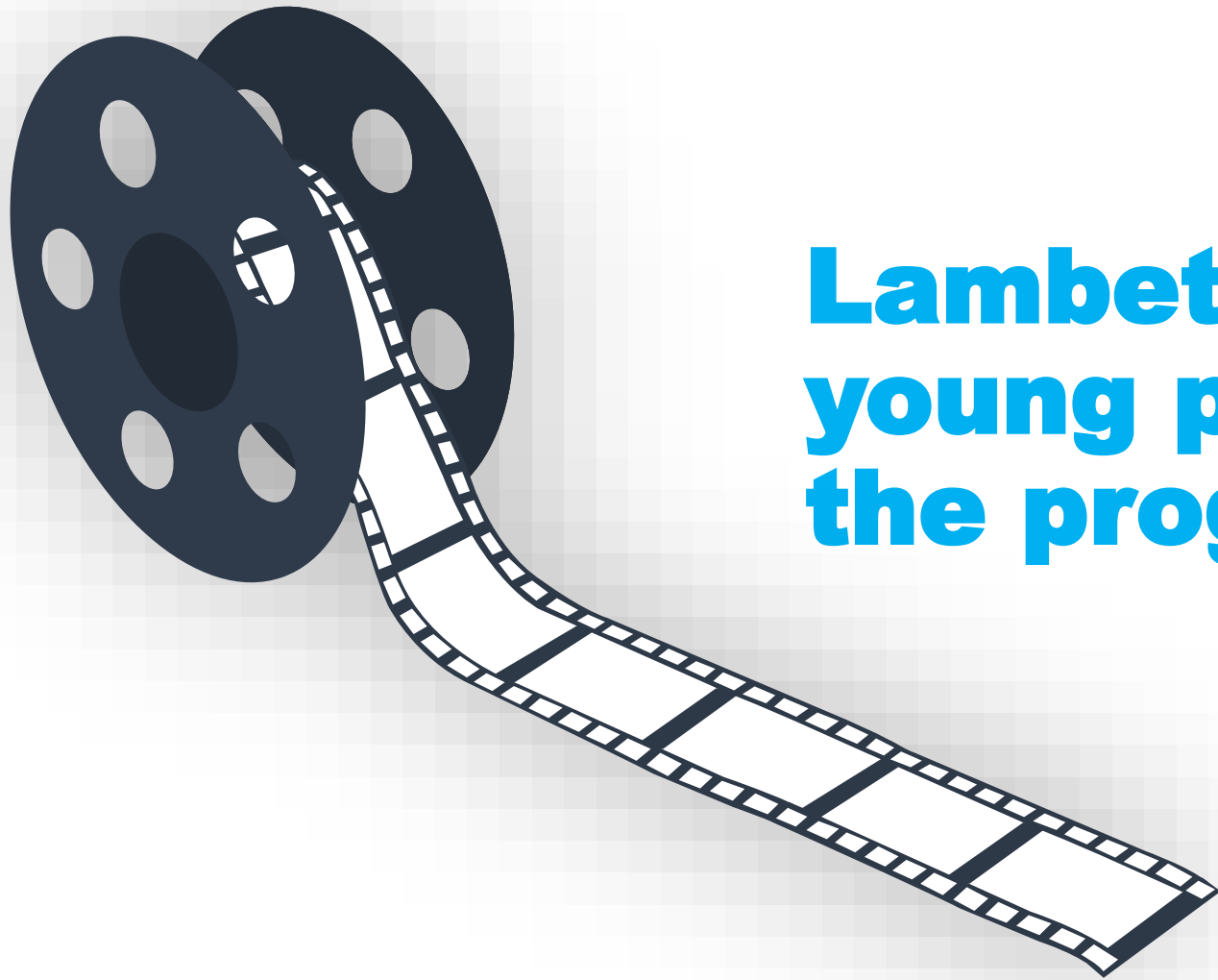
CANDIDATE



**“A PLACE WHERE
CHILDREN’S RIGHTS AND
VOICES ARE AT THE HEART
OF EVERYTHING WE DO”**

**WHERE CHILDREN AND
YOUNG PEOPLE HAVE A
MEANINGFUL SAY IN, AND
TRULY BENEFIT FROM,
THE LOCAL DECISIONS,
SERVICES AND SPACES
THAT SHAPE THEIR LIVES**





Lambeth's children and young people introducing the programme



Although this is council led, this is very much a partnership programme across Lambeth's vibrant sectors

"It takes a village to raise a child"

Our aspirations

- For all decision making, services and support to be underpinned by the rights of the child
- Lambeth to put the needs and lived experiences of children and young people right at the heart of our thinking
- Lambeth to become a safer, supportive and even more exciting place to grow up in
- Lambeth to be a community where all children and young people, especially the most vulnerable, marginalised and disadvantaged, have equal opportunities to grow and thrive

For children and young people to thrive – and truly feel safe, heard, cared for and able to flourish – services and spaces must be designed and run with children's rights in mind.



A selection of some of CFL's partners



EBONY HORSE CLUB
CHANGING LIVES IN THE HEART OF BRIXTON

LAMBETH LIBRARIES



The **BOURY** Academy

LAMBETH
YOUTH COUNCIL



GARDEN MUSEUM

aym media
group

healthwatch
Lambeth

MUD GANG



Well
centre



Peabody

Faiths Together
IN LAMBETH

integrate

BLACK PRINCE TRUST

<p>1</p>  <p>DEFINITION OF A CHILD</p>	<p>2</p>  <p>NO DISCRIMINATION</p>	<p>3</p>  <p>BEST INTERESTS OF THE CHILD</p>	<p>4</p>  <p>MAKING RIGHTS REAL</p>	<p>5</p>  <p>FAMILY GUIDANCE AS CHILDREN DEVELOP</p>	<p>6</p>  <p>LIFE, SURVIVAL AND DEVELOPMENT</p>	<p>7</p>  <p>NAME AND NATIONALITY</p>	<p>8</p>  <p>IDENTITY</p>	<p>9</p>  <p>KEEPING FAMILIES TOGETHER</p>
<p>10</p>  <p>CONTACT WITH PARENTS ACROSS COUNTRIES</p>	<p>11</p>  <p>PROTECTION FROM KIDNAPPING</p>	<p>12</p>  <p>RESPECT FOR CHILDREN'S VIEWS</p>	<p>13</p>  <p>SHARING THOUGHTS FREELY</p>	<p>14</p>  <p>FREEDOM OF THOUGHT AND RELIGION</p>	<p>15</p>  <p>SETTING UP OR JOINING GROUPS</p>	<p>16</p>  <p>PROTECTION OF PRIVACY</p>	<p>17</p>  <p>ACCESS TO INFORMATION</p>	<p>18</p>  <p>RESPONSIBILITY OF PARENTS</p>
<p>19</p>  <p>PROTECTION FROM VIOLENCE</p>	<p>20</p>  <p>CHILDREN WITHOUT FAMILIES</p>	<p>21</p>  <p>CHILDREN WHO ARE ADOPTED</p>	<p>22</p>  <p>REFUGEE CHILDREN</p>	<p>23</p>  <p>CHILDREN WITH DISABILITIES</p>	<p>24</p>  <p>HEALTH, WATER, FOOD, ENVIRONMENT</p>	<p>25</p>  <p>REVIEW OF A CHILD'S PLACEMENT</p>	<p>26</p>  <p>SOCIAL AND ECONOMIC HELP</p>	<p>27</p>  <p>FOOD, CLOTHING, A SAFE HOME</p>
<p>28</p>  <p>ACCESS TO EDUCATION</p>	<p>29</p>  <p>AIMS OF EDUCATION</p>	<p>30</p>  <p>MINORITY CULTURE, LANGUAGE AND RELIGION</p>	<p>31</p>  <p>REST, PLAY, CULTURE, ARTS</p>	<p>32</p>  <p>PROTECTION FROM HARMFUL WORK</p>	<p>33</p>  <p>PROTECTION FROM HARMFUL DRUGS</p>	<p>34</p>  <p>PROTECTION FROM SEXUAL ABUSE</p>	<p>35</p>  <p>PREVENTION OF SALE AND TRAFFICKING</p>	<p>36</p>  <p>PROTECTION FROM EXPLOITATION</p>
<p>37</p>  <p>CHILDREN IN DETENTION</p>	<p>38</p>  <p>PROTECTION IN WAR</p>	<p>39</p>  <p>RECOVERY AND REINTEGRATION</p>	<p>40</p>  <p>CHILDREN WHO BREAK THE LAW</p>	<p>41</p>  <p>BEST LAW FOR CHILDREN APPLIES</p>	<p>42</p>  <p>EVERYONE MUST KNOW CHILDREN'S RIGHTS</p>	<p>43-54</p>  <p>HOW THE CONVENTION WORKS</p>	<p>Convention on the rights of the child</p>	

Why are we embarking on this ambitious journey?

What UNICEF UK are telling us

Decision making

Children are largely excluded from public decision making processes with no voting ability

Power

Children have limited power or space to speak on their own behalf

Public services

Responsibility for children tends to be fragmented across departments and their visibility in official processes is low. Children make more use of and depend more on public services than adults and there is a high probability of adverse effects on children when those services fail them

Remedy and redress

Children have less access to complaints mechanisms, remedy and redress

What we want to do

Children's profile

Raise the profile of children's issues and needs in Lambeth

Decision making

Make children 'visible' in decision making processes that affect them. Make decisions informed by those whom they will directly affect

Children's rights

Raise awareness, understanding and support practical application of children's rights in Lambeth

Joint working

Improve joint working across services and agencies by considering impacts on the whole child, rather than a programme or service





Child Friendly Lambeth

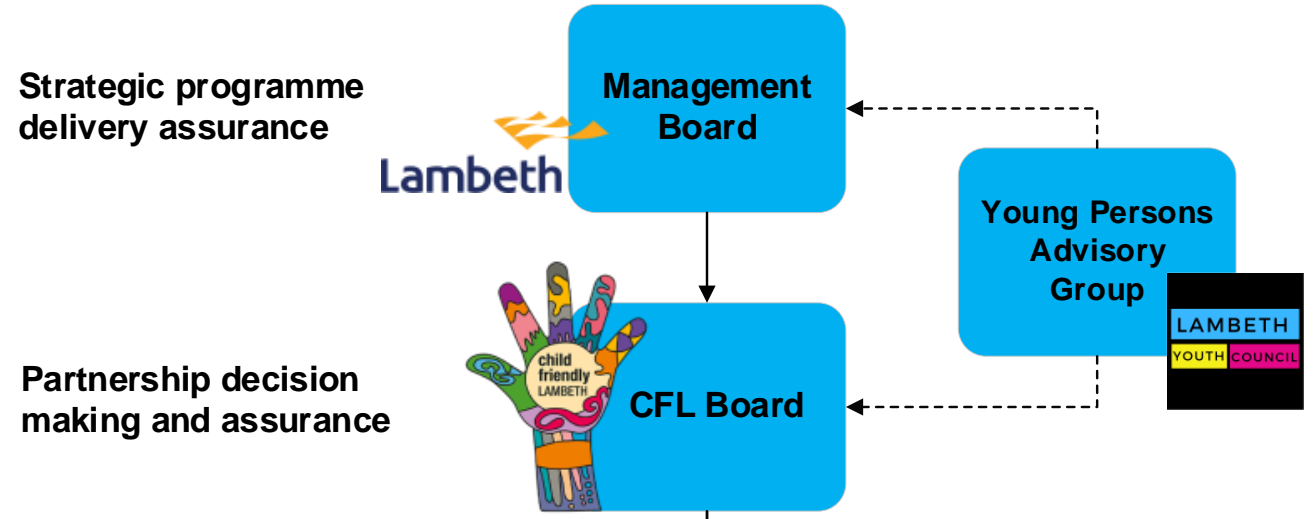


Lambeth's Big Ambitions	Sustainable growth: a growing economy that everyone benefits from	People have support to live as well and independently as they can	Equality, Diversity and Inclusion	Communities that are thriving and connected	Lambeth is a place people want to live, work and invest
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Strategies and Plans <i>Examples</i>	Children and Young People's Plan (three-year)	Child Poverty Strategy	Road Danger Reduction Strategy	Economic Resilience Strategy	Transport Strategy	Sustainability Strategy	Housing Growth and Land Strategy
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Strategic Portfolio	Economy and Enterprise	Lambeth Made Education, Skills and Employment	Lambeth Made Safer	VAWG	Growth and Development	OD Transformation	Net Zero Carbon	Digital Lambeth
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CHILD FRIENDLY LAMBETH GOVERNANCE STRUCTURE



Discovery Phase: consultation working groups
Feb 22 – July 22

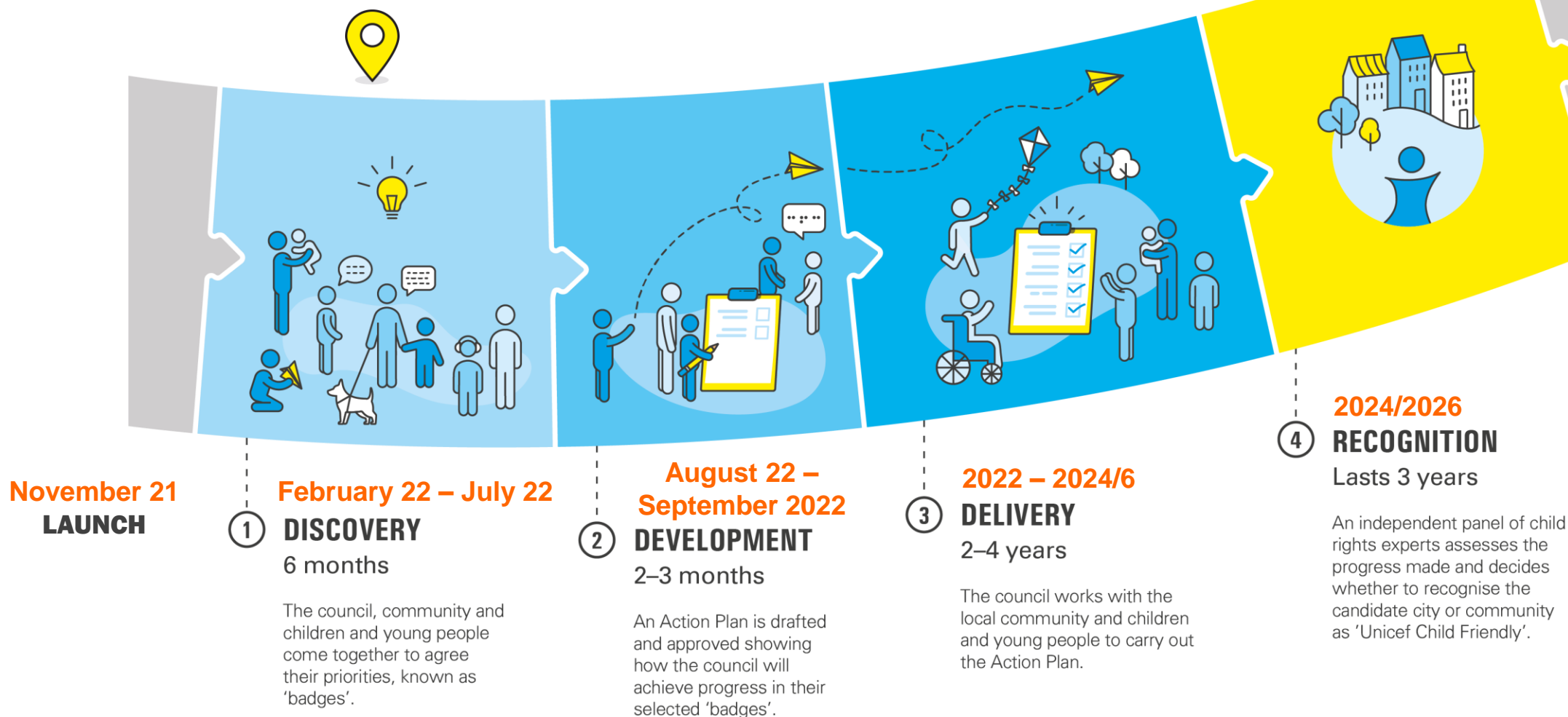
Development Phase: planning working groups
Aug 22 – Sep 22

Delivery Phase: work streams
Oct 22 – Oct 25



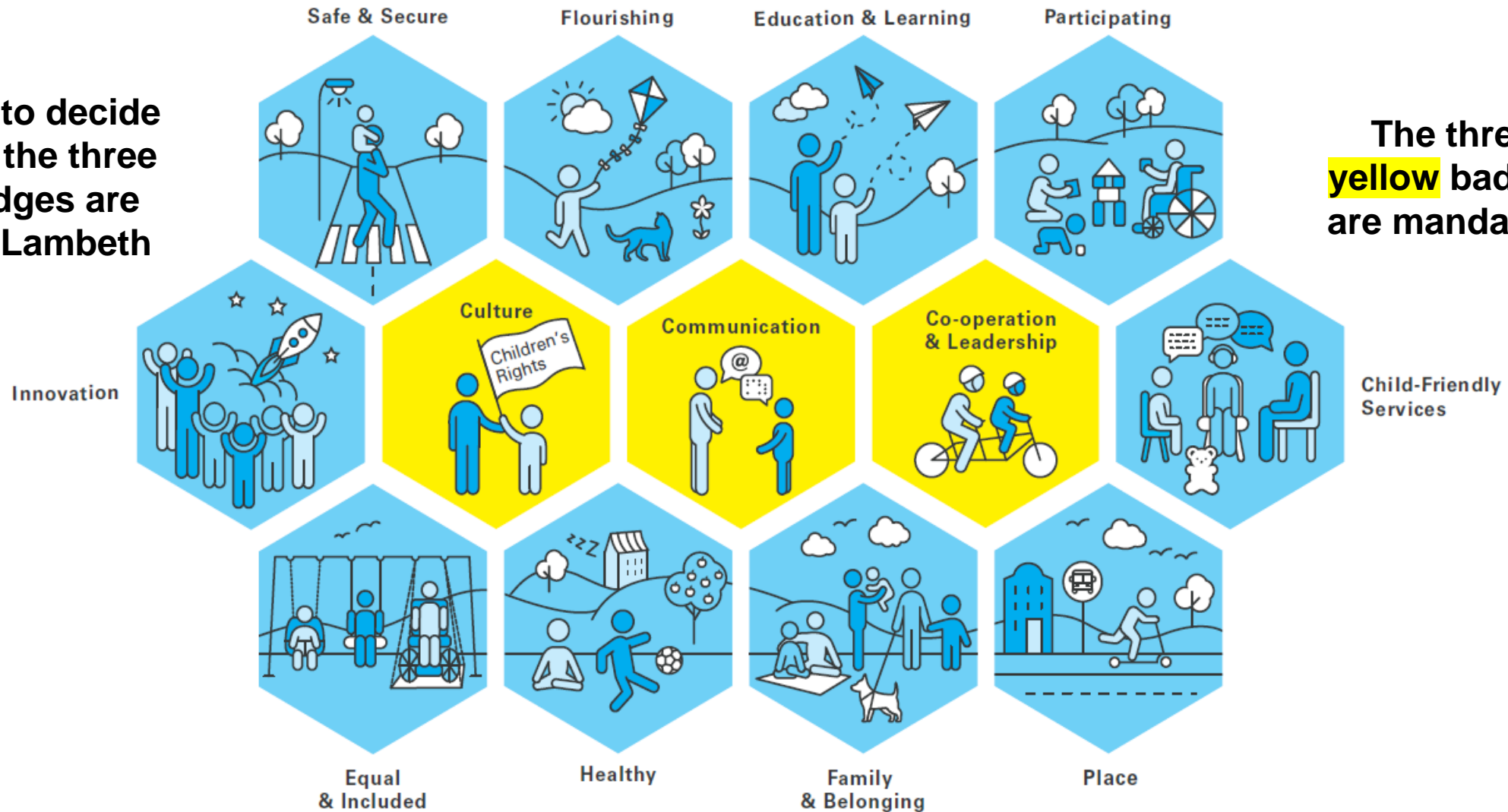
Overview of the CFL journey

We are here!



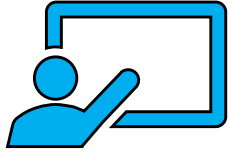
Choosing our UNICEF priority badges

We need to decide which of the three blue badges are right for Lambeth



The three yellow badges are mandatory

Discovery Phase: our progress so far



> **70** CFL presentations to colleagues and partners to socialise programme, forge relationships and strengthen CFL partnership.



396 responses to Children's Rights baseline survey from colleagues and partners in Lambeth.



> **450** consultations undertaken with diverse range of Lambeth young people thus far.



Development of suite of consultation materials: digital, written, verbal, creative, simplified and translated.



> **120** colleagues and partners undertaken UNICEF UK Children's Rights training. Young persons and elected members training scheduled for late June.



Confirmation of Lambeth Youth Council as CFL Young Persons' Advisory Group.



Regular national collaboration with other local authorities through the UNICEF UK partnership.



Creation and regular updating of CFL website with info, videos, links and resources.

Progress update: consultations

- All resources reviewed, amended and finalised according to feedback from Lambeth Youth Council, Fight4Change Young Advisors, primary school focus group and CFL Consultation working group.
- Calendar of consultation events undertaken by CFL core team and programme partners ongoing until end of July 2022.



[CFL Digital Survey](#)

[CFL Short Digital Survey](#)

[CFL consultation toolkit](#)





Our public launch of Child Friendly Lambeth

Windrush Square, March 2022



What our Delivery Phase **could** look like



Children's rights and voices

- Youth Mayor in Lambeth
- Council take over days
- Young inspectors and commissioners programme
- Young people's training to enable meaningful engagement in decisions and policy development
- Young people's scrutiny
- All services trained in children's rights
- Consultation principles agreed
- Annual young people's summits
- Curriculum for life in schools
- All materials child friendly
- Children's celebration events

Safe spaces and places

- Spaces designed by young people
- Welcoming public buildings
- Child friendly planning documents
- Safe spaces for young people to meet and play
- Child friendly architect
- Safe public transport
- Child friendly roads and cycle routes
- Safe high streets and communities
- Building trusting relationships with adults, services and Police

Child friendly services

- Set of child friendly principles agreed
- Child friendly commissioning frameworks
- Child friendly policy impact assessment
- Child centred practice
- Innovative child friendly services (Gas engineers, hairdressers)
- Affordable and accessible activities
- Young ambassadors programmes
- All schools awarded rights respecting status

Sustainability

- Evidence of strengthened practice
- How will this work be sustained beyond the programme?
- Draft and share **three-year sustainability plan**



Next steps for Child Friendly Lambeth

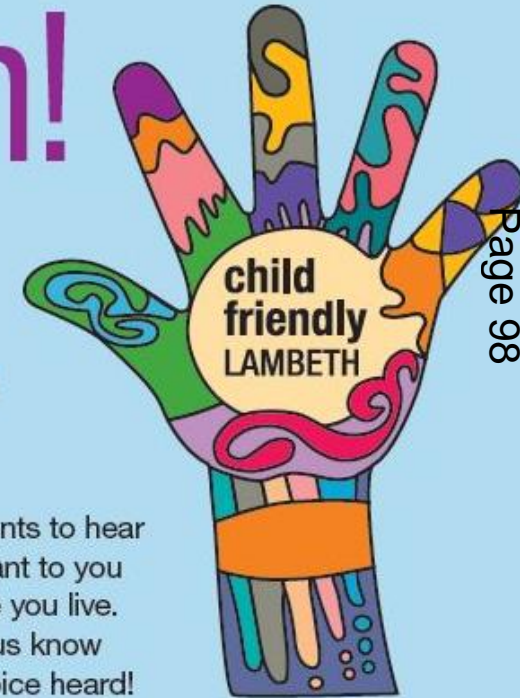
- **Over to YOUth!** month and continuation of consultations until end of July 2022.
- Continuation of UNICEF UK virtual training for colleagues, partners, elected members and young people.
- Analysis of all consultation results from August – October 2022.
- Presentation and dissemination of consultation results.
- Our Child Friendly art exhibition.
- Election of UNICEF UK priority badges and creation of Children and Young People's Strategy.
- Series of Youth Summits to confirm actions for CFL going forward.
- Move into Planning and then Delivery phases.

Over to YOUth!

Do you live in
Lambeth?

Are you under the
age of 25?

If so, Child Friendly Lambeth wants to hear from YOU about what is important to you in Lambeth and the place where you live. Scan the QR code below to let us know what you think and have your voice heard!



Scan the QR code to let us know what you think and have your voice heard!



Videos and useful links



Videos

[Child Friendly Lambeth Launch, November 2021](#)

[Child Friendly Lambeth Event in Windrush Square, March 2022](#)

Get in touch

childfriendly@lambeth.gov.uk

Useful links

[Child Friendly Lambeth website](#)

[UNICEF Child Friendly Cities website](#)



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Lambeth HEART

Health Determinants Research & Evaluation
Network

Update and next steps

Jennifer Curley

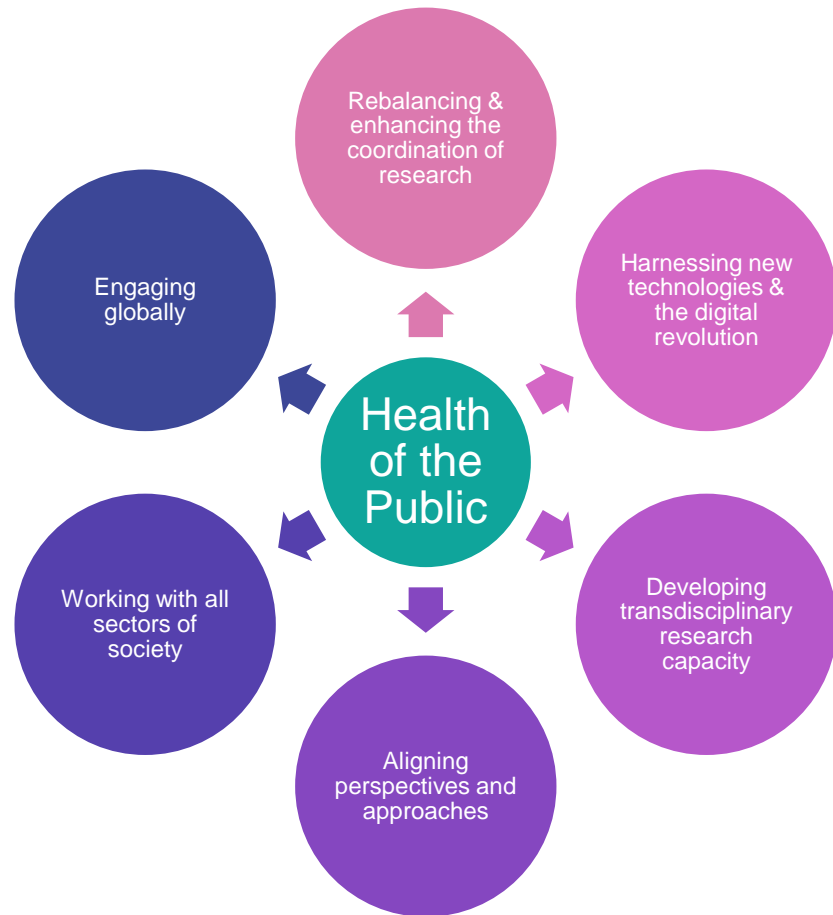
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Summary

- Section 1 - Background
- Section 2 – Lambeth Stage 2 summary
- Section 3 – Next steps

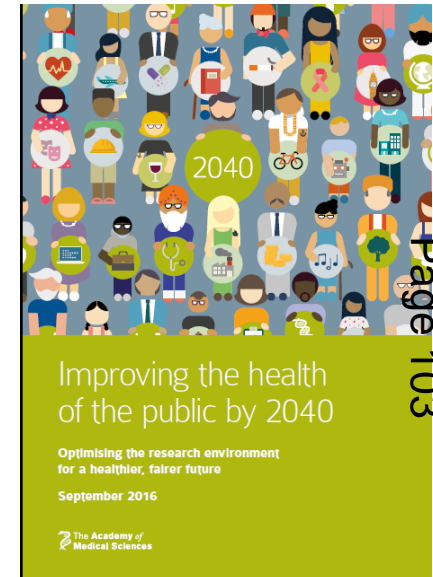


Summary of developments required for research



“Public health research has made significant contributions to improve our health. Yet there is still much we do not know about the myriad factors that influence health, and, importantly, the steps that should be taken to meet our primary aspiration of substantial and ongoing improvements in health and health equity.

Addressing this challenge will require a shift in the balance of research from therapeutic interventions towards integrated approaches that take whole population perspectives with a particular emphasis on prevention; from focusing on a narrow range of determinants to a much wider range of drivers of health and health equity; from studies that primarily aim to understand health outcomes to ones that aim to improve health outcomes; from individual- to population-level interventions; and toward regular evaluation of interventions that are implemented.”





Health Determinants Research Collaboration (HDRC)

- HDRCs are new elements of NIHR funded research infrastructure based in local government
 - purpose is to enable local authorities to **become more research-active**, using evidence to **inform their decision making** by undertaking research and evaluation relating to their activities, including synthesising and mobilising existing evidence
 - Central to this will be a strong **focus on health inequalities** and actions to tackle the particular issues faced by **disadvantaged groups and areas**.
- NIHR HDRCs will be nationally recognised centres of ‘research excellence, based in and led by local government, which receive core funding from the NIHR.’
 - Their focus will be on building **research capacity and capability** between local government and the academic sector.
 - Fundamental to each collaboration will be a **multi-disciplinary Research and Development (R&D)** team.
 - Each HDRC will support **public health capacity building** by enabling local authorities to become more research-active and thus more involved in shaping and driving forward the research agenda in a way that is most informative for the decisions and issues they face.
 - Each **HDRC will be a distinct entity** with clear geographical boundaries and a defined population. Transparent governance mechanisms, with clear leadership and a named leading contractual organisation, will be a requirement.





Funding and contract

- The value of each HDRC contract is likely to be up to **£5 million over five years**.
- **Five** HDRCs are expected to be commissioned in the first instance, with a vision for expansion in numbers in future years.
- **Eligible costs** include:
 - **core staff costs** (e.g. Director's time dedicated to the collaboration, an HDRC manager, R&D practitioner posts, IT support, administrators etc);
 - **training and development**;
 - **materials and consumables** for core HDRC facilities;
 - **communication and dissemination** activity costs.
- This funding cannot be used to fund interventions or council services.



Section 2: Lambeth Stage 2 - summary

This section provides a summary of the Lambeth stage 2 application



Local context



- **Diverse, vibrant and creative population**
 - Social & ethnic
- **Level of health & wellbeing needs are high**
 - Deprivation
- **Key strategic context**
 - **Borough Plan**
 - driving fairer outcomes for our diverse community by tackling inequality, collaborating, being transparent and delivering value for money.
 - **Lambeth Local Plan**
 - strategic objectives and policies for development for the period 2020 to 2035 focused on three overarching objectives 1/ economic, 2/ social and 3/ environmental
 - **Lambeth Together**
 - partnership of the NHS, local authority, the voluntary sector and others, focused on improving health and wellbeing and reducing inequalities for people in Lambeth through an integrated health and care system
- **LBL has significant research potential for transformation with a long history of collaboration**
 - Research infrastructure
 - Research collaborations



Overarching vision, aim and objectives



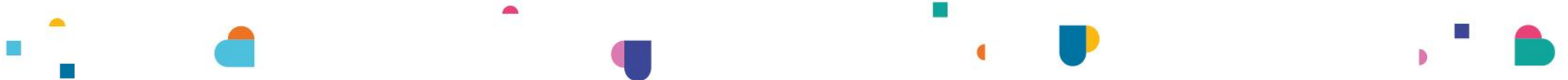
- **Vision:**
 - To understand and act on the drivers of health inequalities in Lambeth
- **Aim:**
 - To develop an **open and participative research collaboration** which generates new knowledge, identifies, and applies existing evidence to tackle wider determinants to reduce inequalities in health and wellbeing outcomes. This will be underpinned by research, data, evidence which involves local people and informs decisions made by LBL and its partners and is delivered within an integrated health and care system.
- **Objectives:**
 - **Develop a culture of research** through strong **leadership, training and engagement**
 - Establish mechanisms for the **co-production of research** priorities with local communities
 - Further develop and **build on existing data infrastructure** to support wider determinants research linking local authority data, and build capacity in this area
 - Develop **wider collaboration** to extend the scope of research agendas and projects
 - Build on **existing platforms to support dissemination** of learning, sharing of resources and engagement with partners and communities (active participation and dissemination).
 - Support **strategic and scalable interventions** which are likely to have reach and impact in the social determinants of health
 - **Ensure sustainability** by building skills and capacity to apply for external research funding aligned to local priorities





How will Lambeth HEART add value?

1. Will operate in an **advanced integrated health and care system (ICS)** that is also research active
 - a. with a formal **alliance contract designed to facilitate working across social determinants of health** including employment, education, housing, food and poverty
 - b. HDRC will **create infrastructure and capacity for our workforce** to engage more systematically to use research and evidence to deliver the ambitions of LBL and ICS to tackle inequalities.
2. Will support us to build on an **extensive and sophisticated linked data infrastructure across the life-course**
 - a. Lambeth DataNet, CRIS, eLIXIR
3. **Race equity and intersection with other protected characteristics**
 - a. Work with Black Thrive and other groups



What did staff say?



Some teams are **highly evidence-based** whilst most others report making decisions based on **insufficient evidence** or **lacking strong local research**. Decisions are often affected by **politics, local position** or **broader regional or national data**.

The biggest barrier to research were **lack of time and resources**

Most common **benefits** to increasing research capacity included **improved satisfaction for residents and staff** and **better funding and investment**

Collaboration with external researchers were **ad-hoc** and focused on a particular project, but very **useful** where they existed.

Resident **health and wellbeing** were part of council decision making processes to **varying degrees** – the link is well understood for many but they often lack evidence for this

Common staff **research priorities** included:

- (1) Improving service delivery i.e. **efficiency & resident experience**
- (2) working with residents more effectively i.e. **behavioural science**
- (3) **preventative and long-term measures**

Patient and Public Involvement and Engagement (PPIE)



Building trust between the community and authorities was a key issue for community partners. VCS organisations described a number of ways that trust could be built

- Authorities should demonstrate trust in local people as **experts by experience** avoid patronising local people/assuming that authority knowledge is superior
- Residents should **always be consulted and listened to**, and/or have a vote on decisions and services that are aimed at and affect them
- There should be a **defined outcome or action** as a result of research that can be seen by local people and will benefit them
- Honour the time contributed through **remuneration** and meaningful subsistence

An equal partnership should truly be equal

- Local people should feel **listened to**
- Equitable status on **boards/decision-making structures**
- Be respectful of their time – offer **travel support and remuneration**

A full spectrum of community groups with different characteristics should be consulted and involved

- Involve people from **underrepresented groups** in particular
- **Access** to ethnic minority and underrepresented groups should be sought via **existing networks, trained volunteers and VCS connections**
- Services and initiatives should be **culturally appropriate**, requiring involvement of ethnic minority and underrepresented groups from the start
- Reach these people via a **means of communication** that suits them – Whatsapp vs. in-person





Lambeth HEART

Health Determinants Research & Evaluation Network

Bayo Dosunmu – Chief Executive, Lambeth Council

Natalie Creary – Programme Delivery Director, Black Thrive Lambeth

Ingrid Wolfe - Reader in Paediatrics and Child Health, King's College London

Ruth Hutt – Director of Public Health, Lambeth Council

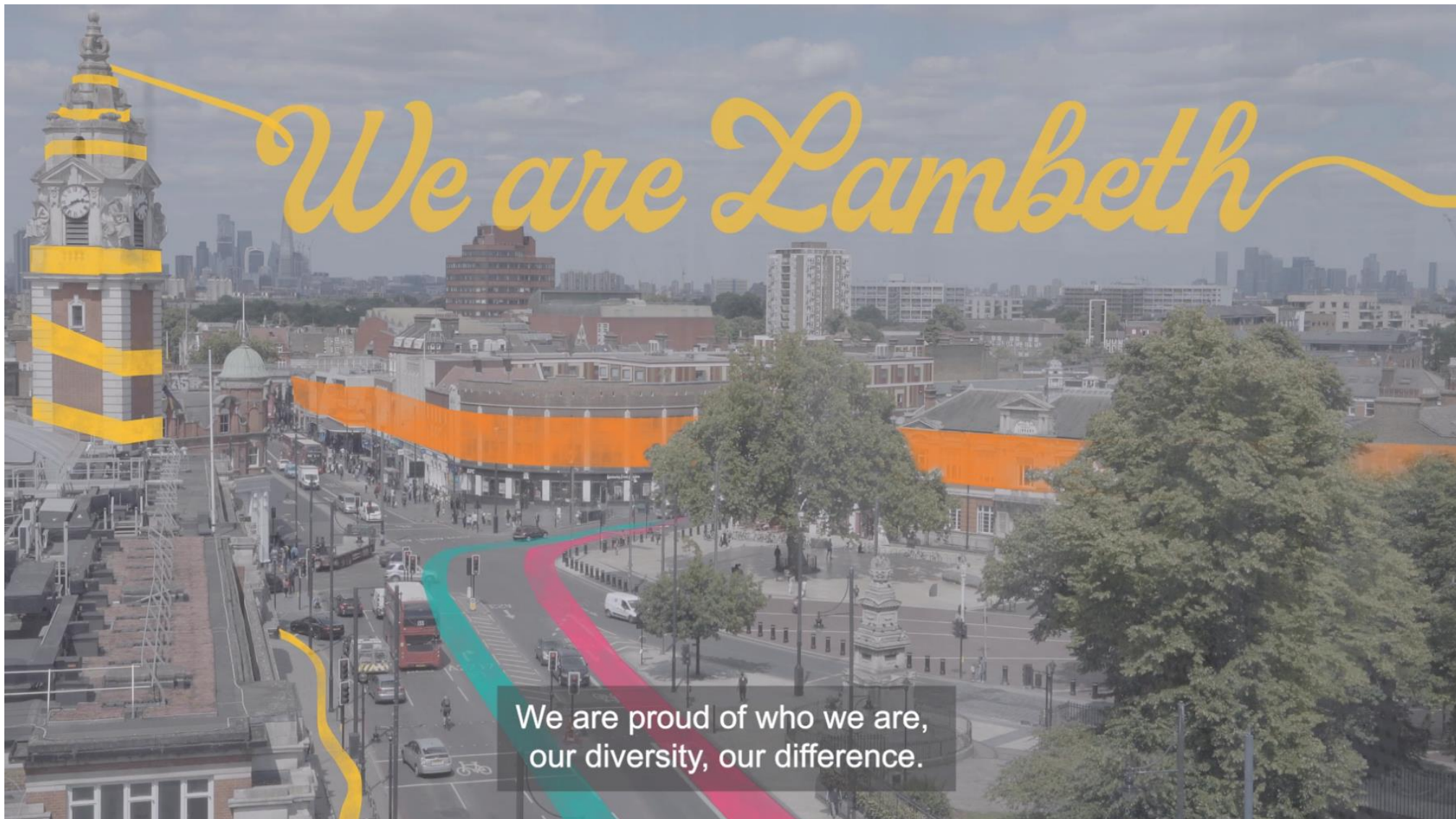
Applicants

- Hiten Dodhia - Consultant in Public Health (Joint Lead Applicant) LBL
- Ruth Hutt – Director of Public Health – (Joint Lead Applicant) LBL
- Gerald Power Senior Manager (Co-Applicant) LBL
- Ingrid Wolfe Reader in Paediatrics and Child Health (Co-Applicant) – KCL
- Jayati Das-Munshi Reader in Social & Psychiatric Epidemiology (Co-Applicant) – KCL
- Jill Manthorpe Professor of Social Work (Co-Applicant) – KCL
- Robert Stewart Professor of Psychiatric Epidemiology and Clinical Informatics (Co-Applicant)
- Mrs Juliet Amoa AD Community Health and Engagement (Co-Applicant) – LBL
- Natalie Creary Programme Delivery Director (Co-Applicant) – Black Thrive Global
- Jennifer Curley Project Officer (Co-Applicant) – LBL

Organisational support

- NIHR ARC South London
- Our Healthier South East London Integrated Care System
- Kings Health Partners – Academic Health Science Centre for London
- Healthwatch Lambeth
- Black Thrive Global/Lambeth
- Lambeth Together

Our vision



Lambeth HEART

Build on existing linked datasets and improve accessibility of local authority data



Research knowledge and skills developed and applied to real research project, utilising **citizens science approaches**, our network of VCS partners and peer researchers of Black Thrive to access those with lived experience and underrepresented groups



Feedback, monitoring and evaluation evidences higher levels of service engagement and better outcomes



Data & insight

Co-development

Research

Implementation

Evaluation

Impact



Co-produce and co-design research priorities and projects with staff, local communities, our Citizens Research Council (CRC), NHS and research partners



Transformation, adaptation and investment of services, policies and procedure based on sound local evidence



Health inequalities are improved through local policy, procedure and service, particularly for Lambeth's most vulnerable and deprived residents

Section 3 – Next steps



Future



- Provide feedback to staff and communities over the next few weeks on
 - Reflect on what all stakeholders have said
 - Communicate Lambeth HEART plans
- If successful in this round
 - Plan for co-production and delivery of Lambeth HEART
- If unsuccessful this round
 - Continue to develop thinking and approach
 - Consolidate on lessons learnt
 - Apply for future funding round



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