

## LAMBETH TOGETHER CARE PARTNERSHIP

Date: **Wednesday 8 March 2023**

Time: **1.00 pm**

Venue: **Suite 16, Lambeth Town Hall, Brixton, SW2 1RJ**

### Members of the Committee

Adrian McLachlan	GP, Living Well Network Alliance Clinical and Care Professional Lead – Southeast London Integrated Care Board
Andrew Carter	Strategic Director of Children's Services (DCS) - Lambeth Council
Di Aitken	GP, Lambeth Together Care Partnership Board Co-chair and Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead - Southeast London Integrated Care Board
Fiona Connolly	Executive Director of Adult Social Care, Strategic Director of Children's Services – Lambeth Council
George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet – Southeast London Integrated Care Board
Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead – Southeast London Integrated Care Board
Ruth Hutt	Director of Public Health - Lambeth Council
Cllr Ben Kind	Cabinet Member for Children and Young People - Lambeth Council
Cllr Jim Dickson	Cabinet Member for Healthier Communities (job-share), Lambeth Together Care Partnership Board Board Co-chair - Lambeth Council
Cllr Marcia Cameron	Cabinet Member for Healthier Communities (job-share) - Lambeth Council
<i>Vacant</i>	Programme Director, Black Thrive
Richard Wiltshire	Patient and Public Voice Member
Sarah B Flanagan	Patient and Public Voice Member
Sue Gallagher	Lambeth Together Care Partnership Board Lay Member - Southeast London Integrated Care Board
Andrew Eyres	Strategic Director, Integrated Health and Care, Lambeth. Place Lead Executive, Lambeth – Southeast London Integrated Care Board
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust - Southeast London Integrated Care Board
Kirsten Timmins	Deputy Chief Operating Officer, South London and the Maudsley NHS Foundation Trust - Southeast London Integrated Care Board
Paul Coles	CEO, Age UK Lambeth
Sarah Austin	Chief Executive Integrated and Specialist Medicine, GSTT NHS Foundation Trust - Southeast London Integrated Care Board

Therese Fletcher	Managing Director, Lambeth GP Federation - Southeast London Integrated Care Board
Mairead Healy	Chief Executive, Healthwatch Lambeth
Penelope Jarrett	Chair, Lambeth Local Medical Committee

## **Further Information**

If you require any further information or have any queries please contact:  
Cheryl Smith, Email: [Cheryl.smith@selondonics.nhs.uk](mailto:Cheryl.smith@selondonics.nhs.uk)

## AGENDA

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# Lambeth Together Care Partnership Public Forum and Board Meeting in Public

In Person

Wednesday, 08 March 2023 | 1:00pm – 4.30pm

## AGENDA

Members of the public are welcome and encouraged to attend the Public Forum and observe the Board Meeting.  
In Person: Suite 16, Lambeth Town Hall, Brixton, SW2 1RJ

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
1 p.m.	<b>Public Forum</b>		
60 mins	<b>Welcome and introductions</b>  <b>The Public Forum and how to take part</b>  <b>Questions from the public</b>		<b>Cllr Jim Dickson</b> <i>Co-Chair</i>
2 p.m.	<b>Board Meeting in Public</b>		
1.	<b>Introductions</b> <ul style="list-style-type: none"> <li>Welcome, introductions and apologies.</li> <li>Adrian McLachlan Farewell.</li> </ul>		<b>Dr Di Aitken</b> <i>Co-Chair</i>
2.	<b>Declarations of Interest</b> <ul style="list-style-type: none"> <li>Members are asked to declare any interests on items included in this agenda.</li> </ul>		<b>Dr Di Aitken</b> <i>Co-Chair</i>
3.	<b>Review of Minutes</b> <ul style="list-style-type: none"> <li>Approve minutes and review matters arising from the Board meeting on 11<sup>th</sup> January 2023.</li> </ul>	Paper enc.	<b>Dr Di Aitken</b> <i>Co-Chair</i>
4.	<b>Decisions for Ratification – Recommissioning Lambeth Community Diabetes Service</b> <ul style="list-style-type: none"> <li>Board members are asked to ratify the decision taken by Chairs' Action on behalf of the Board.</li> </ul>	Paper enc.	<b>Cllr Jim Dickson</b> <i>Co-Chair</i>
5. 2:20pm	<b>Lambeth Together Care Partnership - Place Executive Lead Report</b> <ul style="list-style-type: none"> <li>An update to the Board on key developments since the last Lambeth Together Care</li> </ul>	Paper enc.	<b>Andrew Eyres</b> <i>Place Executive Lead, Strategic Director, Integrated Health, and Care</i>



Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	Partnership Board meeting in Public on 11 <sup>th</sup> January 2023.		
6. 2:30pm	<p><b>Lambeth Together Strategic Health and Care Plan</b></p> <ul style="list-style-type: none"> <li>Board members are asked to agree proposed deliverable activities and impact measures to be included in the <i>Lambeth Together Strategic Health and Care Plan 2023</i>.</li> </ul>	Presentation Enclosed	<p><b>Sophie Taylor</b> <i>Lambeth Together Programme Lead</i></p>
7. 3:00pm	<p><b>Lambeth Together Primary Care Commissioning Committee Update</b></p> <ul style="list-style-type: none"> <li>Board members to receive an update from the committee including ratification of the Terms of Reference.</li> </ul>	Presentation and Paper Enclosed	<p><b>Sue Gallagher</b> <i>Board Lay Member</i></p>
8. 3:10pm	<p><b>Lambeth Together Assurance Update</b></p> <ul style="list-style-type: none"> <li>Board members are asked to note the accompanying report from the Lambeth Together Assurance Sub-Group.</li> </ul>	Presentation Enclosed	<p><b>Sue Gallagher</b> <i>Board Lay Member</i></p> <p><b>Warren Beresford</b> <i>Associate Director Health and Care Planning and Intelligence</i></p>
3:20pm	<b>BREAK</b>		
9. 3.30pm	<p><b>Staying Healthy – Deep Dive</b></p> <ul style="list-style-type: none"> <li>Board members to receive an update on and discuss developments for Age Friendly Lambeth and Physical Activity &amp; Active Lambeth programmes.</li> </ul>	Presentation Enclosed	<p><b>Bimpe Oki</b> <i>Public Health Consultant</i></p> <p><b>Jessica Engen</b> <i>Public Health Registrar</i></p> <p><b>Vida Cunningham</b> <i>Public Health Specialist</i></p> <p><b>Marcia Dillon</b> <i>Sports Development Officer</i></p> <p><b>Lambeth Resident</b></p> <p><b>Dr Raj Mitra</b> <i>Clinical Lead</i></p>
10. 4:15pm	<p><b>Questions from public attendees</b></p> <ul style="list-style-type: none"> <li>An opportunity for members of the public to ask any further questions.</li> </ul>		<p><b>Dr Di Aitken</b> <i>Co-Chair</i></p> <p><b>Cllr Jim Dickson</b> <i>Co-Chair</i></p>
11. 4.30pm	<p><b>AOB</b></p> <p><b>Close</b></p> <p><i>Date of next meeting: 18<sup>th</sup> May 2023 (virtual) - Public forum 1-2pm and Board meeting in Public 2-5pm</i></p>		<p><b>Dr Di Aitken</b> <i>Co-Chair</i></p>

## LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

Wednesday 11<sup>th</sup> January 2023

Microsoft Teams

Links to the recording:

[Click here for Part 1](#)

[Click here for Part 2](#)

[Click here for full meeting papers](#)

### Members Present:

Adrian McLachlan	GP, Living Well Network Alliance Clinical and Care Professional Lead – Southeast London Integrated Care Board.
Andrew Eyres	Strategic Director, Integrated Health and Care, Lambeth. Place Lead Executive, Lambeth – Southeast London Integrated Care Board.
Cllr Ben Kind	Cabinet Member for Children and Young People – Lambeth Council.
Cllr Jim Dickson	Cabinet Member for Healthier Communities (job-share), Lambeth Together Care Partnership Board Co-Chair – Lambeth Council.
Cllr Marcia Cameron	Cabinet Member for Healthier Communities (job-share) – Lambeth Council.
Di Aitken	GP, Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead – Southeast London Integrated Care Board.
Jeanette Young (deputising for Andrew Carter)	Interim Director, Children's Commissioning & Youth Services, deputising for Andrew Carter, Strategic Director of Children's Services – Lambeth Council.
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust – Southeast London Integrated Care Board.
Mairead Healy	Chief Executive - Healthwatch Lambeth.
Penelope Jarrett	Chair - Lambeth Local Medical Committee.
Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead – Southeast London Integrated Care Board.
Richard Wiltshire	Patient and Public Voice Member.
Ruth Hutt	Director of Public Health – Lambeth Council.
Sarah B Flanagan	Patient and Public Voice Member.
Sue Gallagher	Lambeth Together Care Partnership Board Lay Member – Southeast London Integrated Care Board.
Therese Fletcher	Managing Director, Lambeth GP Federation – Southeast London Integrated Care Board.

### Apologies:

Andrew Carter	Strategic Director of Children's Services – Lambeth Council
Fiona Connolly	Executive Director of Adult Social Care, Strategic Director of Children's Services – Lambeth Council.
George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet – Southeast London Integrated Care Board.
Kirsten Timmins	Deputy Chief Operating Officer, South London and the Maudsley NHS Foundation Trust – Southeast London Integrated Care Board.

Paul Coles	CEO – Age UK, Lambeth.
Sarah Austin	Chief Executive Integrated and Specialist Medicine, GSTT NHS Foundation Trust – Southeast London Integrated Care Board.

**In Attendance:**

Amanda Coyle	Programme Director - Lambeth Together Neighbourhood & Wellbeing Delivery Alliance.
Binki Taylor	Founder, The Brixton Project
Charli Nelson	Lambeth Together Project Manager – Lambeth Council.
Edward Odoi	Associate Director, Finance, Lambeth – Southeast London Integrated Care Board.
Gerry Evans	Lambeth Together Engagement Manager – Lambeth Council.
Guy Swindle	Deputy Director - Lambeth Living Well Network Alliance.
Jane Bowie	Director of Integrated Commissioning (Adults) - Lambeth Council.
Juliet Amoa	Associate Director, Community Health and Engagement – Lambeth Council.
Lyssa Jenkins	Communications and Engagement Manager – Southeast London Integrated Care Board.
Maria Schmidt	Programme Lead, Public Health, Vaccination Health – Lambeth Council.
Oge Chesa	Director of Primary Care and Transformation – Southeast London Integrated Care Board.
Pamela Handy	LBSAT Business Support Manager – Southeast London Integrated Care Board.
Peter Hesketh	Assistant Director of Finance – Lambeth Council.
Rebecca Manzi	Lambeth Together Project Officer – Lambeth Council.
Richard Outram	Acting Director, Adult Social Care – Lambeth Council.
Shanet Lewis	Programme Lead, Public Health, Building Healthier Communities – Lambeth Council.
Shola Oladipo	CEO, Food for Purpose.
Sophie Taylor	Lambeth Together Programme Lead – Lambeth Council.
Vanessa Burgess	Director, Medicines Optimisation, Primary Care and Long-Term Conditions – Southeast London Integrated Care Board.
Warren Beresford	Associate Director, Health and Care, Planning, and Intelligence – Southeast London Integrated Care Board.

**1 Introductions**

Dr Di Aitken welcomed members to the meeting and noted the topics discussed during the public forum which included:

- The November ICB Board meeting and the meaning behind a “population-based budget.”
- Leisure centre contracts and swimming lessons for children with disabilities.
- Winter pressures and the effect they are having on services for residents in Lambeth.
- Lambeth statistics in comparison to other boroughs – it was mentioned that Lambeth seem to be fairing better than other boroughs, particularly regarding ambulance handovers and A&E performance. It was agreed that statistics will be posted to the Lambeth Together website for people to view in more detail.
- Provisions for Africans, African Caribbeans and other groups who may want/need a hybrid, Afrocentric approach to healing and prevention in areas of deprivation and health inequalities, namely in areas such as mental health, autism, and invisible disabilities.
- The impact on social care services and the increase in mental health imbalances, mainly in African and Caribbean patients. Accessing services and inadequate training of social care providers.
- An update on the Patient and Public Voice members on the work they have been completing since joining the Board.



- A request was made to hear a brief input from housing and health at a future Board meeting.

Those present introduced themselves and apologies were noted from Paul Coles, Sarah Austin, Andrew Carter, and George Verghese.

## **2 Declarations of Interest**

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

None were declared.

## **3 Minutes from 02 November 2022 Meeting**

The minutes of the meeting of Wednesday 02 November 2022 were agreed as an accurate record of the meeting.

## **4 Lambeth Together Care Partnership Update**

Andrew Eyres provided an overview of key developments since the last Board meeting. Following his presentation, the discussion included:

- Dr Raj Mitra met Jodie Brooks from Carers 4 Carers who asked if Lambeth had a Clinical and Care Professional Lead (CCPL) for carers – Jodie felt that the annual check-ups for carers had dropped off the radar since Covid. Dr Di Aitken confirmed Lambeth do not have a specific CCPL for carers but that it could be built into the workplan of another CCPL. Jane Bowie will pick up with Jodie regarding the annual check-ups for carers. Dr Di Aitken explained that the CCPLs had been set up by the Southeast London Integrated Care Board (ICB) but that within that set-up, Lambeth can make the best use of the collective resource the borough has and reiterated that carers are an important component of the system.
- Sue Gallagher noted that she found the update from Andrew very helpful. Sue also mentioned that 10 years ago, a large amount of money was received in the borough from lottery funding and asked if in a future meeting, the Board could be updated on, potentially through the next Children and Young People's report (CYP) or through another channel, what the borough has learned since receiving this funding and what the borough are doing with the learnings. Sue explained it is important that when the borough receives external funding, we hold ourselves to account to see where the funding has led. Sue also explained that with the new youth strategy, we should think of young people as future ambassadors for health. Sue noted the Board is not representative of the youth in Lambeth.
- Penelope Jarret mentioned it was good to receive this overview from Andrew. Penelope also asked if the Emotional Health and Wellbeing Alliance Group was part of the CYP or separate.
- Andrew explained it was timely to ask about Lambeth Early Action Partnership (LEAP) and mentioned the family hubs take their learnings from LEAP. Andrew suggested an update was brought back to the Board on the Children and Young People's Alliance focuses. Andrew also stated that learning from LEAP is critical for how we manage outcomes. The youth strategy is in development at the moment and is focused on work in the council and health and care. The point around young people being ambassadors for health is a good point and we can feed back to the children's team to see what we can bring back to the Board. Emotional Health and Wellbeing is 1 of 3 priorities from CYP and will take forward the work around future initiatives for children, young people, and their mental health.
- Cllr Ben Kind agreed with Andrew on the LEAP aspect. Cllr Kind explained work is in motion to appraise next steps regarding LEAP and so this can be brought to the Board when ready. Dr Raj Mitra explained that at 4pm today, there was a LEAP Sustainability Group meeting to

take forward learning into the system when it finishes. All agreed that it was reassuring that this reflection was happening and therefore this could be brought to the Lambeth Together Care Partnership Board when appropriate.

**Matters Arising:** Jane Bowie to meet with Jodie Brooks regarding the annual health checks for carers.

**RESOLVED**

1. To note the update.

To listen back to this item, refer to 1:02:07 of part 1 of the recording.

To view the report accompanying this item, refer to pages 11 to 18 of the agenda pack.

## 5 **Lambeth Together Care Partnership – A Year in Review**

Cllr Jim Dickson and Dr Di Aitken shared a presentation of the Lambeth Together Care Partnership over the 2022 year, highlighting the achievements and collaborative working across the partnership. Following the presentation, the discussion included:

- Mairead Healy wanted to echo what was mentioned throughout the presentation, namely the positivity Healthwatch Lambeth have received as a partner of Lambeth Together. Mairead explained that Healthwatch have been impressed with the work within the partnership and expressed how Healthwatch felt equal. Mairead also noted the work around Equality, Diversity, and Inclusion (EDI), the work around health inequalities and was impressed by the Health and Wellbeing Strategy, along with the public participation included within the Strategy. Mairead mentioned that one issue Healthwatch hear about is around patient experience regarding respect, kindness, and dignity when accessing services and reiterated that we must keep this in mind going forward.
- Penelope Jarrett explained that she loved the videos and asked if she could share the link with colleagues. Penelope also explained it was unclear how the CCPLs links to the Alliances and mentioned it could be discussed at next week's CCPL meeting. Penelope asked if the CCPLs will be supervised.
- Dr Di Aitken explained the CCPLs are intended to link to all stakeholders and that they have had a basic induction. The CCPLs have a range of projects they are working on and explained this could be added to the forward plan for a future Board meeting.
- Dr Raj Mitra explained this is only a very small glimpse of what we have been doing as a partnership and explained the biggest worry currently is about access and maintaining kindness – how do we as a borough improve access in the system and maintain kindness at the same time, as things get harder? How do we help those who need it get better and easier access – noted that we need to focus on those points.
- Sue Gallagher explained she had heard from 2 GPs who moved to different parts of London from Lambeth and wanted to note that they commented on how much they didn't appreciate being in Lambeth while they were there and how supportive the GP community was of each other. The GPs also noted how much effort had gone into primary care and secondary care and how easy it was to be able to talk to each other on the phone and so rapidly.

**Matters Arising:** Update on the work being completed by the CCPLs to be added to the forward plan for Board meetings.

**RESOLVED**

1. To note the presentation.

To listen back to this item, refer to 1:15:48 of part 1 of the recording.

To view the presentation accompanying this item, refer to supplementary paper 1.

## 6 **Lambeth Together Assurance Update**

Warren Beresford and Sue Gallagher reported on the Lambeth Together Assurance report and the work that has been ongoing through the Equality, Diversity, and Inclusion Sub-group, along with the data looking at health inequalities across the system. Warren noted the report includes details on the cost-of-living crisis programme and primary care moving forward on the flu uptake and winter planning.

Warren mentioned a good news story – the Learning Disability health checks surpassed where the borough was this time last year. In 2022, Lambeth met the 75% target and noted the borough is already ahead of that in 2023.

Warren highlighted the main blockers and issues raised were recruitment, capacity, and lack of digital interface between systems to enable partners to work efficiently. The following discussion continued:

- Penelope Jarret mentioned looking at the graphs, there is a lack of data and Penelope fears this will get worse in the future – Penelope mentioned the major problems in the summer of 2022 with the national IT systems and noted these issues were not all resolved. Penelope explained the primary care system does not always work well and is nervous in terms of future funding with IT systems. Penelope asked the Board for support when it comes to looking at tools primary care need, rather than what is thought is needed.
- Dr Raj Mitra asked if we are on budget for the end of March.
- Edward Odoi explained at ICB level, for month 8, Lambeth is showing that the borough will break even by the end of the financial year.
- Andrew noted the reflection to ICB budgets and that organisations have their own budgets. Andrew noted that a lot of our providers are under financial challenges and there are financial pressures across the system. We need to work together wherever we can where there are financial challenges so we can mitigate the impact upon residents.

### **RESOLVED**

1. To note the presentation.

To listen back to this item, refer to 1:50:27 of part 1 of the recording.

To view the presentation accompanying this item, refer to supplementary paper 2.

## 7 **Lambeth Community Diabetes Service Commissioning Proposals**

Vanessa Burgess updated the Board on the diabetes commissioning proposal and asked Board members to comment on the service. The discussion included:

- Mairead Healy would welcome the opportunity to be involved in the procurement process as Healthwatch Lambeth completed research on people with diabetes in Lambeth. Food and diet were found to be the main contributors but also, the economic aspect as well. Mairead explained we need a wider community approach and as part of the research Healthwatch carried out, it was found that a wellbeing coach was most important to those asked, as well as having group settings for patients to attend.
- Dr Raj Mitra agreed and explained that in his time as a GP, he has only had 1 patient who lost weight and cured their diabetes. Dr Mitra noted the focus needs to be on prevention, such as a service that goes out to the wider community to help people keep well. Dr Mitra also

explained he has nearly 600 patients within his practice with diabetes, so the current system isn't working.

- Penelope Jarrett explained this service is for patients with diabetes where their diabetes cannot be managed by the GP. Penelope noted there was a staying well aspect to this, but these patients need daily access to their GPs and GPs cannot provide this due to a lack of resource. Penelope explained we would not want the newly commissioned service to stop after the successes we have had, and we need to make sure the good work isn't being lost.
- Sue Gallagher suggested, when considering which group and where to get service users, the Equality, Diversity, and Inclusion group received analysis from Warren Beresford on the Core 20 Plus 7 population, and it focuses on three areas with a high percentage of deprived people that fitted into the group. Sue urged members to sway conversations and external outreach into areas where there is high prevalence.
- Amanda Coyle explained as part of the Neighbourhood and Wellbeing Delivery Alliance (NWDA), a test and learn project is running in Tulse Hill for Black patients with diabetes and employing a coach model was explored. Amanda asked Mairead if someone from Healthwatch could look at the project as it is in its early stages and Amanda noted they are seeing encouraging results, explaining there is a difference between education and motivation and patients need both. Amanda explained she was encouraged to hear Vanessa's approach and welcomed more patient involvement.
- Dr Di Aitken explained depression is usually the gateway condition to diabetes and explained any diabetes service must have good access to mental health services.
- Rich Wiltshire echoed Dr Aitken's thoughts, explaining mental health support is very important, especially for those with multiple long-term conditions and noted the importance of culturally appropriate services. Rich explained difficulties with technology can be an issue and encouraged support for those who have issues with technology to support their condition.
- Vanessa Burgess explained on the prevention side, we have a national prevention strategy, and we are currently working with council colleagues to find out about those who do not engage with programmes to improve on uptake. In terms of technology, there is digital support we can offer in line with access to NICE guidance pilots in South London around technology support for motivation and information for people to feed back to care professionals.

#### **RESOLVED**

1. To note the presentation.

To listen back to this item, refer to 1:58:40 of part 1 of the recording.

To view the presentation accompanying this item, refer to pages 19 to 26 of the agenda pack.

#### **8 Lambeth Together Neighbourhood & Wellbeing Delivery Alliance (NWDA) – Deep Dive**

Amanda Coyle presented on the progress of the Alliance during the 2021-2022 period and the priorities for 2023-2025. The following discussion was had:

- Cllr Marcia Cameron mentioned the presentation was impressive and noted the Age Friendly Lambeth initiative was a good idea to link with the NWDA. Cllr Cameron explained the initiative are currently sorting their framework and planning to create a forum and thought it would be a good idea to have a link in with the work the NWDA and the Healthy Church Initiative are doing.
- Amanda explained the priorities over the next year will be about improving outcomes for older people and noted she would come back to the Board to talk prevention and managing long-term conditions.
- Cllr Cameron asked if, regarding the Healthy Churches' Initiative, has contact been made with Ruach? Shola Oladipo explained Ruach contacted her just before Christmas and Shola noted Bishop Francis had been contacted by the Brixton branch initiative.

- Dr Raj Mitra noted this was great work and explained prevention is close to his heart. He asked how do we get funding switched to prevention as it usually always goes to treatment and not prevention – how do we switch this?
- Cllr Jim Dickson reiterated the amazing work being presented and noted he would love to talk to Shola about the Lambeth Food Partnership. Cllr Dickson noted the test and learn and HPV initiative impressed him and wanted to know more about following a positive set of outcomes around data and effectiveness in addressing loneliness and helping people with long-term conditions.
- Sue Gallagher commented on one aspect of learning around improved accountability of patients and thought this bit of learning was relevant to what is being done next year and how this will be addressed and what the RTW+ contribution to chronic pain was going to be.
- Amanda explained the presentation was just a flavour of what the Alliance has been doing, including improving care home quality and loneliness. In terms of funding, there is a two-pronged approach – resident support around thriving communities can unleash assets into the communities, giving people the potential to draw down funding in places like Thriving Stockwell, which is self-funded. With the loneliness test and learn project, we learned how to work with Primary Care Networks (PCNs) as it was clear that we needed to bring more money into community projects. Members will hear about the Grassroots project today, which goes into more detail.
- Rich Wiltshire noted the church initiative looks fantastic and it highlights religion, non-religion, spirituality. Rich explained he would like a register for long-term conditions for people who fall through the gap as coordinating care is important. Considering digital infrastructure, those who have complex needs could be offered a video call for every appointment across primary and secondary care – calling people in when they are struggling to get out of bed is difficult so digital appointments are important. Amanda will reach out to Rich to discuss.

**Matters Arising:** Prevention and managing long-term conditions to be added to the forward plan for Board meetings.

Amanda Coyle to contact Rich Wiltshire regarding digital appointments.

#### **RESOLVED**

1. To note the presentation.

To listen back to this item, refer to 2:23:51 of part 1 of the recording.

To view the presentation accompanying this item, refer to pages 27 to 54 of the agenda pack.

## **9 Grassroots Programme**

Juliet Amoa, along with a number of different presenters, gave an update on the Grassroots Programme. The following discussion was had:

- Dr Di Aitken commented on how heart-warming it was to see how connections are being made and explained at a meeting yesterday, Grassroots leads met with NWDA leads, coming together as a partnership.
- Amanda Coyle echoed this, mentioning the brilliant partnership with Public Health being a central part of the Alliance that develops over the next year, committing to linking other partner activities to Grassroots projects. Amanda noted these will build trust in the health and care system, if we get it right, but that it needs to be culturally appropriate. Amanda gave her thanks to Juliet and the team.
- Cllr Jim Dickson thanked everyone for their work and noted it was an impressive portfolio of projects and that he was delighted to hear about the investment into the future. Cllr Dickson mentioned he was interested to know we can do as a partnership to develop new organisations alongside the ones we have.

- Juliet explained there is an event next week around how do we make those connections – a broad range of people are involved. There is a piece of work ongoing with the Akerman Centre and around community groups using that space. We are connecting with other hubs that the Beacon Project are running and constantly have this in mind in terms of sustainability and reach in terms of how we connect to the community.
- Cllr Marcia Cameron asked if there was an annual report as so much has been done with engagement and the community – how is this shared. Juliet explained they are capturing feedback through evaluation – the project evaluates as they go. Comments are within the Public Health report in terms of progress and where things are at.

**RESOLVED**

1. To note the presentation.

To listen back to this item, refer to 05:49 of part 2 of the recording.

To view the presentation accompanying this item, refer to pages 55 to 71 of the agenda pack.

**10 AOB**

- Dr Di Aitken noted that from May 2023 onwards, Board meetings will be Thursdays and not Wednesdays. Penelope Jarrett explained changing the Board meeting to a Thursday will be difficult due to meeting clashes. Dr Aitken explained it was changed to Thursdays as Wednesdays were proving difficult for Board members.
- Ruth Hutt noted the Lambeth Health and Wellbeing Board meeting would be held tomorrow at 18:00 and included items on Age Friendly and Child Friendly borough, where members could have their final say on the Health and Wellbeing Strategy. Ruth also noted it is Great Mental Health Day on the 27<sup>th</sup> January.

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as 08 March 2023.

The meeting ended at 16:54.

**CHAIR**

**LAMBETH TOGETHER CARE PARTNERSHIP BOARD**

Wednesday 11 January 2023

## Lambeth Together Care Partnership Board

### *Record of Chairs' Action*

The Lambeth Together Care Partnership Board takes decisions as per the *Integrated Care Board Lambeth Local Care Partnership Committee (Lambeth Together) Terms of Reference*, and in line with delegated responsibilities defined in the *Memorandum of Understanding – Integrated Care Board Agreement*, at the formal Board meeting which takes place bi-monthly (in public).



The aim of the board is to achieve consensus decision-making wherever possible. Where a vote is required, the core members, including the Co-Chairs, are the voting members of the Local Care Partnership Board.

It is preferential that all decisions are taken at the formal board meeting, though in the event a decision will need to be made outside of the timeframe for the upcoming meeting, Board members will be advised and asked to agree that a Chairs' action can take place on their behalf.

This document serves as a record of the Chairs' agreed action.

<b>Chairs' Action Title:</b>	Recommissioning Lambeth Community Diabetes Service
<b>Summary:</b>	The purpose of this Chairs' Action is to approve the recommended procurement route, option 1, specifically to agree a variation to the existing community contract with Guy's and St Thomas' NHS Foundation Trust.
<b>Reasons Noted:</b>	The Lambeth Together Care Partnership Board noted reasons for the Chairs' Action as follows:  Chair's action is required rather than presenting at the following LCP meeting on 8 March because of time needed to reprocure and mobilise the new contract.
<b>Date of Board agreement to delegate to a Chairs' action:</b>	8 February 2023
<b>Date Chair's Action Taken</b>	The Chairs Action was agreed on 9 <sup>th</sup> February 2023 by the below signatories on behalf of the Lambeth Together Care Partnership Board.

#### Signed on behalf of the Lambeth Together Care Partnership Board by:

Name	Title	Role	Date	Signature
1. Cllr Jim Dickson	Cabinet Member of Healthier Communities	Co-Chair of Lambeth Together Care Partnership Board	9/2/2023	
2. Andrew Eyres	Strategic Director, Integrated Health and Care	Place-Executive Lead	9/2/2023	
3. Sue Gallagher	Lambeth Together Care Partnership Board Lay Member	Lambeth Together Care Partnership Board Lay Member	9/2/2023	<b>Sue Gallagher</b>

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## Lambeth Together Care Partnership Board

<b>Title</b>	<b>Lambeth Together Place-Lead Executive Update</b>
<b>Meeting Date</b>	8 <sup>th</sup> March 2023
<b>Author</b>	Andrew Eyres – Strategic Director, Integrated Health, and Care
<b>Lead</b>	Andrew Eyres – Strategic Director, Integrated Health, and Care

**This item is for;**

<input checked="" type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Ratification</b>
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**Recommendations;**

The Lambeth Together Care Partnership Board is asked to;

1. Note an update on key developments since the formal Lambeth Together Care Partnership (LTCP) Board meeting in public on 11<sup>th</sup> January 2023.

**What other groups or committees have considered this item to date?**

N/A. Individual items addressed at various fora.

**Summary and Impact on Inequalities**

An update to the Lambeth Together Care Partnership Board (LTCP) from the Lambeth Executive Place Lead, reporting on key issues, achievements, and developments from across our Partnership.

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**Lambeth Together Care Partnership**  
**Place Executive Lead Report**  
**8th March 2023**

**Andrew Eyres; Strategic Director, Integrated Health, and Care**



**Our Governance and Leadership**

Following our look back Year-in-Review at the January Board meeting, Cllr Dickson, Dr Di Aitken, and I are planning visits to a number of Lambeth Together partners over the coming months. The purpose of these visits is to provide partners' senior leaders with an opportunity to meet with us to discuss the relationship with Lambeth Together and to consider how we can work best together to promote the new Lambeth Health and Wellbeing Strategy and our shared priorities within their organisations.

Many of you may now know that Dr Adrian McLachlan will be retiring at the end of this month. Adrian has been a Partner in the Hetherington Group Practice for 34 years, and prior to that, he worked as a locum in Lambeth and Southwark for 4 years having trained and worked at Kings College London. As Chair of the NHS Lambeth Clinical Commissioning Group and as the Clinical and Care Professional Lead for the Living Well Network Alliance, Adrian has been instrumental in building our Lambeth Together Care Partnership and is also widely recognised beyond Lambeth through his ground-breaking work supporting the healthcare needs of homeless people across London. I am sure that all Board Members will want to join me to take this opportunity to say thank you to Adrian for his great service to Lambeth people for close to four decades and to wish him a very happy retirement.

The Lambeth Clinical and Care Professional Leads held their first Network Forum in January and quarterly meetings have now been scheduled for the year ahead. These planned meetings give Network Members the opportunity to showcase their success with their peers, to share information and to discuss barriers or issues they may be experiencing as system leaders. Dr Raj Mitra, Dr Adrian McLachlan, and Dr Di Aitken chaired the session, where SE London ICB Joint Medical Director, Toby Garood joined and gave an update on central roles within SE London and further system leadership opportunities.

As part of our ongoing Organisational Development Programme for the Board and Executive Group, 'Lunch and Learn' sessions are being held on a bi-monthly basis. The majority of the sessions will be hosted in-house, tapping into the wide scope of knowledge across Lambeth Together Partners. The first session was held on 22<sup>nd</sup> February and focused on the Lambeth Primary Care Clinical Cabinet and Urgent and Emergency Care, hosted by Lambeth GP and Board member, Dr George Verghese.

**Our Strategy Development**

The Lambeth Health and Wellbeing Strategy 2023-2028 was agreed by the Health and Wellbeing Board at its meeting in January and I am pleased that it has now been published. You can access the Strategy [here](#) on page 211. We will now move towards implementation and Health and Wellbeing Board Members will meet in early March to review our arrangements and forward planning for 2023/24. Within this, we have been further considering our approaches to making Lambeth a borough where individuals are supported to age well through our Age Friendly Lambeth initiative and equally progressing Child Friendly Lambeth.

In response to the Health and Wellbeing Strategy, we have been progressing the development of our Lambeth Together Strategic Health and Care Plan which will set out what we, as the Lambeth health and care system, aim to achieve over the next five years to contribute to delivering the Lambeth Health and Wellbeing Strategy. As a Board, we now need to consider our draft deliverable activities and the impacts that we aim to make, ensuring we are ambitious but realistic in our aims for our communities, clear where we need to do things differently and with a strong focus on tackling inequalities. After our Board meeting on 8<sup>th</sup> March, we will finalise the Plan and I look forward to presenting the completed Plan at our meeting in public in May.

I am pleased to announce that the South East London Integrated Care Partnership has set out our [vision and priorities](#) for transforming health and care for people living in South East London, following extensive discussions with local people, including service users and carers, staff and the voluntary, community and social enterprise sector. The five stated areas of priority focus on helping people stay healthy and well, delivering more joined-up, convenient care and better supporting people from marginalised communities as follows;

- Prevention and wellbeing: improving prevention of ill health and helping people in South East London to stay healthy and well.
- Early years: making sure that children get a good start in life and there is effective support for mothers, babies, and families before birth and in the early years of life.
- Children’s and young people’s mental health: improving children’s and young people’s mental health, making sure they have quick access to effective support for common mental health challenges.
- Adults’ mental health: making sure adults have quick access to early support, to prevent mental health challenges from worsening.
- Primary care and people with long-term conditions: making sure people have convenient access to high-quality primary care and improving support and care for people with long-term conditions.

## Our Delivery Alliances

**Children and Young People Delivery Alliance (CYP)** – Our work on the Family Hub Start for Life Programme is gathering pace, with the implementation plan now approved by the Department for Education and governance mapped out for the rest of the financial year. Alongside this, our Emotional Health and Wellbeing Alliance Group is now well-established and has a clear and defined action plan with working groups in place to lead the implementation of our Health and Care Plan. In addition, exciting pilot projects, such as the *Becoming A Man* programme and *Mindheart* have been funded. We have also taken major steps forward in the development of our new Children’s Brokerage and Specialist Placements service. This service sits within the commissioning portfolio and will oversee access to resources for social work teams, as well as ensuring we have a strong placement sufficiency in the Borough. Preparation is also well underway for forthcoming Special Educational Needs and Disabilities (SEND) Local Area Review, and Youth Justice Service inspection. We are expecting the latter to take place this year; work on Self-Evaluation Framework documents is taking place for both to ensure we are as well prepared as possible.

**Living Well Network Delivery Alliance (LWNA)** – The Living Well Network Alliance is continuing its work to improve the experience of those requiring mental health support in the borough and to assist with this, the Alliance held a face-to-face engagement session with service users and carers from the Lambeth Collaborative to gather feedback and ideas on the Living Well Network Alliance Business Plan. The Alliance also met with colleagues from Islington who are developing their own Alliance, to share knowledge and learning. In addition, a recruitment fair was held at Gracefield Gardens with colleagues from across the Alliance, which gave them an opportunity to share vacancies and give advice on/discuss how to successfully apply for the vacancies.

**Neighbourhood and Wellbeing Delivery Alliance (NWDA)** – In January, the Neighbourhood and Wellbeing Delivery Alliance Health Inequalities Community Fund hosted a “community connectors” event to enable frontline community workforce, particularly Social Prescribing Link Workers, to meet with one of the local projects/organisations working to improve health and wellbeing across Lambeth.

As well as this, the newly formed Leadership Board met in January to continue developing the three Alliance priority areas (prevention, urgent and emergency care, and complex care) linked to six of the outcomes in the Lambeth Health and Care Plan.



### **In the News**

Crown Dale Medical Centre is once again open to patients following wide-scale modernisation, refurbishment, and extension. Improvements include a more spacious and welcoming environment, increased capacity, improved access and a wider range of health and community services being offered to patients under one roof. This allows patients to benefit from a variety of skilled members of the primary care team, beyond GPs and practice nurses. This is part of our broader developments within primary care across Lambeth to best meet the needs of our local population. This programme has involved a huge amount of work across different partners through the period of the pandemic. Bringing it to fruition is no small achievement. The Practice opened its doors at the start of January and invited staff, local MP Helen Hayes and members of their patient group to an [official opening event](#) on 23<sup>rd</sup> February.

Good news too for patients as Guy's and St Thomas' opens a new community eye clinic at Minnie Kidd House in Lambeth. Minnie Kidd House will now serve as an Ophthalmology Diagnostic hub to meet increased demand and reduce waiting times for glaucoma and medical retina patients. This is part of ongoing work under the ICS South East London Acute Provider Collaborative with King's College Hospital NHS Foundation Trust. The Trust is partnering with patients to ensure the best patient experience and ran a workshop on 24<sup>th</sup> February focused on improving the space.

### **Equality, Diversity, and Inclusion Group (EDI)**

Our January EDI Group saw presentations from partners across the system, with the new SEL Anti-Racist Framework being shared along with the Better Care Fund and a speaker from Health Education England presenting on the London Living Wage in Primary Care. The EDI Group most recently met on February 8th during both Race Equality Week and during LGBTQ+ History Month. Partners updated on what organisational events were taking place as well as a follow up on outcomes from Black History Month.

### **HIV Testing Week**

National HIV Testing Week fell at the start of February, when anyone, and particularly those who are most at risk of HIV, is encouraged to have a HIV test. In Lambeth, we have the highest diagnosed prevalence of people living with HIV in England and so it is particularly important that our residents are supported to test regularly. HIV testing is an important part of helping Lambeth move closer to reaching the Fast Track Cities ambition of zero HIV stigma, zero transmissions and zero preventable deaths by 2030.

During HIV Testing Week, Lambeth and Southwark held a joint HIV engagement event. The event was very well attended with speakers from a range of local services talking about the innovative work they are doing to promote HIV testing, to support residents to remain in treatment and to live well, as well as HIV prevention interventions. There are a number of different ways that Lambeth residents can have an HIV test, including at sexual and reproductive health clinics; via the online e-service <https://www.shl.uk/> or at their GP Practice.



### **Great Mental Health Day and Community Walk**

On Friday 27<sup>th</sup> January 2023, we celebrated for the second year running the Great Mental Health Day, this year focusing on the theme of community kindness. The Day was commemorated in Lambeth by going on a community walk and visiting some community spaces where community kindness happens. Members of the community joined staff from the Council and the NHS on the walk. The first port of call was St Mark's Church, Kennington, where the Health and Wellbeing Bus was on hand offering health and wellbeing advice. From there the group moved on to "We are 336" where people could have a cup of tea and hear from Carers4Carers and staff from Culturally Appropriate Peer Support and Advocacy (CAPSA). The walk continued to the SHARP Gallery where people were able to participate in fun art activities. Afterwards the group walked to the Brixton Windmill Education Centre for its Joy of Sound, a community participatory music and dance session which got everyone dancing! Special thanks to the Public Health Team for organising such a great day.

### **Combating Drugs Partnership (CDP)**

In February, we held the second Lambeth Combating Drugs Partnership (CDP) Executive Meeting. A review of the CDP workstreams is underway along with the development of the Delivery Plan for Year 2 and a new Delivery Group comprising key staff from across the partnership who will work together to deliver on the plan.

The additional investment into the Supplemental Substance Misuse Treatment and Recovery Grant has recently been confirmed for next year. The Grant provides significant additional investment to tackle and reduce the harm caused by substance misuse to both individuals and within our communities – with the aim of reducing drug use, reducing drug related crime and drug related deaths through partnership working. Lambeth has also convened a meeting of all South East London boroughs CDP leads and commissioners to consider how we could work across the SEL geography more effectively and collaborate more, particularly around alcohol related harm and drug related deaths.

### **Visit to Lambeth by Deputy Chief Medical Officer: Jeanelle de Gruchy**

Dr Jeanelle de Gruchy, Deputy Chief Medical Officer for England, visited Lambeth on 7<sup>th</sup> February. The visit started at the Civic Centre where she was given an overview of population health and wellbeing in Lambeth and learned about the strong partnership working that exists between the Council, the NHS, and our communities. She was particularly keen to hear about our work on obesity and smoking, for which Lambeth has shown great leadership and been an example of good practice to other boroughs in the country. Dr de Gruchy then visited the AT Beacon project where she was able to hear powerful stories from two beneficiaries of how the project has helped them to manage their blood pressure and has promoted their mental wellbeing. Dr de Gruchy also went to Stockwell to learn about Thriving Communities. Dr de Gruchy has since expressed how inspirational she found her visit to Lambeth and has relayed her thanks to those she met and all who were involved in organising the visit.

### **Future Lambeth Together Partnership Board Meetings**

Finally, I would like to remind Board Members that from May, our Board meetings will move from Wednesdays to Thursdays, and we will continue to plan for in-person meetings every other Board meeting. On the months that we do not hold an in-person meeting, the meetings will be held virtually. The next Lambeth Together Care Partnership Board meeting (in public) will be held on Thursday 18<sup>th</sup> May from 2-5pm via Microsoft Teams. This will, as usual, be preceded by the Public Forum, open to all from 1-2pm.



## Lambeth Together Care Partnership Board

<b>Title</b>	<b>Lambeth Together Strategic Health and Care Plan 2023 - Activities and impacts</b>
<b>Meeting Date</b>	8 <sup>th</sup> March 2023
<b>Author</b>	Sophie Taylor – Lambeth Together Programme Lead
<b>Lead</b>	Andrew Eyres – Place Executive Lead, Lambeth

**This item is for;**

<input checked="" type="checkbox"/>	<b>Information</b>	<input checked="" type="checkbox"/>	<b>Discussion</b>	<input checked="" type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Ratification</b>
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**Recommendations;**

The Lambeth Together Care Partnership Board is asked to;

1. Agree the proposed deliverable activities and impact measures to be included in the Lambeth Together Strategic Health and Care Plan 2023.

**What other groups or committees have considered this item to date?**

Lambeth Together Executive Group

**Summary and Impact on Inequalities**

The purpose of this paper is to seek agreement from Board members on the draft deliverable activities and impacts of the Lambeth Together Strategic Health and Care Plan 2023. The Board is presented with the fully developed deliverable activities and impact measures against, the previously agreed, 15 outcomes that make up the plan.

The aspirations, outcomes and principles of the plan were agreed by the Board in October 2022. Further development followed based on comments and feedback from Board members, the Lambeth Together Equality, Diversity and Inclusion sub-group and Programmes/Alliances. The model for impact measures was agreed at the LTCP Board seminar in December and Programmes/Alliances then developed and/or selected impact measures (with the above steer) and delivery activities to populate the plan. A selection of key outcomes was discussed at the February LTCP Board seminar.

If Board members agree on the deliverable activities and impact measures, the full plan content/text will be produced and brought to the Board to be agreed at the LTCP Board seminar in April, ensuring a fully designed copy can be agreed, published and presented to the public at the LTCP Board in May.

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# Developing our Lambeth Together Strategic Health and Care Plan 2023

## Our Draft Activities and Impacts



# Context

- Through Lambeth Together, we will work together to address improved health outcomes by building upon our already strong established relationships towards even further integration, developing our delivery alliances and programmes that encompass all health and care activity in Lambeth.
- Our Strategic Health and Care Plan is the framework that we will use to deliver our priorities, our work and our approaches over the next five years.
- Our Plan is aligned to the principles and priorities set in out in the Lambeth Health and Wellbeing Strategy, the South East London Integrated Care System Strategy and the Lambeth Borough Plan.
- Our Plan will set out our **aspirations** for the borough, our residents and patients and those who care for them. It sets out what we want to happen, change or improve (our **outcomes**), the **principles** of how we will work, what we need to deliver the plan, how we will organise ourselves to do this, and how we will measure our impact
- Our aspirations, outcomes and principles were agreed by Board Members in October
- The model for impact measures agreed by Board Members in December
- Our Programmes and Alliances have developed proposed impact measures and delivery activities for consideration as set out in following slides;

# Next steps

- LTCP Board to **review deliverable activities and impacts** on 8<sup>th</sup> March
- **Full Plan to be reviewed** at LTCP Board seminar in April and approved
- SEL to receive Plan by 30<sup>th</sup> April
- **Publish and present full designed copy** to public at LTCP Board in May
- To note - annual review, process to flex measures/targets, building improved impact measures is committed to as part of overall plan

## Our population

Lambeth is an inner London borough with 322,000 residents and a registered GP population of 442,286. Over the last two years, there has been a 4% growth of registered patients. The population is set to grow by 2.4% by 2032. Our population is becoming older with 50% growth expected in the over 50s in the next 10 years. The number births is reducing and has fallen by 26% in the last 10 years. The population remains highly mobile with 20% of individuals moving in or out of Lambeth each year. Population density is already twice that experienced in London and nearly 32 times higher than the average for England. The population is highly diverse with 63% of residents describing their ethnicity as other than White British and with 43% of Lambeth residents identifying as Black, Asian or Multi-Ethnic. We have a sizeable Portuguese speaking community. It is estimated that 10% of the borough's population identifies as LGBTQ+, the highest in London. 70% of the Lambeth population lives in the 40% most deprived areas in England and 16% of our households are in fuel poverty.

## Health outcomes for our population

### Strengths

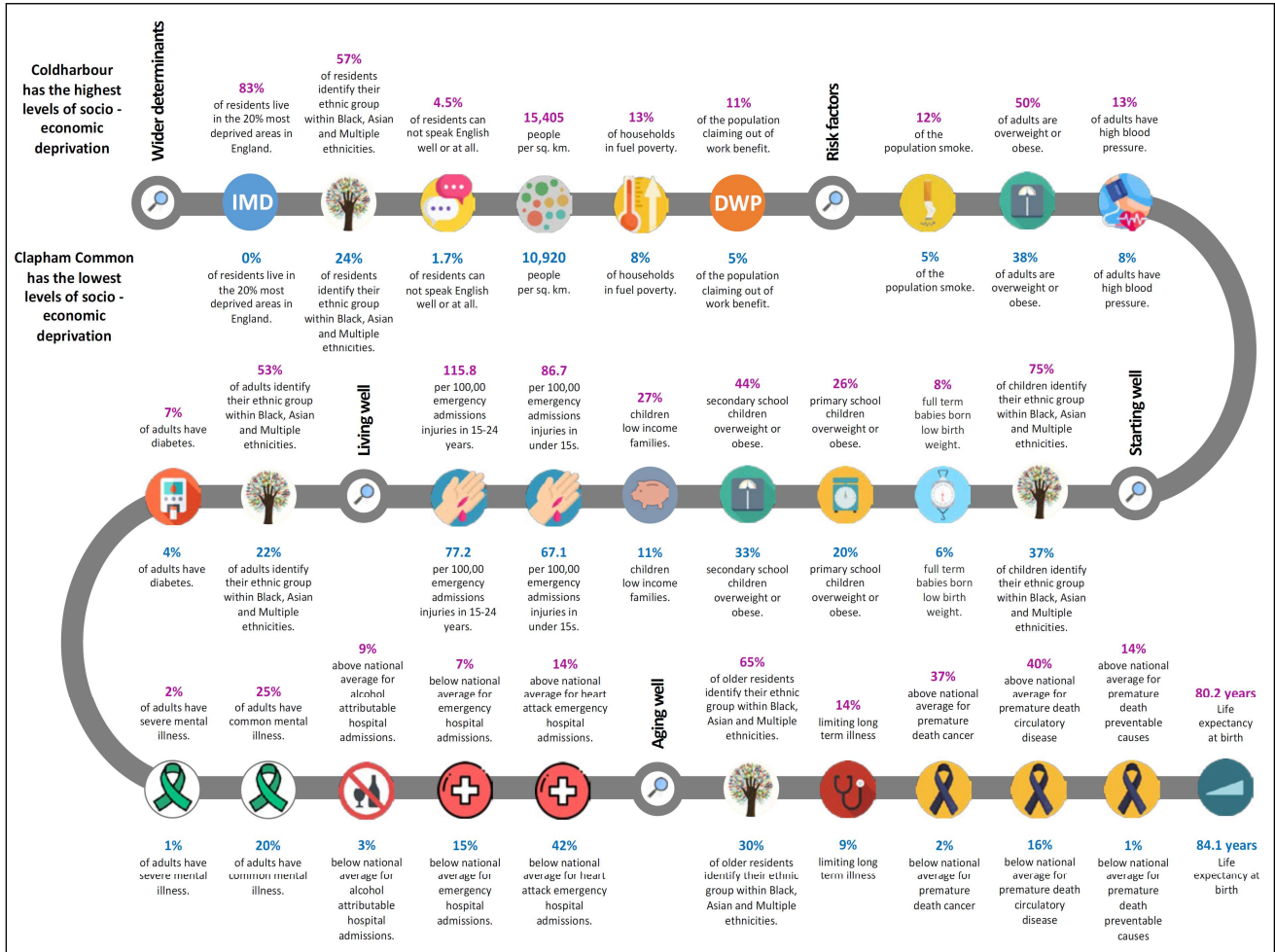
- Life expectancy has generally improved since 2010 for both males and females in Lambeth but at a slower rate than the previous decade
- The life expectancy of women in Lambeth is higher than the London and national average
- Lambeth has the highest detection rate for sexually transmitted infections
- Tuberculous incidence rate has fallen in Lambeth and is lower than the London average.

### Challenges

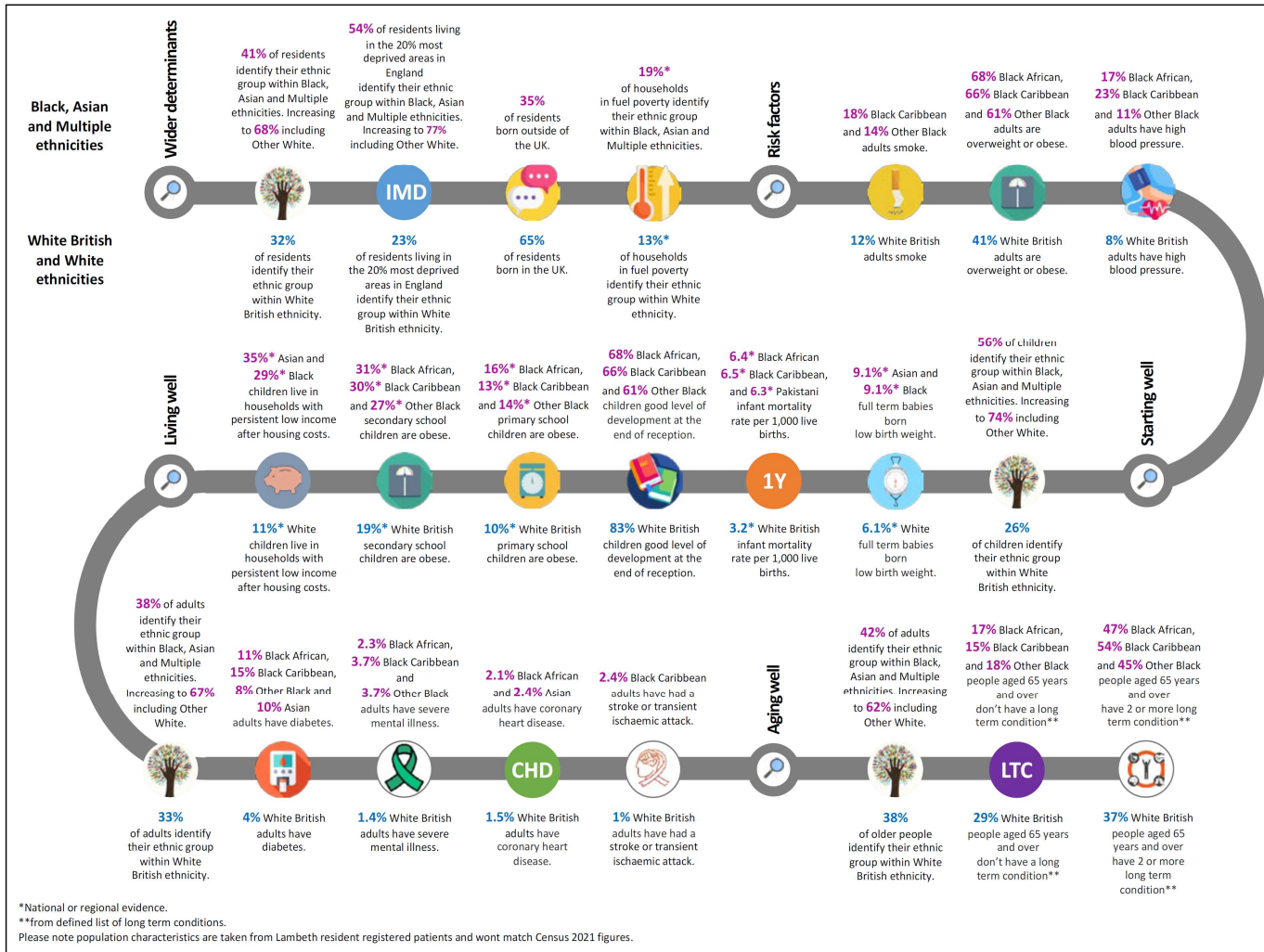
- 1 in 3 residents are classed as high-risk alcohol users
- Hospital admissions linked to smoking and alcohol use significantly higher in Lambeth than the London average
- 1 in 3 Lambeth residents are overweight and 1 in 4 Lambeth residents are obese
- 1 in 4 residents experience high levels of anxiety
- Years spent in poor health has increased in Lambeth
- Serious Mental illness more likely to effect health inclusion groups
- 17% of registered patients are experiencing chronic pain.

## Inequalities within our borough

- The poorest communities have the worst outcomes across a wide range of measures including healthy life expectancy and the gap is widening between Lambeth and England
- Within Lambeth, the gap is also widening between those with the lowest levels of socioeconomic deprivation (Coldharbour) and those with the highest levels of socio-economic deprivation (Clapham Common).
- Residents from Black backgrounds are more likely to live in areas of social deprivation, develop long-term conditions, have poorer mental health and experience discrimination and racism when accessing services.
- 77% of Lambeth residents living in the 20% most deprived areas in England are from Black, Asian, Multiple ethnicities and Other White.
- Rates of obesity and high blood pressure are considerably higher in Black African, Black Caribbean and Other Black ethnicities in Lambeth
- Smoking rates are over 20% lower in White British and Other White ethnicities.



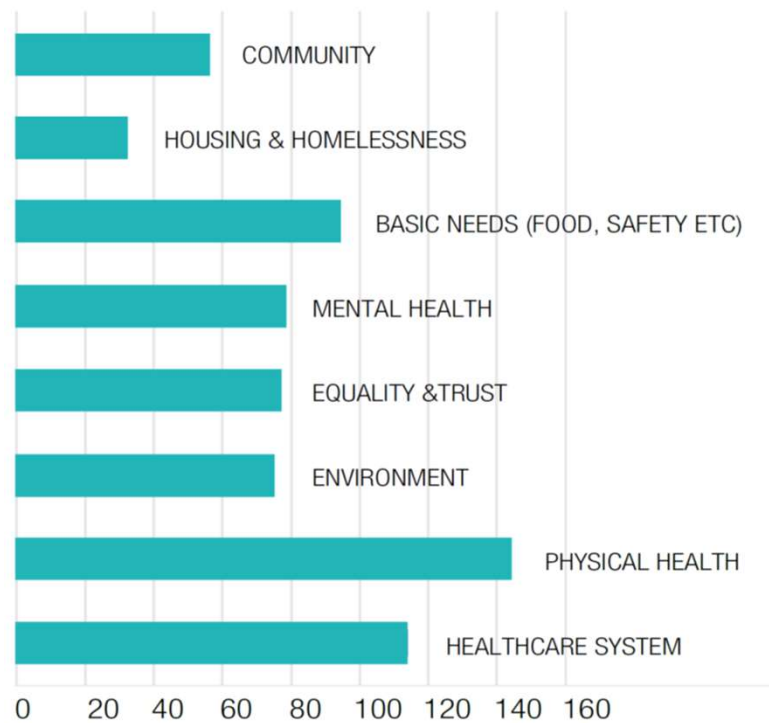
# Inequalities



## What we've heard from the public

In developing our Health and Wellbeing Strategy, we consulted with the public, Voluntary, Community, Faith and Social Enterprise organisations, on what is important in Lambeth in regards to their health and wellbeing. At least 650 people and 80 organisations took part, with many more contributing to informal engagement at events like the Lambeth Country Show. Where there were gaps in our knowledge, we spoke directly to those communities, for example through a specific focus group for the Latin American Spanish and Portuguese speaking communities or with organisations or representatives of the communities' including faith leaders and LGBTQi groups to ensure their perspectives were captured. Over 85% of public respondents supported our objectives (slide below) and when asked about what is important in 'good health', the public clearly articulated physical health, the healthcare system and basic needs as their top three priorities.

## What is important in 'good health' in 2028



Source: Health and Wellbeing Strategy Consultation September 2022

# Our outcomes

## Our outcomes - what we want to achieve over the next five years

The key outcomes that we aim to achieve over the next five years are outlined in our *Health and Wellbeing Strategy (HWBS) 2023-28*; **ensuring the best start in life, supporting people to lead healthy lives and have good physical and mental wellbeing** and **supporting communities to flourish and build their resilience**. Lambeth Together has committed to contribute to delivering on these strategic goals and our *Lambeth Together Strategic Health and Care Plan* sets out how we will do that. Our 15 key outcomes within this Plan, are set out below:

### ***People lead healthy lives and have good physical and emotional health and wellbeing for as long as possible***

1. People maintain positive behaviours that keep them healthy
2. People are connected to communities which enable them to maintain good health
3. People are immunised against vaccine preventable diseases
4. People have healthy emotional wellbeing
5. People have healthy and fulfilling sexual relationships and good reproductive health

### ***Physical and mental health conditions are detected early and people are well supported and empowered to manage these conditions and avoid complications***

1. People receive early diagnosis and support on physical health conditions, that are improved and managed to keep them healthy for longer
2. People who are at risk of long term conditions have help to manage their condition and prevent complications
3. When emotional and mental health issues are identified; the right help and support is offered early and in a timely way

### ***People have access to and positive experiences of health and care services that they trust and meet their needs***

1. People have access to joined-up and holistic health and care in their neighbourhoods
2. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs
3. Older adults are provided with the right health and care support at the right time
4. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate
5. People with learning disabilities and/or autism achieve equality of life chances, live as independently as possible and have the right support from health and care services
6. Those using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life
7. People who are homeless or at risk of becoming homeless, (including rough sleepers and refugees) have improved health outcomes



# Our Alliances and Programmes

## Our priorities

To achieve the objectives set out above, our Alliances and Programmes will lead on a shared set of outcomes and deliver priority actions against them. All our work will focus on those groups and communities that have the poorest health outcomes. Alliances and programmes will work together to achieve particular actions, which whilst organised around programmes/Alliances, are collectively owned across our partnership.



### Neighbourhood & Wellbeing Delivery Alliance

- People are connected to communities which enable them to maintain good health
- People receive early diagnosis and support on physical health conditions, that are improved and managed to keep them healthy for longer
- People who are at risk of long term conditions have help to manage their condition and prevent complications.
- People have access to joined-up and holistic health and care in their neighbourhoods
- People know where to go to get the right help, and are treated at the right time, in the right place for their needs



### Homeless Health Programme

- People who are homeless or at risk of becoming homeless, (including rough sleepers and refugees) have improved health outcomes



### Children and Young People's Alliance (CYPA)

- Children are connected to communities which enable them to maintain good health
- Children are immunised against vaccine preventable diseases
- Children and Young People have healthy emotional wellbeing
- When emotional and mental health issues are identified; the right help and support is offered early and in a timely way
- Women have positive experiences of maternal healthcare and do not experience



### Sexual Health Programme

- People have healthy and fulfilling sexual relationships and good reproductive health



### Living Well Network Alliance (LWNA)

- People have healthy emotional wellbeing
- When emotional and mental health issues are identified; the right help and support is offered early and in a timely way
- Those using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life



### Substance Use Programme

- People can maintain positive lifestyle behaviours that keep them healthy
- People know where to go to get the right help, and are treated at the right time, in the right place, for their needs
- People who are homeless or at risk of becoming homeless, (including rough sleepers and refugees) have improved health outcomes



### Learning Disabilities and Autism Programme

- People with learning disabilities and/or autism achieve equality of life chances, live as independently as possible and have the right support from health and care services



### Staying Healthy Programme

- People can maintain positive lifestyle behaviours that keep them healthy
- People are connected to communities which enable them to maintain good health
- People are immunised against vaccine preventable diseases
- People live healthy and active later lives and are supported to age well

## *People lead healthy lives and have good physical and emotional health and wellbeing for as long as possible*

- People maintain positive **behaviours** that keep them healthy
- People are connected to **communities** which enable them to maintain good health
- People are **immunised** against vaccine preventable diseases
- People have **healthy mental and emotional wellbeing**
- People have healthy and fulfilling **sexual relationships** and good reproductive health



What will change or improve for our residents and patients? (Outcome A)	How we will deliver this outcome	What does success look like?
<p><b>People maintain positive behaviours that keep them healthy</b></p> <p><i>People and communities have access to information about and the right support around substance misuse, the impacts of smoking and alcohol use, and how to manage their weight, in ways that are accessible and meaningful to them.</i></p> <p><i>There is a decrease in the number of people smoking, an increase in the number of people achieving a healthy weight and drinking less alcohol.</i></p> <div data-bbox="121 1130 218 1170" style="background-color: #008080; color: white; border-radius: 10px; padding: 5px; display: inline-block; margin-top: 20px;">The 7</div> <div data-bbox="121 1203 218 1276" style="background-color: #000080; color: white; border-radius: 10px; padding: 5px; display: inline-block; margin-top: 10px;">Vital 5</div>	<ul style="list-style-type: none"> <li>• Work with local communities, voluntary sector, Primary Care Networks and other partners to ensure residents have access to advice and support in community settings to stay well, which is tailored and culturally appropriate</li> <li>• Using a combination of Vital 5 and NHS Health Checks approach improve routine identification of smokers and those at greatest risk of obesity providing brief advice and referral to the stop smoking service and weight management support</li> <li>• Re-commission local stop smoking pathway including specialist service and community pharmacy provision and strengthen links with acute and pharmacy stop smoking pathways</li> <li>• New Tier 2 weight management service offer to be commissioned and delivered with better links into communities with highest need and likely to benefit most from interventions</li> <li>• Work across the council and ICB to support a holistic needs-led approach across the whole weight management care pathway to increase access to the most appropriate weight management support for residents</li> <li>• Enhanced outreach and engagement, (including outreach for people with disabilities and new parents) including targeted street outreach for: people experiencing rough sleeping and homelessness (aligned with and complementing rough sleeping grant initiatives where relevant), targeted vulnerable/priority groups including sex workers, crack, heroin users and alcohol users who are not in contact with treatment, young people not accessing services</li> <li>• Additional treatment places for people dependent on alcohol</li> <li>• Capacity to support collaboration, information sharing and joint working arrangements between drug and alcohol treatment and other key local agencies, to better understand and meet the needs of vulnerable/priority groups</li> <li>• Complete a Joint Strategic Needs Assessment Health Profile of Substance Misuse in Lambeth using different data sources to better understand our population, collaboratively working with partners and local communities to investigate and identify the current and future health and service needs of our population</li> <li>• Develop comprehensive prevention programme for substance misuse</li> <li>• Improve identification of those with high risk drinking through use of the 'Vital 5' tool and implementing brief intervention and onward referral</li> <li>• Development of outreach and early prevention initiatives such as Assertive Outreach team in partnership with Police and Community Safety and access to early and brief interventions on alcohol and drugs use.</li> </ul>	<p>Increase of percentage of patients with long term conditions and recorded as current smokers, who have a record of an offer of support and treatment, within the preceding 12 months</p> <p>Increase of percentage of patients with long term conditions having their BMI recorded, within the preceding 12 months</p> <p>Improved appropriate referrals from primary care to the range of weight management support programmes available (NHS Digital, locally commissioned services, National Diabetes Prevention Programme)</p> <p>Increase the number of respondents completing DrinkCoach survey and monitor the proportion of people flagged as having a 'possible dependence'</p> <p>Increase the number of substance misusing people, from vulnerable and priority groups, engaged by multi-disciplinary outreach team</p>



What will change or improve for our residents and patients? (Outcome B)	How we will deliver this outcome	What does success look like?
<p><b>People are connected to communities which enable them to maintain good health</b></p> <p><i>Communities are well-connected, engaged and thriving, with the environment, infrastructure, tools and support needed to have good health and wellbeing. The wider determinants of poor health that impact infant and adolescent mortality, are addressed.</i></p>	<ul style="list-style-type: none"> <li>• Age UK, Lambeth Training Hub and Primary Care to support recruitment and retention of social prescribing link workers</li> <li>• Developing stronger links between PCNs and local communities through PCN Equity Champions, the Thriving Communities programme and Health and Wellbeing Hubs</li> <li>• Piloting IFF Evaluation Framework to assess impact of Thriving Communities</li> <li>• Providing capacity building support to community and voluntary organisations to further assist their promotion of health and wellbeing and to continue to develop in our Black and diverse communities, trust and confidence in the health and care system</li> <li>• Using an outreach approach to providing health and wellbeing information and advice in community settings with a focus on reaching those with higher risk of poor health</li> <li>• Support residents through targeted interventions to maximise their incomes, reduce costs and build financial resilience</li> <li>• Engage communities through Lambeth Health Determinants Research &amp; Evaluation Network (HEART) to develop research priorities</li> <li>• Develop an evidence-based programme of work that responds to wider determinants of infant mortality, that focuses on how to bring neighbourhood resources and strengthen communities to support parents, families and their children</li> </ul>	<p>Social prescribing connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing. We will monitor the availability of services for social prescribing and increase the number of social prescribing unique contacts</p> <p>The Lambeth Residents survey continues to measure residents' wellbeing, use of community assets and social cohesion and shows year-on-year improvement</p> <p>The impact of the rising cost of living and in the financial resilience of Lambeth's low-income residents is reduced with an increase in the percentage of low-income residents coping financially (from current baseline of 76%)</p> <p>We will review cases of infant deaths and identify common wider determinants of infant mortality in Lambeth. We will use these findings to create a clear programme of work to address this, using community and neighbourhood resources</p>



**What will change or improve for our residents and patients? (Outcome C)**

**How we will deliver this outcome**

**What does success look like?**

**People are immunised against vaccine preventable diseases**

*Uptake of childhood immunisations increases and uptake of COVID, flu and pneumonia vaccines increase for eligible adults.*

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- Complete a Joint Strategic Needs Assessment Health Profile of Childhood Immunisations in Lambeth using different data sources to better understand our population, collaboratively working with partners and local communities to investigate and identify the current and future health and service needs of our population
- Review of local incentivisation schemes to focus on call/recall non-responders and decliners with a view to improving vaccination uptake in relevant cohorts
- Work with Primary Care Networks to improve call / recall and alternative delivery sites for childhood immunisations and seasonal vaccination programmes with a focus on over 65s and those with long term conditions - work to deliver vaccinations in the community (using trusted sites like children's centres, libraries and youth clubs), including providing evenings and weekend sessions
- Health Visitors to actively check immunisation status of new-borns and infants during visits and refer to GPs for vaccination where required
- Early Years settings – nurseries, children centres, schools – to be familiar with the UK Universal Immunisation Schedule, promote vaccination to parents and encourage parents to check with their GPs when unsure about children’s immunisation history
- Children Social Care staff to be familiar with the UK Immunisation Schedule, Make Every Contact Count by promoting the vaccination to parents and encourage parents to check with their GPs when unsure about children’s immunisation history
- Midwifery services to promote the UK vaccination programme during antenatal appointments, discuss and allay concerns to encourage uptake when baby is born and build in push notification by e-red books
- Schools to support promotion of school-age vaccination programmes to parents through established forums like Parent/teacher meetings and ensure timely sharing of class lists with SAV provider
- Schools to identify vaccination champions to support school-based vaccination programmes and support following up return of consent forms with non-responding parents - champions can include safeguarding leads, teachers and school nurses
- Redesign childhood immunisations to meet challenge of low uptake, and redesign vaccination delivery models and pathways, including Making Every Contact Count

50% of children are vaccinated for MMR (two doses) following contact by healthcare professional

100% of immunisation records of families with under 5-year-olds are checked by health visiting

50% of families with under 5-year-olds receive relevant vaccinations following active checks by health visiting

100% of school-age vaccination consent forms returned to the vaccination provider

50% of people over 65 years old vaccinated against flu following contact by healthcare professional

50% of people with long-term medical conditions vaccinated against flu following contact by healthcare professional

What will change or improve for our residents and patients? (Outcome D)	How we will deliver this outcome	What does success look like?
<p><b>People have healthy mental and emotional wellbeing</b></p> <p><i>Lambeth's communities co-produce and co-deliver better and faster support for people to improve and maintain their emotional wellbeing. Our support is targeted at those individuals and communities most in need and is based on feedback from people about what works best.</i></p> <p><i>Children and young people are able to access community mental health support in a timely manner and more children and young people are able to use a wider range of emotional health and wellbeing provision. Children and young people report improved emotional health and wellbeing following contact with commissioned provision.</i></p> <div data-bbox="136 1323 241 1396" style="background-color: #0056b3; color: white; padding: 5px; border-radius: 10px; display: inline-block;">             Vital 5           </div>	<ul style="list-style-type: none"> <li>• Roll out mental health awareness training and promote new Lambeth signposting tool to community and voluntary organisations particularly those that work with vulnerable communities</li> <li>• Working as part of <i>South London Listens</i>, increase the number of Wellbeing Hubs and Community Mental Health Champions</li> <li>• SLAM mental health promotion team to develop and implement more needs-led mental health promotion initiatives</li> <li>• Living Well Network Alliance to develop service user representation in decision-making groups</li> <li>• Develop and expand Living Well Network Alliance's Culturally Appropriate Peer Support and Advocacy (CAPSA) - this service employs people from Lambeth's Black communities with lived experience of mental health issues to work with and advocate (speak up) for those we support. They work and train with staff in our Living Well Centres and other Alliance teams to improve our support for people from Black communities. Improving our cultural awareness also helps to improve our support to all those from 'minority' communities</li> <li>• Undertake regular outreach sessions at community events within Lambeth to promote the Lambeth Talking Therapies service, audit service user experience to feedback into service development and pilot model of culturally appropriate group therapy with Black Thrive</li> <li>• Review Joint Strategic Needs Assessment Health Profile of Mental Health in Lambeth using different data sources to better understand our population, collaboratively working with partners and local communities to investigate and identify the current and future health and service needs of our population</li> <li>• Living Well Network Alliance to develop, refresh and embed engagement with those we support and their carers, including increased co-production and regular feedback from service users on their experience</li> <li>• Roll out Dialog tool during 23-24, including training and support to staff, to ensure a robust and consistent process to capture treatment satisfaction and feedback</li> <li>• Implement changes as part of the PCREF programme to improve the access, experience and outcomes of the people we support from our Black, LGBTQ+ and other 'minority' communities - the South London and Maudsley NHS Trust, a core member of the Living Well Network Alliance, is one of four national pilots for PCREF (the Patient and Carer Race Equality Framework) which aims to eliminate differences in access, experience and outcomes in mental health for those from Black and Minority Ethnic communities</li> <li>• In line with the Children and Young People's Mental Health and Emotional Wellbeing Plan, design and deliver a Single Point of Access (SPA), providing a multi-agency single point of access that draws together a range of services seeking to support children and young people and their families</li> <li>• Offer emotional wellbeing provision for children and young people across a range of different types of provision - ensure that this is a cohesive and joined-up offer, that is well-communicated and enables improved access - develop a standardised approach to measuring outcomes across providers.</li> </ul>	<p>Lambeth's communities can co-deliver support for people to improve and maintain their emotional wellbeing. We will increase the number of community organisations and volunteers undertaking mental health awareness and suicide prevention training.</p> <p>Improved experience and recovery outcomes for black service users and carers through access to the right culturally appropriate care and support that meets people's needs</p> <p>Ensuring early access to emotional and psychological support for people experiencing mental distress can prevent a more severe mental health crisis and help people stay in their homes and work, which has positive benefits for them, their families and wider community. 25% of those that need the Lambeth Talking Therapies service (called access rate) should be able to access the service, 75% of people referred should start treatment within 6 weeks and at least 50% of people who complete treatment should recover, in line with national targets.</p> <p>Children and young people that access emotional wellbeing support, report being more emotionally healthy as a result of that support. To do this we will standardise our approach to measuring outcomes from our full range of providers, allowing us to set a target for our ambition.</p>

What will change or improve for our residents and patients? (Outcome E)	How we will deliver this outcome	What does success look like?
<p><b>People have healthy and fulfilling sexual relationships and good reproductive health</b></p> <p><i>People have informed access to contraception, high quality STI treatment and testing and there is zero HIV-related stigma and zero HIV transmissions.</i></p>	<p><b>Sexually Transmitted Infections</b></p> <ul style="list-style-type: none"> <li>• Open access STI clinical services will have a refreshed service offer</li> <li>• We'll work with the London Sexual Health Programme to plan for the future of the London e-service</li> <li>• Increase accuracy of partner notification and reporting</li> <li>• Increase and improve outreach and education to underserved groups</li> <li>• We'll work with pharmacies to consolidate a sexual and reproductive health service offer</li> <li>• Promote condom distribution services and benefits of condom use</li> </ul> <p><b>Abortion and reproductive health services</b></p> <ul style="list-style-type: none"> <li>• We'll work with the NHS and providers to refresh the service offer</li> <li>• We'll analyse what our services are delivering and who is accessing them</li> <li>• We'll monitor contraception access at separate clinical, online, GP and other service providers</li> <li>• Pilot models of Long-Acting Reversible Contraception (LARC) training and delivery</li> <li>• Continue to use the e-service for contraception</li> <li>• Continue to develop online booking across providers to support access and gain 'live' system oversight of capacity</li> <li>• Continue participation with London and national partners to support a sustainable and accessible system</li> </ul> <p><b>Access to contraception</b></p> <ul style="list-style-type: none"> <li>• Continue commissioning the e-service</li> <li>• We'll work with pharmacies to consolidate a sexual and reproductive health service offer</li> <li>• Increase education and promotional activities for residents</li> </ul> <p><b>Long-Acting Reversible Contraception (LARC)</b></p> <ul style="list-style-type: none"> <li>• Pilot models of LARC training and delivery</li> <li>• Continue to develop the digital tool/online booking across providers to support access and gain 'live' system oversight of capacity.</li> <li>• Commission additional training opportunities for primary care staff, Sexual Health in Practice (SHIP) and LARC</li> <li>• Promotional and educational activities for residents</li> </ul> <p><b>Other sexual and reproductive health and HIV work</b></p> <ul style="list-style-type: none"> <li>• Redesign outreach pathways for vulnerable adults and young people across services</li> <li>• Look to design and include alternative PrEP access models</li> <li>• Maximise opportunities to co-create improved HIV pathways</li> </ul>	<p>Whilst a high Sexually Transmitted Infections rate can reflect a high incidence of infection in the population, it can also suggest good access to and uptake of services that enable people to be tested and infections identified. We want to see a reduction in STI diagnoses while maintaining high rates of testing. (Current position 3,090 per 100,000)</p> <p>We will monitor the gap in use of contraception from Sexual Health London (SHL) online among ethnic groups and the number of abortions to Lambeth residents</p> <p>Long-Acting Reversible Contraception (LARC) such as implants, or intra-uterine devices or intra-uterine systems (sometimes called "the coil") are highly effective forms of contraception. We want to ensure Lambeth residents can access these in a wide range of settings including in primary care. We will increase the number of LARC uptake in primary care. This indicator can also be used as a proxy measure for the overall aim of offering a range of contraception types in a range of settings</p>

## *Physical and mental health conditions are detected early, and people are well supported and empowered to manage these conditions and avoid complications*

- People receive **early diagnosis and support** on physical health conditions, that are improved and managed to keep them healthy for longer
- People who are at risk of **long-term conditions** have help to manage their condition and prevent complications
- When **emotional and mental health issues** are identified; the right help, support and diagnosis is offered early and in a timely way





What will change or improve for our residents and patients? (Outcome G)	How we will deliver this outcome	What does success look like?
<p><b>People receive early diagnosis and support on physical health conditions, that are improved and managed to keep them healthy for longer</b></p> <p><i>All people eligible for health checks have access and there is an increase in uptake; with a specific increase/focus in uptake for people with learning disabilities and those living with severe mental illness.</i></p> <p><i>There is an increase in the proportion of cancer cases diagnosed at stage 1 or 2.</i></p> <p><i>People living with HIV know their status, the virus is undetectable, they live and age well and there are zero HIV related deaths.</i></p> <div data-bbox="113 1230 212 1279" style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin-top: 20px;">The 7</div>	<p><b>The NHS Health Check</b> Re-design the NHS Health Checks programme in Lambeth to ensure a focus on improving uptake for those at most risk, by focusing on outreach and delivery in community settings</p> <ul style="list-style-type: none"> <li>We will target health inequalities by increasing invites and uptake of NHS Health Checks and improving referral/diagnosis rates for those with highest risk</li> <li>Embed population health management approaches making better use of data</li> <li>Align to the Vital 5 prevention work in community settings</li> <li>Evaluate and review new programme delivery</li> </ul> <p><b>SMI Annual Health Checks/Health Action Plans</b></p> <ul style="list-style-type: none"> <li>Primary care to implement a quality improvement plan with LWNA support to ensure delivery of SMI Healthcheck in line with national targets and quality metrics</li> <li>Undertake targeted promotion of SMI Healthchecks to patients and carers particularly those from black and minority ethnic communities</li> </ul> <p><b>LDA Annual Health Checks (AHC)/Health Action Plans</b></p> <ul style="list-style-type: none"> <li>Work with health and care partners to ensure access to and delivery of AHC's in line with national line targets and quality metrics</li> <li>Personalised care-improve % of people with an agreed Health Action Plan following identified risk as result of AHC</li> <li>Promotion of AHC amongst target population especially those from black minority groups i.e., Big Health week</li> </ul> <p><b>Bowel cancer screening</b></p> <ul style="list-style-type: none"> <li>Increase the uptake of cancer screening across our diverse communities particularly for those whom English is not their 1st language including local Portuguese community</li> <li>Deliver the Catch 22 Bowel Cancer Screening initiative, involving targeted work to increase the uptake of bowel cancer screening in Lambeth where 26 General Practices identified with the lowest uptake have been invited to take part in the bowel cancer screening calling initiative and non-responders will be contacted by Catch 22 multilingual facilitators and encouraged to complete the FIT kit on behalf of practices who opt-in</li> <li>Public educational and promotional event to include raising awareness of bowel cancer and the bowel cancer screening test</li> <li>Improvements in SMI and LD yearly health checks to include discussions and encouragement to take up cancer screening opportunities.</li> </ul> <p><b>HIV testing and PrEP</b></p> <ul style="list-style-type: none"> <li>Development of data dashboard of HIV testing and diagnoses across the system</li> <li>A new HIV care and support and peer support network will be in place</li> <li>Educational and promotional stakeholder events will raise awareness of HIV programme ambitions</li> <li>A GP Champion for HIV is in place</li> <li>Sexual Health and HIV training commissioned for Primary Care staff</li> <li>Collect real time and demographic data on PrEP usage</li> </ul>	<p>The NHS Health Check is a health check-up for adults in England aged 40 to 74. It is designed to spot early signs and lower the risk of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Our aim is for increased uptake of the NHS Health Check for all eligible adults, and increased uptake of SMI health checks to more than 60% of eligible adult patients and LD/AHC to 75% of eligible adult patients. Additionally, we want to see an increase in the percentage of patients who have severe mental illness, with health risks linked to smoking, alcohol use and their weight, given appropriate advice</p> <p>We will contribute to meeting the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days and increase the percentage of cancers diagnosed at stages 1 and 2 by 2028. Locally we will improve rates of Bowel Cancer screening for those aged 60-74 to improve early bowel cancer diagnosis</p> <p>Lambeth has an ambition to reach the Fast Track Cities goal of zero HIV stigma, transmissions and deaths. To achieve this, all those living with HIV need to know their status to be able to receive treatment and support. Testing all those who require bloods to be taken whilst in Emergency Departments helps to identify those who do not know their status and link them to HIV care and treatment, and to re-engage those in treatment who may have become disengaged. It can also help to normalise testing for HIV and contribute to reducing stigma. We will increase the percentage of eligible people receiving an HIV test whilst attending Emergency Departments and monitor the number of new PrEP users (and continuers) resident in Lambeth</p>

What will change or improve for our residents and patients? (Outcome H)	How we will deliver this outcome	What does success look like?
<p><b>People who are at risk of long-term conditions have help to manage their condition and prevent complications</b></p> <p><i>Diabetes is identified early and managed well.</i></p> <p><i>Those with chronic pain have consistent, high-quality support, are not over medicalised, have community support and streamlined pathways.</i></p> <p><i>High blood pressure is prevented and identified through the use of blood pressure checks.</i></p> <p><i>Personalised care approaches and structured medicines reviews are utilised to ensure that people are prescribed the right medicines for them and know how to take them.</i></p> <div data-bbox="46 1295 149 1344" style="background-color: #008080; color: white; padding: 5px; display: inline-block;">The 7</div> <div data-bbox="195 1295 296 1344" style="background-color: #004a87; color: white; padding: 5px; display: inline-block; margin-left: 10px;">Vital 5</div>	<p><b>Diabetes</b></p> <ul style="list-style-type: none"> <li>The Lambeth Community Diabetes Service will work very closely in partnership with general practices, Primary Care Networks, Guy's and St Thomas' Hospital (GSTT), King's College Hospital (KCH), The South London and Maudsley Hospital (SLAM), Community Pharmacies and other partners, to improve population health and reduce inequalities</li> <li>The Community Diabetes Service will do this through a number of approaches. This includes working with GP practices to deliver teaching and multi-professional identification and review of priority people</li> <li>We will also use local Quality Improvement methods to support GPs in delivering diabetes reviews including training, guidelines and other resources developed with colleagues across South East London</li> <li>Healthcare professional learning events</li> <li>Implement recommendations from patient feedback via Centric community researchers</li> </ul> <p><b>Chronic Pain</b></p> <ul style="list-style-type: none"> <li>Improve the information that the GP has to advise those with Chronic pain to access treatment</li> <li>Work with a group of patients who have chronic pain to improve the provision &amp; information to access pain services in the community and from their GP</li> </ul> <p><b>High blood pressure (hypertension)</b></p> <ul style="list-style-type: none"> <li>Hypertension workstream to coordinate all Lambeth hypertension activity with a focus on reducing health inequalities</li> <li>We will support general practice to meet national targets to reduce hypertension</li> <li>We will support a new community pharmacy hypertension check service to reduce demand in general practice</li> <li>We will use a local Quality Improvement methods to support GPs in delivering training and support around hypertension care including access to training, guidelines and other resources developed with colleagues across South East London</li> <li>The local Community Hypertension Service will provide support to general practice in managing more complex disease</li> <li>We have implemented a community diagnostics service for cardiovascular disease, which helps us identify hypertension</li> </ul> <p><b>Medicines Optimisation</b></p> <ul style="list-style-type: none"> <li>We will work with our GPs and pharmacies to support more people to access medication reviews</li> <li>Priorities include supporting review of people taking multiple medicines who may be suffering from adverse effects / not benefitting from medication to ensure they receive appropriate medicines to support their goals through shared decision making approach.</li> <li>We will develop our Medicines and Prescribing network for multi-professional clinical staff in general practice to support training and sharing of best practice</li> </ul>	<p>For diabetes to be well-managed a series of annual checks are available to monitor and improve the overall health of people with diabetes. These checks will help reduce the risk of complications associated with the condition. We will increase the proportion of people with Type 2 diabetes who receive these checks on an annual basis</p> <p>Local research shows that chronic pain, along with anxiety, is the most prevalent long-term condition in Lambeth. A greater proportion of women, Black ethnicity and Asian ethnicity populations in our most deprived communities live with chronic pain.</p> <p>To improve outcomes for people with chronic pain, we know people need reviews to help them set and achieve their quality of life goals. GPs will ensure they have processes in place to ensure that people suffering from chronic pain are known to them and supported.</p> <p>Increase the number of people with known hypertension whose target blood pressure is achieved.</p> <p>Multiple medicines can cause multiple adverse effects without any additional benefit. We will increase the number of people over age of 65 who are taking 10 or more medicines, having a medication review. Evidence tells us that reducing the number of inappropriate medicines in older people reduces harm.</p>



**What will change or improve for our residents and patients? (Outcome I)**

**How we will deliver this outcome**

**What does success look like?**

**When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way**

*Mental health support is available in the community and schools and is a timely and a positive experience. We reduce the number of people reaching a mental health crisis point and give prompt and appropriate support to people in crisis.*

Vital  
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- Monitor and review Living Well Network Alliance Single Point of Access capacity and performance to agree service model
- Implement NHSE Community Mental Health Framework, including recruitment of staff to provide enhanced capacity to deliver community based mental health treatment, care and crisis intervention
- Undertake regular outreach sessions at community events within Lambeth to promote the Lambeth Talking Therapies service, audit service user experience to feedback into service development and pilot model of culturally appropriate group therapy with Black Thrive
- Roll out Dialog tool during 23-24, including training and support to staff, to ensure a robust and consistent process to capture service user self-reported wellbeing
- Roll out mental health training offer to GPs to increase capacity and capability to identify, assess, and address mental health needs of patients, and refer onwards
- Expand community reablement support to help people with practical issues that can help prevent crisis that lead to loss of accommodation and/or admission to hospital and care settings
- Extend capacity of Home Treatment Team and further VCS community based out of hour crisis options such as the Evening Sanctuary to assist more people to improve service user experience and contribute toward unplanned admission avoidance, and monitor impact including number of users of these services who would say they would otherwise have attended A&E
- Recruitment of Mental Health Practitioners to ensure coverage across PCNs in Lambeth, to provide early identification, assessment and intervention to people with a range of emotional, psychological and mental health conditions in primary care i.e. anxiety, depression, sleep disorders, so that people can access or be signposted/referred to the right support in the community quickly, improving prospects for resolution or improvement and reducing risk of deterioration that may lead to crisis or negative impacts on relationship, work, housing and overall wellbeing.
- Roll out Living Well Network Alliance's Staying Well offer across Lambeth, which will involve mental health support staff working more closely with GPs, Social Prescribers and local communities as part of neighbourhood teams to ensure more convenient and better joined up care between General Practice and community mental health services
- Develop specialist eating disorder and complex psychological and behavioural needs pathway to enable more people to be supported in the community and reduce unplanned admission due to crisis
- Improve the diversity in ethnicity of children and young people accessing Mental Health School Teams - agree baseline from 22/23 annual report, set target for 23/24 with regular monitoring and establish task and finish group to consider how this can be improved.

Reduce average wait times for triage and initial assessment following a referral to the Living Well network Alliance Single Point of Access to be under 72 hours by 2024

Increase access to and recovery rates for Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents - targets to be set once latest population data is published (expected March 2023)

Monitor Living Well Network Alliance service user self-reported wellbeing

We will increase the percentage of patients in secondary care due to a mental health crisis, who are discharged and are not re-admitted within 30 days.

In order to improve access to mental health support for children and young people, we will ensure that 95% of children and young people with eating disorders are seen by a clinician within 1 week for urgent appointments and 4 weeks for routine support and that no child or young person waits longer than 44 weeks for an assessment and commencing treatment with Child and Adolescent Mental Health Services. We will ensure we meet the national access target, which for Lambeth is ensuring 2,112 CYP have access to Child and Adolescent Mental Health Services across a 12 month period. We will continue to develop and deliver our Mental Health School Teams in Lambeth schools and improve the diversity in ethnicity of children and young people accessing this support.

## *People have access to and positive experiences of health and care services that they trust and meet their needs*

- People have access to joined-up and holistic health and care in their **neighbourhoods**
- People know where to go to get the **right help**, and are treated at the **right time**, in the **right place**, for their needs
- **Older adults** are provided with the right health and care support at the right time
- Women have positive experiences of maternal healthcare and do not experience a disproportionate **maternal mortality rate**
- People with **learning disabilities and/or autism** achieve equality of life chances, live as independently as possible and have the right support from health and care services
- Those using **mental health** support services can **recover and stay well**, with the right support, and can participate on an equal footing in daily life
- People who are **homeless** or at risk of becoming homeless, (including rough sleepers and refugees) have improved health outcomes

Programme lead: Neighbourhood and Wellbeing Delivery Alliance (with contribution from the Children and Young People's Delivery Alliance and Living Well Network Alliance)



What will change or improve for our residents and patients? (Outcome J)	How we will deliver this outcome	What does success look like?
<p><b>People have access to joined-up and holistic health and care delivered in their neighbourhoods</b></p> <p><i>People are supported by integrated working by GPs, mental health services, community health, social care staff and others.</i></p> <p><i>Children and young people remain supported by health and care services when they transition to adulthood where appropriate.</i></p>	<ul style="list-style-type: none"> <li>Lambeth Together Delivery Alliances support the development of equitable provision of integrated care in the borough - the Neighbourhood and Wellbeing Delivery Alliance (NWDA) supports the creation of health and care community networks (called Thriving communities) to inform neighbourhood service development with a particular focus on providing an equitable offer of health and social care and development of localised health solutions for all our residents</li> <li>NWDA partner organisations (PCNs, secondary care, social care, community care, VCS etc) recognise that to develop integrated working across the borough and in neighbourhoods requires an iterative, partnership approach that acknowledge the complexity of the system and allows new approaches to be tested, developed and implemented at scale</li> <li>Primary Care Networks (PCN) and community based partners will explore opportunities to evolve integrated neighbourhood provision and models using insight from residents and service users to inform localised provision such as neighbourhood teams for mental health and workforce development to support flexible multi-disciplinary teams</li> <li>Use our wide range of existing estates for the delivery of integrated services from a range of partners including community groups</li> <li>Each PCN to have a social prescribing team which is expanding and recruiting to specialist posts in recognition of local need, including dedicated children and young people posts and mental health</li> <li>Re-launch and monitoring of Consultant Connect as first line for advice and guidance for primary care clinicians and encouragement of uptake in use - working with SEL team to identify any actions which may lead to increase in successful answer rates - Consultant connect allows GPs real-time specialist advice and so allows the patient to receive their care in the community rather than in hospital</li> <li>Adults' and children's mental health teams will work more closely together to improve planning, communications and the transition of young people to adult mental health services - upon transition to Adult Mental Health Services, we aim to have in place an improved transitions pathway between CAMJHS and Adult Mental Health</li> <li>Refine and develop the approach to Population Health Management around Core20</li> <li>Roll out Living Well Network Alliance's Staying Well offer across Lambeth, which will involve mental health support staff working more closely with GPs, Social Prescribers and local communities as part of neighbourhood teams to ensure more convenient and better joined up care between General Practice and community mental health services.</li> <li>A programme of communication with Lambeth's population to allow a greater understanding of the differing healthcare roles, services available, and how they can have direct access to the right service for their need</li> <li>Development of the London Care Record that supports the delivery of holistic care to patients and can be used from across health and care services</li> </ul>	<p>Increase usage of consultant connect by primary care</p> <p>Children and young people will remain supported by health and care services when they transition to adulthood</p> <p>Patients understand the services they can directly access and will see an increase in the numbers of self-referrals to those services rather than referrals from GPs</p>



What will change or improve for our residents and patients? (Outcome K)	How we will deliver this outcome	What does success look like?
<p><b>People know where to go to get the right help, and are treated at the right time, in the right place, for their needs</b></p> <p>People can access the right support in the right place at the right time, utilising the most appropriate help including primary care, community pharmacy, 111, urgent treatment centres and emergency departments.</p> <p>More people attending hospital, are treated and go home on the 'same day' and people admitted to hospital are discharged in an appropriate timeframe with a reduction in preventable delays. People needing scheduled treatment are suitably prioritised and any unnecessary waits are reduced.</p> <p>People in need of support due to the harms caused by drug or alcohol misuse, are offered it at the persons point of need and support services are able to work together to counter these harms with the individual and wider communities.</p> <p>Virtual wards allow patients to get the care they need at home safely and conveniently, rather than being in hospital.</p>	<p><b>Urgent and Emergency Care transformation and access</b></p> <ul style="list-style-type: none"> <li>Review of communication, engagement and behavioural activities including analysis of options to improve local public messaging on sites and in communities</li> <li>Demand management including review of access routes and alternative appointment slots in community/primary care and access to these and the potential benefits of digital access in emergency departments to support direct appointment bookings</li> <li>Review and implement best practice standards for Same Day Emergency Care including opening times, access routes and ring-fencing use of capacity</li> <li>Enhance the access to GP and nurse appointments through additional evening and Saturday appointments</li> <li>Deliver a programme of communication with Lambeth's population to allow a greater understanding of the differing healthcare roles, services available, and how they can have direct access to the right service for their need</li> <li>Increase the use of digital tools including the NHS app so that patients may more easily be equipped to take greater control over their health and care and to access care at the right time and place</li> <li>Continue to ensure that patients are not excluded from accessing health care through digital poverty by evaluating our pilot which involves members of our population teaching others to access technology practically and sharing lived experiences</li> <li>Use digital software (Apex) to support GP practices to understand their population needs and provide and redeploy workforce accordingly across primary care networks</li> <li>People experience culturally appropriate translation services for our diverse population so consultations can be supported by in person translators or virtually as appropriate.</li> <li>Development of the London Care Record that supports the delivery of holistic care to patients and can be used from across health and care services</li> <li>Evaluate the benefits of basing GPs and Social Prescribing Link workers in Emergency Departments in meeting the needs of patients whose needs can be better met elsewhere</li> <li>Increase referrals by primary care via consultant connect into Same-Day Emergency Care, increase communications and engagement with primary care to raise awareness of Same-Day Emergency Care and access criteria - monitor activity, demand and any unmet demands for Same-Day Emergency Care at both GSTT and Kings</li> <li>Enhance direct access for diagnostics through the use of local Community Diagnostic Hubs</li> <li>Working with providers on High Intensity Use services to support demand management in Urgent and Emergency Care (UEC)</li> <li>Continue triage service for urgent and elective eye consultations, as well as, direct referral pathways from community optometrists to Minor Eye Condition Service across Lambeth and SEL</li> </ul> <p><b>Substance Misuse</b></p> <p>Support collaboration, information sharing and joint working arrangements between drug and alcohol treatment and other key local agencies, to better understand and meet the needs of vulnerable/priority groups</p> <ul style="list-style-type: none"> <li>Complete a Joint Strategic Needs Assessment Health Profile of Substance Misuse in Lambeth using different data sources to better understand our population, collaboratively working with partners and local communities to investigate and identify the current and future health and service needs of our population</li> <li>Improve identification of those with high risk drinking through use of the 'Vital 5' tool and implementing brief intervention and onward referral and increase the uptake of training amongst Primary Care staff on Information Brief Advice on alcohol</li> </ul> <p><b>Virtual wards</b></p> <ul style="list-style-type: none"> <li>Lambeth Together and Partnership Southwark develops the model for Virtual Wards, bringing benefits to multi-disciplinary working across the borough and building on the 'At Home' model in operation</li> </ul>	<p>Everyone who needs an appointment with their GP practice gets one within two weeks and this includes all populations and those who contact their practice urgently are assessed the same or next day according to clinical need</p> <p>Increase referrals into urgent community response (UCR) from all key routes, with a focus on maximising referrals from 111 and 999, and creating a single point of access where not already in place - consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard.</p> <p>Increase the volume of appointments in General Practice line with our SEL system trajectory</p> <p>Improve access to healthcare professionals through increased use of community pharmacies - GPs and NHS 111 direct people to pharmacies to support people with minor ailments and advice and self-care</p> <p>Utilisation of Same Day Emergency Care Units at GSTT and Kings (SDEC)</p> <p>Development and deployment of a London Care Record that supports Advanced Care Planning</p> <p>Patients understand the services they can directly access and we see an increase in the numbers of self-referrals to those services, rather than referrals from GPs</p> <p>Reduce the number of drug and alcohol related A&amp;E attendances</p> <p>Our aim is to help keep people treated at home or within the community, by increasing the provision and utilisation of 'virtual wards'. In doing so, it will ensure patients receive high-quality care that is tailored to their individual needs, while also helping to reduce the burden on hospital services, prevent unnecessary hospital admissions, and ensure that patients receive the right care, in the right place, at the right time. We will create capacity in Lambeth for 140-150 virtual ward beds and work towards their utilisation.</p>



What will change or improve for our residents and patients? (Outcome L)	How we will deliver this outcome	What does success look like?
<p><b>Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well</b></p> <p><i>Older adults, with a focus on maximising their independence, have access to good quality care services which range from support to remain at home to support to live in care homes.</i></p> <p><i>Lambeth is an age-friendly and dementia friendly borough and supports people in ageing well and continuing to tackle the challenges that lead to poorer outcomes in older age.</i></p> <p><i>Adults have personalised care and support by health and care services during the end of their lives.</i></p>	<ul style="list-style-type: none"> <li>Review Joint Strategic Needs Assessment Health Profile of Older People in Lambeth using different data sources to better understand our population, collaboratively working with partners and local communities to investigate and identify the current and future health and service needs of our population, to inform our future service planning</li> <li>Make Lambeth an Age Friendly Borough where people are able to live healthy and active later lives. To achieve this, we will work with older people and charities like Age UK Lambeth to make Lambeth a better place to grow older - this will include a focus on supporting people in ageing well and continuing to tackle the challenges that lead to poor outcomes in older age</li> <li>Review delivery model of reablement across the partnership; integrating clinicians, ensuring access to the service is equitable in general and between the community pathway and the discharge pathway</li> <li>Review of pilot on Adult Social Care 'front door' with Age UK and design future model of delivery, ensuring an inclusive and equitable service, with an interface with community health and primary care</li> <li>Work collaboratively within SEL ICS to implement and embed a 'core offer' for community Specialist Palliative Care providers</li> <li>Prioritise integration of Palliative and End of Life Care into frailty pathways and virtual wards models</li> <li>Work collaboratively with the Lambeth Carers Service to ensure carers are supported in their caring role, have access to the information and resources they need, and feel recognised locally for their contribution</li> <li>Review, launch and implement new Carer's Strategy and review the support and information available for carers</li> <li>Carers to receive health and wellbeing interventions, including vaccinations, from the right workforce in their general practice of Primary Care Network</li> <li>Carers can access support through their practice Personalised Care team including Social Prescribing Link Workers</li> <li>Enable Primary Care providers to develop Advanced Care Planning in their practices and around them - linking with local system providers to share ideas and collaborate</li> <li>Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care. To reduce emergency admissions due to falls in people aged 65+ we will carry out a falls prevention campaign which will include Lambeth based falls prevention leaflets, e-training to non-health care staff and increased provision of strength and balancing classes</li> <li>We will make dementia friendly training available to help ensure that people with dementia feel understood, valued and able to contribute to their community</li> <li>Development of the London Care Record that supports the delivery of holistic care to patients and can be used from across health and care services</li> </ul>	<p>Intermediate Care including Reablement helps people live independently, and/or recover from an episode of ill health. It is therapy-led and provided in the person's own home with care arranged by an integrated team of mainly Health &amp; Social Care professionals. We will monitor the number of people with an intermediate care offer. The service is non-chargeable for up to six weeks and we will monitor the number of people who have a reduced need for care at the end of this service.</p> <p>We have commissioned Lambeth Carers Service to ensure carers are supported in their caring role, have access to the information and resources they need, and feel recognised locally for their contribution. We will work collaboratively with the Carers Service to ensure its effectiveness and Adult Social Care will ensure 90% of carers of the users of Adult Social Care Service are offered a carers assessment.</p> <p>We will target improvements in end of life care linked to the National Palliative and End of Life Care 22-25 strategic priorities of accessibility, quality and sustainability. We will work towards an increased % of people identified as being in their last year of life on practice registers and increased number of people with Personalised Care and Support Plan(PCSP)/UCP, moving to England average of 1%.</p> <p>We aim to see improvements in the rate of emergency admissions for all 65+ age groups. Emergency admissions due to falls for people aged 65+ is a similar rate when compared to England (1,901 per 100,000) but significantly worse compared to England for people aged between 65-79 (1117 per 100,00).</p> <p>We will aim to see an increase in the percentage of Lambeth Residents' Survey respondents aged 65+ that describe their health as good. Currently 57% of residents aged 65+ describe their health as good compared to 75% of all respondents. This is significantly lower.</p> <p>Increase in uptake of Flu/Pneumococcal and Covid vaccinations in people known to be Carers.</p>



**What will change or improve for our residents and patients? (Outcome M)**

**Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate**

*Maternal outcomes improve for all, and the disparity of maternal outcomes for Black women is eradicated.*

The 7

**How we will deliver this outcome**

- Work with colleagues across the system to pull together a comprehensive dataset for Lambeth women using maternity services in order to counter significant inequalities in experience. This includes partnership working through Local Maternity and Neonatal Systems (LMNS) consolidating maternity metrics across providers and utilisation of analytic resources produced by SEL BI team, such as, Core20PLUS5. This will allow us to create a localised action plan to meet the specific needs of Lambeth women.
- Continue to deliver the actions from the final Ockenden report as set out in the April 2022 letter as well as those that will be set out in the single delivery plan for maternity and neonatal services
- Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
- Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices, including increased use of continuity of midwifery care
- Improve access to perinatal mental health services

**What does success look like?**

To achieve this outcome, we will ensure that continuity of maternity care is delivered for at least 75% of women from Black, Asian and minority ethnic communities.

Continuity of care in maternity refers to the provision of care throughout the pregnancy, birth, and postnatal period by the same healthcare provider or team. The benefits of continuity of care in maternity include improved maternal and foetal outcomes, increased satisfaction with care, reduced healthcare costs, and better communication and trust between the healthcare provider and the patient. Continuity of care also allows for the early detection and management of potential complications, and can lead to a more personalized and individualized approach to care.

We will monitor the rates of maternal mortality during labour, neonatal deaths and pre-term birth and expect to see them reducing.



What will change or improve for our residents and patients? (Outcome N)	How we will deliver this outcome	What does success look like?
<p><b>People with learning disabilities and/or autism achieve equality of life chances, live as independently as possible and have the right support from health and care services</b></p> <p><i>People with learning disabilities and/or autism are discharged from inpatient settings and supported to live in the community with appropriate accommodation and care.</i></p> <p><i>Health and social wellbeing across the life course for all people of all ages, with learning disabilities and autism, improves.</i></p>	<p><b>Specialist inpatient units discharge</b></p> <ul style="list-style-type: none"> <li>Review crisis intervention/admission prevention services to agree improved borough offer</li> <li>ALD Placement Transformation Strategy - Ensure accommodation-based placements maximise lifelong independence underpinned by clear systematic contractual framework to ensure best value</li> <li>Commission bespoke option for group of named individuals that are most complex and at highest risk</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>People with learning disabilities are less likely to be in employment than the overall population. We will monitor and report on how many people are with learning disabilities are in work and how many opportunities for supported employment we are able to create.</li> <li>Developing new supported employment and internship opportunities through our health and care partners.</li> </ul> <p><b>CYP ASD Diagnosis</b></p> <ul style="list-style-type: none"> <li>Develop the Lambeth All Age Autism Strategy with users, carers and partners</li> <li>Engagement piece working with LBL Communication Team</li> <li>Understand local population of people with autism and mapping exercise using local and national data, PH data - Pathway and diagnosis in LBL, Employment and Children, Young people and SEND</li> <li>Work with partner organisations in developing the LBL strategy.</li> </ul> <p><b>General</b></p> <ul style="list-style-type: none"> <li>Working with SEL ICB and health partners to ensure accurate capture of information for patients with learning disability and autism to ensure get the right access to health provision; support performance and quality monitoring, and underpin effective population health planning</li> <li>Contribute to the South East London Integrated Care Board Learning Disability and Autism Programme and support the development of integrated, workforce plans for the learning disability and autism workforce.</li> </ul>	<p>It is vital we reduce reliance on inpatient care for patients with learning disabilities and/or autism, while improving the quality of inpatient care. Locally we will increase the number of children and adults discharged from specialist inpatient units, with a particular focus on reducing the rates of Black patients placed in overly restrictive settings.</p> <p>People with learning disabilities are less likely to be in employment than the overall population. To achieve our outcome, we will increase the proportion of people with LDA in work or education, aiming for an increase to 5% by increasing the number of supported employment and supported internships we create through our health and care partners.</p> <p>People with a learning disability often have poorer physical and mental health than other people. It is important that everyone over the age of 14 who is on their GP's learning disability register has an annual health check; we will improve the rate of uptake for an Annual Health Check and Health Action Plan, for those with LDA, to 75% and ensure there is no disparity in uptake between ethnic groups.</p> <p>We will reduce the waiting times at for an ASD diagnosis for children and young people.</p>



What will change or improve for our residents and patients (Outcome O)	How we will deliver this outcome	What does success look like?
<p><b>Those using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life</b></p> <p><i>People with mental health needs are able to recover, live independently, live in stable and appropriate accommodation, and in education, training, volunteering or employment.</i></p> <div data-bbox="107 1109 207 1183" style="background-color: #2c4e64; color: white; padding: 5px; border-radius: 10px; display: inline-block;">             Vital 5         </div>	<ul style="list-style-type: none"> <li>• Expand community reablement support to help people with practical issues that can help prevent crisis that lead to loss of accommodation and/or admission to hospital and care settings whilst helping people maintain or regain skills that promote independence and beneficial quality of life, reduce dependence on use of institutional care</li> <li>• Extend capacity for LWNA Home Treatment Team to support more people experience mental health crisis in the community</li> <li>• Develop specialist eating disorder and complex psychological and behavioural needs pathway to enable more people to be supported in the community and reduce unplanned admission due to crisis</li> <li>• Work with statutory partners to ensure work opportunities for people with SMI and other LTCs and ensure full mobilisation and monitoring of the LWNA Individual Placement Support Service (IPS) to enable more people with SMI to achieve their goal of sustainable paid work with a fair wage whilst accessing support to help find and maintain employment and monitor the service against intended goals</li> <li>• Work with Black Thrive and partners including Lambeth Council Employment and Skills as part of the 'No Wrong Door initiative to enable people who are vulnerable including people with SMI or other conditions can access a range of specialist and mainstream information, education and vocational support to so that people have meaningful, learning and occupation opportunities that provide structure and builds confidence and skills</li> <li>• Deliver on the reprovision of the Lambeth Hospital together with SLaM, including the mobilisation of redesigned inpatient care model to provide better quality and more culturally appropriate clinical service</li> <li>• Roll out Dialog tool during 23-24, including training and support to staff, to ensure a robust and consistent process to capture service user self-reported wellbeing</li> </ul>	<p>Increased numbers of people with severe mental illness are supported to live in their own home and 200 people per year are supported by the Living Well Network Alliance into paid employment.</p> <p>We will monitor the number of referrals Living Well Network Alliance teams make for service users to additional support routes (such as education, training and employment support, Community Support, Alcohol Advice, Smoking, Benefits advice, Dietician, Family Support) and the number of service users reporting a positive experience of using mental health services, feeling they have benefited from support and are more independent and in control of their lives, particularly those from Black and other minority ethnic communities.</p> <p>We will monitor repeated A&amp;E attendance and acute mental health inpatient readmissions as part of performance and quality monitoring to assess effectiveness and as part of reflective learning to ensure recovery and/or other agreed goals are met.</p>

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What will change or improve for our residents and patients (Outcome P)	How we will deliver this outcome	What does success look like?
<p><b>People who are homeless or at risk of becoming homeless, (including rough sleepers and refugees) have improved health outcomes</b></p> <p><i>In supported housing, residents have access to a GP and holistic support with their mental health and substance use.</i></p> <p><i>Homeless vulnerable adults and rough sleepers receive tailored support to manage physical and mental health conditions to prevent serious illness and the overall number of entrenched rough sleepers is reduced.</i></p>	<ul style="list-style-type: none"> <li>• A specialist team will support single households in Temporary Accommodation to secure offers of long term settled accommodation</li> <li>• Improve the quality of temporary accommodation through closer contract monitoring and improved technology</li> <li>• The Lambeth Rough Sleeping Outreach Team will continue to target all rough sleepers found in Lambeth to ensure everyone is offered a route off the streets. Long term entrenched rough sleepers will continue being case worked by specialist roles within the team such as a Living On The Streets worker, and embedded roles such as a Public Protection Officer and an Approved Mental Health Professional.</li> <li>• Through contract monitoring and audit visits we will identify the numbers of people in supported housing who are not yet registered with a GP. We will work with service providers and health colleagues to target those individuals and identify any potential barriers.</li> <li>• Develop model to allow cross referencing GP registration for those in supported housing, with engagement with GP</li> <li>• Develop intelligence to review how long rough sleepers brought into accommodation, have sustained tenancy.</li> <li>• Fully operational Combating Drugs Partnership which brings together prevention, treatment and breaks the links between substance misuse and crime.</li> <li>• Enhanced outreach and engagement, (including outreach for people with disabilities and new parents) including targeted street outreach for: people experiencing rough sleeping and homelessness (aligned with and complementing rough sleeping grant initiatives where relevant), targeted vulnerable/priority groups including sex workers, crack, heroin users and alcohol users who are not in contact with treatment, young people not accessing services.</li> <li>• Expansion of treatment provision for substance misuse and alcohol dependence</li> <li>• Improve identification of those with high risk drinking through use of the “vital 5” tool and implementing brief intervention and onward referral</li> <li>• Increase referrals to substance misuse services from the police (custody), probation and criminal justice system</li> <li>• Develop comprehensive prevention programme for substance misuse</li> <li>• Increase number of people accessing and completing treatment for substance misuse.</li> </ul>	<p>To improve the health outcomes of those who are homeless or at risk of becoming homeless, we first want to reduce homelessness overall. We will therefore work to increase the number of people resettled into longer-term accommodation by preventing or relieving homelessness and increase the number of rough sleepers brought into accommodation.</p> <p>Increase the number of households that move on from temporary accommodation into settled housing.</p> <p>We will increase the proportion of people living in our supported housing that are registered with a GP.</p> <p>We will monitor our rate of residents in supported housing engaged with mental health support services.</p> <p>As substance use is a significant cause of poor health outcomes for our street homeless population in Lambeth, we will also monitor how effectively we refer people to drug treatment services upon their release from prison, and what proportion then complete their treatment.</p>

## Enablers

### Our principles

The way we work will be:

- supported by a positive and action orientated approach to equity for all protected characteristics including taking an anti-racist approach, seeking to build trust and confidence with our communities
- an asset-based approach, building and amplifying what is already in the community, starting with the assumption of strengths and trust in Lambeth's communities
- shaped by a more determined and dynamic approach to integration, which understands that no one organisation has the answers to these complex issues we are attempting to tackle, and that collaboration is essential
- an approach which enables and supports the concept of 'Health and Wellbeing in all Policies', building on what has been achieved since 2016
- underpinned by open and participative research, where research, data and evidence building involves local people and informs our decision making.

### Our ways of working

- Work together as an **effective, well governed and transparent local care partnership** within an **integrated care system** and in collaboration with other **Local Care Partnerships**
- Commit to and embed **equality, diversity and inclusion** across all levels of our system with a focus on reducing **health inequalities** throughout all our work
- Deliver through our Alliances and Programmes, with strategic oversight and effective assurance and risk management functions.

### Workforce

- Have a **workforce** that, at all levels, can relate to our communities' lived experience, is representative of and supports our diverse and intersectional communities
- Support carers pay, as part of Lambeth's Ethical Care Charter
- Have a **workforce** that has capacity, is trusted, retained and supported so communities receive a consistent and reliable service
- **Engage with, and across, our workforce including through our Clinical and Care Professional network.**

### Digital

- Residents will have access to **digitally-enabled care** across health and social care settings that is easily accessed, is consistent and ensures the right service for their needs
- For those residents who do not wish to use digital tools and/or are **digitally excluded**, they can still access health and care services at the same level and standard
- Work with SEL ICS partners to enable **sharing of information to support planning and care delivery.**

### Our communities

- **Communicate and engage with our patients and residents using a range of methods ensuring information is accessible and easy to understand**
- Have a consistent **approach and infrastructure across communities and the borough** to support health and wellbeing
- Recognise and support our **assets** in the community including carers, grassroots organisations, volunteers, VCS organisations and community groups
- **Listen to patients and residents' and community voices** and **co-produce our work at all levels**
- Have **anchor institutions** that serve the wellbeing of our population.

### Intelligence

- Use **intelligence** to identify opportunities to improve services and to understand the impact of our interventions
- **Improve protected characteristics data recording, reporting and sharing to focus on increasing equity and reducing inequalities in health and social care services**
- Understand the needs of our **CORE 20 PLUS** population and **7 areas of clinical focus** to support the reduction of health inequalities
- **Learn from best practice, evidence, research and quality reviews** to continuously improve (inc NICE guidance, quality reviews, Lambeth HEART)
- Have the infrastructure to enable, and a commitment to, a **population health management approach.**

### Finance

- The NHS financial outlook remains challenging, and our ambition is to provide a stable financial environment which supports continues improvement and investment in healthcare and outcomes. The commitment to **financial sustainability** will be vital to ensuring a robust and effective delivering of core responsibilities, secured through approaches that demonstrably improve **productivity, efficiency** and **value** through making the best possible use of funding available.

### Estates

- Encourage all key health partners, social care, and local government teams to come together **to share estates plans and strive to work together** to promote integration, collaboration, and transformation.
- **Rationalisation of current Estate** – fit for purpose and in good condition, best use of current Estate, digital and virtual expansion, and co-locations, across the London Borough of Lambeth.
- Create Estates to support the more deprived areas within the Borough to **improve access**; to provide a wider range of services and to support integrated and Out of Hospital care.



## Lambeth Together Care Partnership Board

<b>Title</b>	<b>Lambeth Together Primary Care Commissioning Committee – update, including revised Terms of Reference</b>
<b>Meeting Date</b>	8th March 2023
<b>Author</b>	Oge Chesa – Director of Primary Care and Transformation
<b>Lead</b>	Sue Gallagher – Lay Member

This item is for;

<input checked="" type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Ratification</b>
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**Recommendations:**

The Lambeth Together Care Partnership Board is asked to:

1. Note outputs of the Primary Care Commissioning Committee inaugural meeting as aligned to the revised Terms of reference held on 15th February 2023.
2. Ratify the Terms of Reference that have been updated to assure the Lambeth Together Care Partnership Board of the oversight and governance of its delegated primary care functions.

**What other groups or committees have considered this item to date?**

- Lambeth Together Primary Care Commissioning Committee
- Lambeth Clinical Cabinet Chair
- Lambeth Local Medical Committee
- Lambeth Medicines Optimisation
- Lambeth, Southwark, and Lewisham Local Pharmaceutical Committee

**Summary and Impact on Inequalities**

In carrying out its functions, the Committee will place emphasis on equity and integration whilst promoting quality, efficiency, productivity, and value for money, with a view to removing administrative barriers where they exist.

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# Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Summary of Meeting held on  
Wednesday 15<sup>th</sup> February 2023



Working in partnership for a healthier borough

# LTPCCC Part Two Meeting



- **Actions were agreed for the following:**
  - Lambeth Health Care Practice - APMS Nursing Home Contract Extension with performance review to be received April 23
  - Hetherington Group Practice at the Pavilion Contract Extension with performance review to be received April 23
  - Grantham practice rent reimbursement relocation PID
  - Mary Seacole rent reimbursement (via Chairs action outside the meeting)
- **Risk register was reviewed.**





# LTPCCC Part One Meeting



- The draft **Terms of Reference** were discussed and agreed subject to additional amendments. **Action:** Board is asked to ratify.
- An ask was made to consider the frequency and content of primary care oversight **performance** data to be used going forward.
- An update was received on:
  - **Workforce** and the Lambeth Together Training & Development Hub to enable the development and retention of Lambeth's primary care workforce in the delivery of Primary Care to the residents of Lambeth.
  - **Digital First.**
  - **Financial** position at Month 9.
- Lambeth **Pharmacy** First service pilot was discussed and approved.




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**Lambeth Together Primary Care Commissioning Committee  
Terms of Reference  
V1.4.4  
February 2023**

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<b>Approved by</b>	Lambeth Together Care Partnership Board
<b>Date approved</b>	
<b>Name and title of originator/author</b>	Oge Chesa, Director of Primary Care & Transformation
<b>Effective date</b>	
<b>Review date</b>	March 2024

### Version Control and Document Review Information

<b>Version</b>	<b>Summary of changes</b>	<b>Date</b>	<b>Author/Reviewer</b>
1.0	Initial Draft	08/08/2022	Garry Money
1.1	Amendments	09/08/2022	Michelle Elston
1.2	Amendments based on feedback from Lambeth Clinical Cabinet Executive	16/08/2022	Garry Money
1.3	Amendments based on feedback from LTCPB members, and LPC/Chief Pharmacist	22/08/2022	Garry Money
	Final Signoff Sought	07/09/2022	Lambeth Together Care Partnership Board
1.4	Re-write to clarify remit as aligned to ICB Delegation Agreement	06/01/2023	Oge Chesa
1.4.1	Amendments	10/01/2023	Michelle Elston
1.4.2	Amendments based on feedback from Chair of Lambeth Together Primary Care Commissioning Committee	20/01/2023	Oge Chesa
1.4.3	Amendments based on feedback from Medicines Optimisation Team and Chair LCC	31/01/2023	Oge Chesa
1.4.4	Amendments based on feedback from meeting of primary care commissioning committee held 15/02/23 and LMC 20/02/23	16/02/2023 20/02/2023	Oge Chesa

## 1. Contents

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## 2. Purpose

2.1 The Lambeth Together Care Partnership Primary Care Commissioning Committee (the Committee) is established by the Lambeth Together Care Partnership Board (the

Board) as part of its delegated function from the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

2.2 The Committee's main purpose is to:

2.2.1 Make recommendations and decisions on all primary care delegated functions within the Lambeth Together Care Partnership to the Lambeth Together Care Partnership Board

2.2.2 Make recommendations pertaining to collective (6 Place Partnership) decisions on the review, planning and procurement of primary care services within Lambeth Together Care Partnership decided at the South East London Primary Care Commissioning Group or any other joint fora as they emerge to the Lambeth Together Care Partnership Board

### 3. Authority

3.1 The Committee is authorised by the Lambeth Together Care Partnership Board in accordance with the:

3.1.1 NHS England Primary Care Delegation Agreement;

3.1.2 ICB's Scheme of Reservation and Delegation; and

3.1.3 ICB's MOU – Delegation Agreement with Lambeth Together Care Partnership

### 4. Statutory Framework

4.1 The Health and Care Act 2022 amends the NHS Act 2006 by inserting the following provisions:

#### **13YB Directions in respect of functions relating to provision of services**

(1) *NHS England may by direction provide for any of its relevant functions to be exercised by one or more integrated care boards.*

(2) *In this section "relevant function" means—*

*(a) any function of NHS England under section 3B(1) (commissioning functions);*

*(b) any function of NHS England, not within paragraph (a), that relates to the provision of—*

*(i) primary medical services,*

*(ii) primary dental services,*

*(iii) primary ophthalmic services, or*

*(iv) services that may be provided as pharmaceutical services, or as local pharmaceutical services, under Part 7;*

*(c) any function of NHS England by virtue of section 7A or 7B (exercise of Secretary of State's public health functions);*

*(d) any other functions of NHS England so far as exercisable in connection with any functions within paragraphs (a) to (c).*

#### **82B Duty of integrated care boards to arrange primary medical services**

*(1) Each integrated care board must exercise its powers so as to secure the provision of primary medical services to such extent as it considers necessary to meet the reasonable requirements of the persons for whom it has responsibility.*

Lambeth Together Primary Care Committee - Terms of Reference

*(2) For the purposes of this section an integrated care board has responsibility for— (a) the group of people for whom it has core responsibility (see section 14Z31), and (b) such other people as may be prescribed (whether generally or in relation to a prescribed service).*

In exercising its functions, NHS SEL and its place-based Partnerships must comply with the statutory duties set out in NHS Act, as amended by the Health and Care Act 2022, including:

- a) Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the
- b) Health Act 1989 and section 14Z32 of the 2009 Act);
- c) Exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006
- d) Act);
- e) section 14Z34 (improvement in quality of services),
- f) section 14Z35 (reducing inequalities),
- g) section 14Z38 (obtaining appropriate advice),
- h) section 14Z40 (duty in respect of research),
- i) section 14Z43 (duty to have regard to effect of decisions)
- j) section 14Z44 (public involvement and consultation),
- k) sections 223GB to 223N (financial duties), and
- l) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies.

4.2 In addition NHS SEL and its place-based Partnerships will follow the Procurement, Patient Choice and Competition (no2) Regulations 2013 and any subsequent procurement legislation that applies to the ICB.

## **5. Remit and Responsibilities -Delegated Powers and Authority**

5.1 In carrying out its functions the Group will place emphasis on equity and integration whilst promoting quality, efficiency, productivity and value for money with a view to removing administrative barriers where they exist.

### **5.2 Commissioning of Primary Medical Services**

5.2.1 The Group is responsible for making the following recommendations in relation to the commissioning, procurement and management of Primary Medical Services contracts, including but not limited to the following activities:

5.2.1.1 Enhanced Services;

5.2.1.2 Local Incentive Schemes (including the design of such schemes);

5.2.1.3 The establishment of new GP practices (including branch surgeries) and closure of GP practices;

5.2.1.4 'Discretionary' payments;

- 5.2.1.5 Commissioning urgent care (including home visits as required) for out of area registered patients;
- 5.2.2 The approval of practice mergers
- 5.2.3 Review of the Lambeth Together Care Partnership's risk register pertaining to primary medical services' functions
- 5.2.4 Planning primary medical care services in the Area, including carrying out needs assessments
- 5.2.5 Undertaking reviews of primary medical care services in the Area including assessment of efficiency, effectiveness, quality and patient experience and safety
- 5.2.6 The management of contractual underperforming GP practices including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list)
- 5.2.7 Premises Costs Directions functions (if required)

### **5.3 Commissioning of Community Pharmacy**

- 5.31 This function will be defined as implementation of the MOU with NHS North East London ICB becomes known and goes live nationally from 1<sup>st</sup> April 2023

### **5.4 Additional responsibilities**

- 5.4.1 Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate
- 5.4.2 Such other ancillary activities as are necessary
- 5.4.3 Primary Care Strategic development and implementation including provision of sustainable primary care and the delivery of individual Transformation Programmes
- 5.4.4 Development of Primary Care Networks ensuring that the investment opportunities are realised for the population
- 5.4.5 Primary Care Estates and Premises development (where required) by approving and/or commenting on expressions of interest, outline business cases and full business cases pertaining to new and changed premises; and other premises matters
- 5.4.6 Primary Care Workforce Development (where required)
- 5.4.7 Considering future contracting arrangements for integrated primary and community services
- 5.4.8 The financial management for commissioning of primary medical care services
- 5.4.9 The oversight and governance of Transformation initiatives linked to the delegated functions in community pharmacy, optometry, dentistry and general medical services



## 6. Relationship with the Lambeth Together Care Partnership Board

- 6.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 6.2 The Committee has no delegated powers from the ICB Board
- 6.3 Formal minutes shall be kept of the proceedings
- 6.4 A two monthly report of recommendations will be made to the Board for ratification

## 7. Membership

- 7.1 When determining membership of the Committee active consideration will be made to matrix work and make best use of subject matter expertise.

Role	Status
Lay Member, SEL ICB (Chair)	Core
Director of Primary Care & Transformation, SEL ICB (Vice-Chair)	Core
Associate Director of Primary & Community Care, SEL ICB	Core
Healthwatch Lambeth Representative	Part 1
Associate Director for Health & Care Planning and Intelligence, SEL ICB	Core
Director, Medicines Optimisation (SEL ICB) and Long Term Conditions (Lambeth)	Core
Director of Public Health, LB of Lambeth	Part 1
Associate Director of Finance (Lambeth), SEL ICB	Core
SEL Quality Team Lead, SEL ICB	Core
SEL Primary Care Team Lead (contracts), SEL ICB	Core
Chair of Lambeth LMC	Part 1
Clinical and Care Professional Lead for Primary Care, SEL ICB	Core
Community Pharmacy LPC, Lambeth, Southwark and Lewisham	Part 1
Care Home lead	Optional but not vote
Training Hub lead (Workforce) representative	Core
Digital Primary Care representative	Part 1
Estates representative	Core
PCN Clinical Director member of Lambeth Clinical Cabinet	Core

## **7.2 Chair and Vice Chair**

- 7.2.1 The Committee will be chaired by the SEL ICB Non-Executive Director, a Lay Member on the LTCPB.
- 7.2.2 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.
- 7.2.3 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.
- 7.2.4 The Chair will be responsible for ensuring the Committee abides by these terms of reference.

## **7.3 Attendees**

- 7.3.1 Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee
- 7.3.2 Guests and/or subject matter experts can be invited to all or part of the meetings by any member, when appropriate, to assist and inform specific agenda item discussions. The Chair and vice Chair should be notified in advance of any guest or subject matter experts attending the meeting.
- 7.3.3 Members are responsible for identifying a suitable deputy to attend in their place should they be unable to attend.

## **8. Secretary and Administration**

- 8.1 The Committee shall be administered and led by LBSAT. The secretariat function will include ensuring that:
  - 8.1.1 The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant subject matter experts.
  - 8.1.2 Draft minutes with the Chair's approval are circulated to members together with a summary of actions within five working days of the meeting and that a record of matters arising, action points and issues to be carried forward (forward planner) are kept.
  - 8.1.3 The Chair is supported to prepare and deliver reports to the Board
  - 8.1.4 The Committee is updated on pertinent issues/ areas of interest/ policy developments
  - 8.1.5 Action points are taken forward between meetings.

## **9. Meeting Frequency**

- 9.1 The Committee will meet every 2 months for 2 hours, and no less than 6 meetings should

take place each year. The meeting will have a Part 1 and a Part 2. Part 2 will consist of the Core membership. (Part 2 is where confidential matters are discussed and decided upon on and therefore its contents cannot be shared beyond the core membership. Part 1 is where matters that can be discussed and agreed in public are considered and therefore its contents can be shared beyond the core membership)

9.2 Meetings should take place at least 2 weeks before the LTCPB to enable any recommendations to be made at the earliest opportunity.

## **10. Meeting Quoracy and Decision**

10.1 The quorum for a meeting of the Committee shall be at least 50% of the core membership.

10.2 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken

10.3 The Committee will reach conclusions by consensus and aims to achieve consensus decision-making wherever possible.

10.4 The Committee will make decisions that will inform recommendations to the Board in Part2

## **11. Conduct of the Lambeth Together Care Partnership Primary Care Commissioning Committee**

### **11.1 Benchmarking and Guidance**

11.1.1 The Committee will take proper account of National Agreements and appropriate

11.1.2 benchmarking, for example Agenda for Change and guidance issued by the Government, the Department of Health and Social Care, NHS England and the wider NHS in reaching their determinations.

### **11.2 ICB Policy and Values**

11.2.1 Members will be expected to conduct business in line with the ICB local policies including Standards of Business Conduct, Conflict of Interest Policy and Procurement Strategy where these relate to the discharge of its functions; ICB values and objectives and the principles set out by the ICB.

11.2.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

11.2.3 The Committee will enact its responsibilities as set out in these Terms of Reference in accordance with the Nolan Principles for Standards in Public Life.

11.3 Equality, Diversity and Inclusion

11.3.1 Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

11.4 Conflicts of Interest

11.4.1 Any Conflicts of Interest (real or perceived) will be managed in accordance with the ICB's Standards of Business Conduct and Conflict of Interest Policy.

11.4.2 Compliance will be overseen by the Chair of the Committee.

**12. Review**

12.1 The Committee will undertake a self-assessment and evaluation of its effectiveness on an annual basis.

12.2 The Terms of Reference will be reviewed initially after twelve months and then on an annual basis thereafter.

12.3 The Lambeth Together Care Partnership Board will approve any resulting changes to the terms of reference or membership.

<b>Date Approved:</b>	
<b>Next Review:</b>	



## Lambeth Together Care Partnership Board

<b>Title</b>	<b>Staying Healthy - Deep Dive</b>
<b>Meeting Date</b>	8 <sup>th</sup> March 2023
<b>Author</b>	Jessica Engen – Public Health Registrar Vida Cunningham – Public Health Specialist Marcia Dillon – Sports Development Officer
<b>Lead</b>	Raj Mitra – Clinical Lead Bimpe Oki – Public Health Consultant

### This item is for;

<input checked="" type="checkbox"/>	<b>Information</b>	<input checked="" type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Ratification</b>
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### Recommendations;

The Lambeth Together Care Partnership Board is asked to;

1. Receive an update and discuss developments for Age Friendly Lambeth.
2. Receive an overview of Physical Activity & Active Lambeth, the new Leisure service (with a focus on older people).

### What other groups or committees have considered this item to date?

Age Friendly Stakeholder group  
Staying Healthy Board  
Management Board  
Adults and Health CMB  
Health and Wellbeing Board  
Informal cabinet

Leisure services transition Board  
Staying Healthy Board  
Stronger Communities, Leisure & Sport CMB

### Summary and Impact on Inequalities

The Age Friendly Programme seeks to support people in Lambeth to age well. The work will look to identify the inequalities that that older people experience and adopt a holistic approach to address some of the causes of these inequalities.



A rapid physical activity needs assessment was conducted, identifying groups that were less likely to be active. These groups are being considered in the insourcing of local leisure services to ensure specific programmes are made available to these groups in an accessible way.



# Age Friendly Plan for Lambeth

Supporting residents to age well  
2022-2025



Working in partnership for a healthier borough

# Ageing in Lambeth



**28,050 aged 65+ living in Lambeth (8.7% of population)**

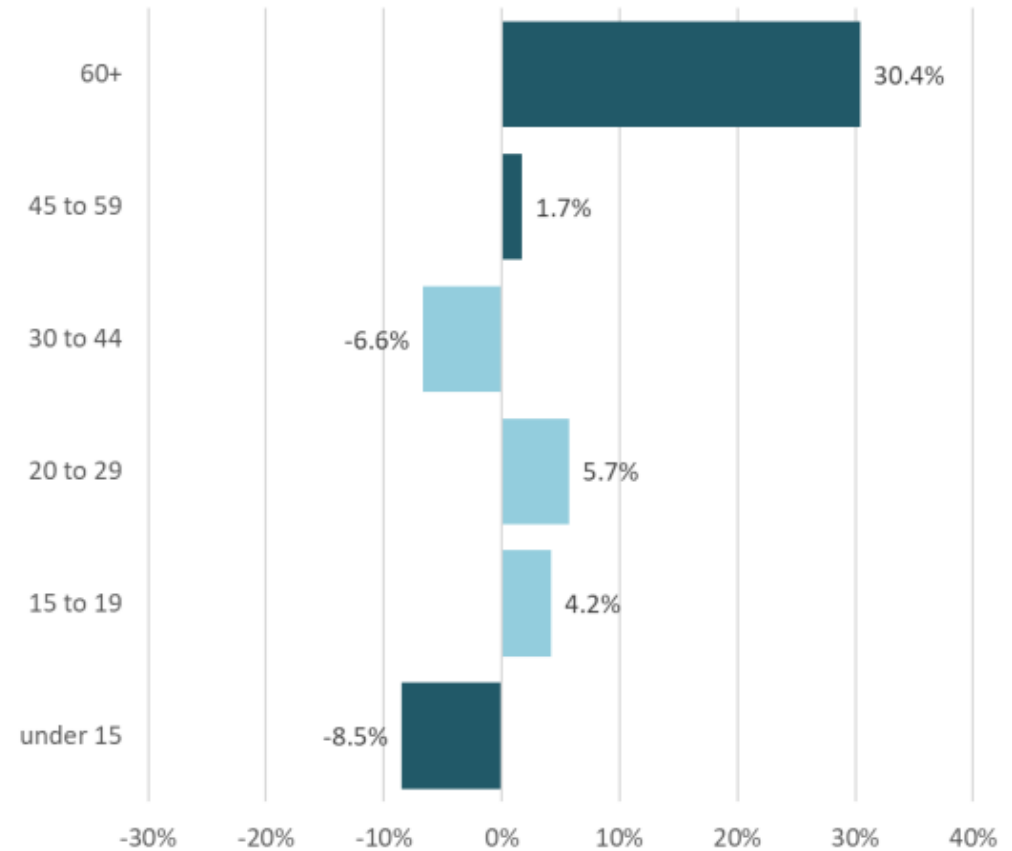
ONS mid-year estimates

**65+ age group saw biggest increase in 2021 census**

Compared to previous 2011 census, the 65+ group grew by 17.7% and was largest increase out of all age groups

Projections predict that Lambeth's population will age over the next 10 years, with the largest changes in the older population groups. People aged 80+ years are estimated to grow by 25% and the 65 to 74 years nearly 50%

Population change by main age group in Lambeth, 2022 to 2032



Source: 2018-based subnational population projections



# Healthy Life Expectancy

Years spent in poor health has increased in Lambeth

For males, it has increase by 4.6 years and for females it has increased by 3 years in 2018-20

19.8 year difference for females between highest and lowest deprivation

18.4 year difference for males between highest and lowest deprivation

In 2018-20 England wide

Figure 4.2: Female HLE at birth over time in Lambeth

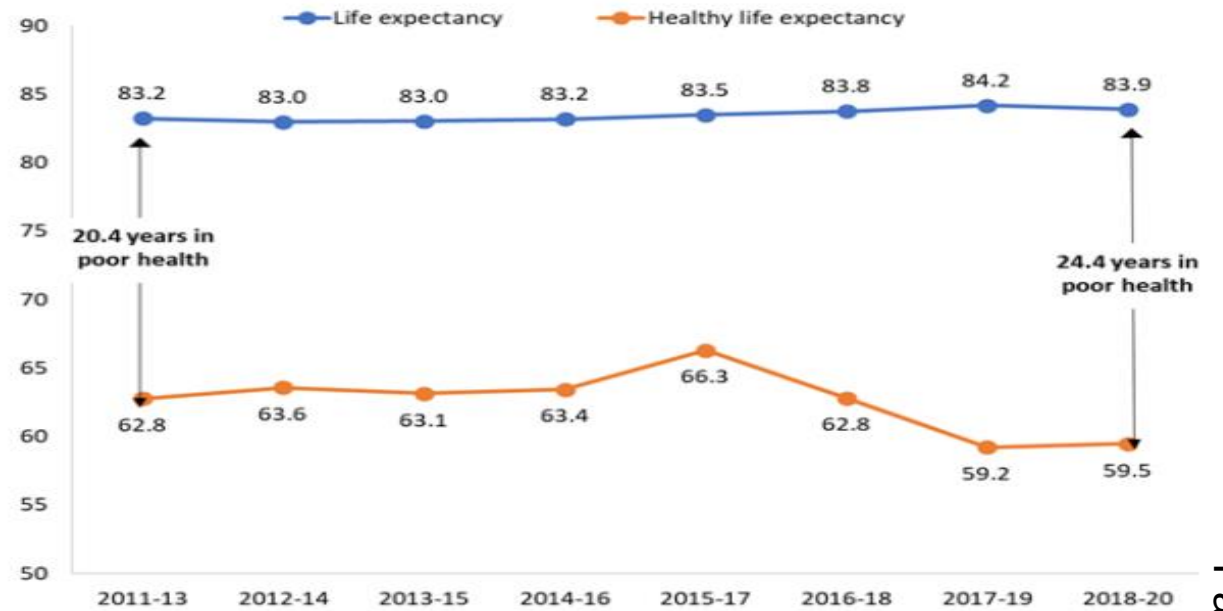
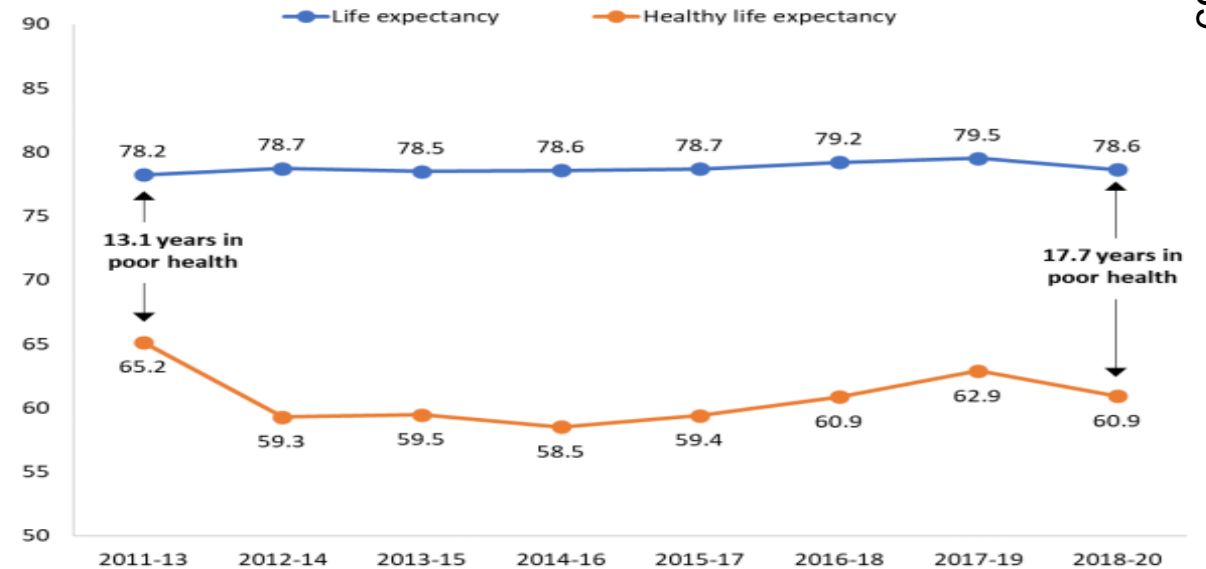


Figure 4.1: Male HLE at birth over time in Lambeth



# Demography

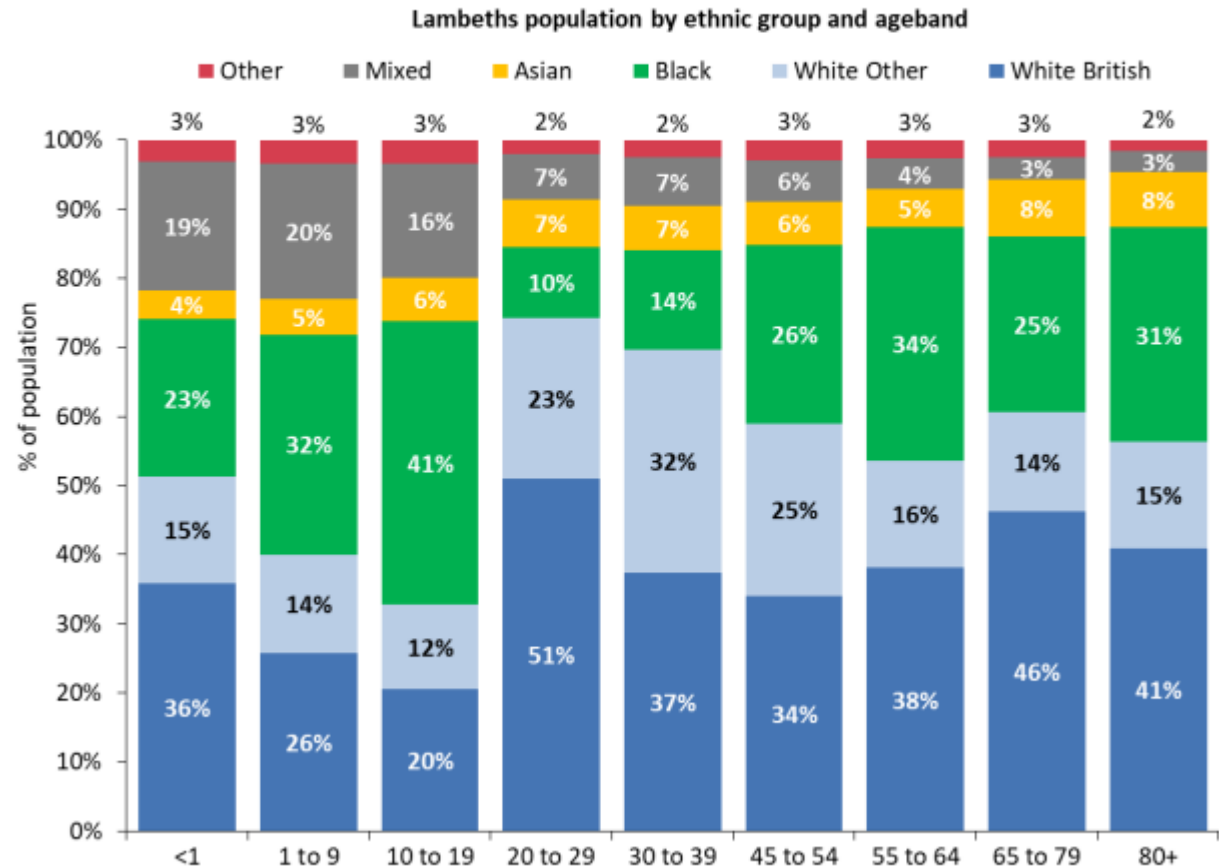


28,050 people aged 65+ living in Lambeth (8.7% of population)

3,732 people aged 85+ living in Lambeth (1.2% of the population)

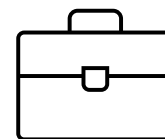
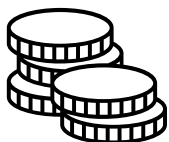
Ethnic diversity is greater within younger and older population groups in Lambeth, with greater proportions from non-White British ethnic backgrounds

Figure 1.24: Distribution of Lambeth population by ethnicity within age bands



Source: GLA 2016 Round of Demographic Projections - SHLAA

# Wider Determinants



**30.2% of older people are living in poverty in Lambeth**

**39.7% of older people are living alone in Lambeth**

**60.5% of people aged 50-65 were in employment in Lambeth**

**40.6% of adult social care users (aged 65+) have as much social contact as they would like**

**This is significantly higher than in England (14.2%).**

Income deprivation affecting older people index, 2019

**This is significantly higher than in England (31.5%).**

Census data, 2011

**This is significantly lower than in England (71.9%).**  
2020/2021

**This is lower than in England (43.4%), although not significantly.**  
2019/2020

# Health



13.3% of older people are estimated to have a common mental disorder in Lambeth

This is **significantly higher** than in England (10.2%).  
2017

Emergency admissions due to falls (aged 65-79) was higher in Lambeth than England

This was **significantly higher** than in England (1117 vs 937 per 100,000).  
2020/2021

Hip fractures in people aged 65+ is lower in Lambeth than England

Although not significantly.  
(4175 vs 5174 per 100,000)  
2020/2021

Excess winter deaths are higher in Lambeth compared to London and England

Although not significantly.  
Excess winter deaths index, 2019-2020

**Dementia:** Lambeth has the 4<sup>th</sup> highest dementia diagnosis rate out of all London boroughs and significantly higher than England (77.2% vs 61.6% in 2021).

However, Lambeth's rate of dementia emergency admissions for over 65s is significantly higher than England (5,904 vs 3,517 per 100,000)

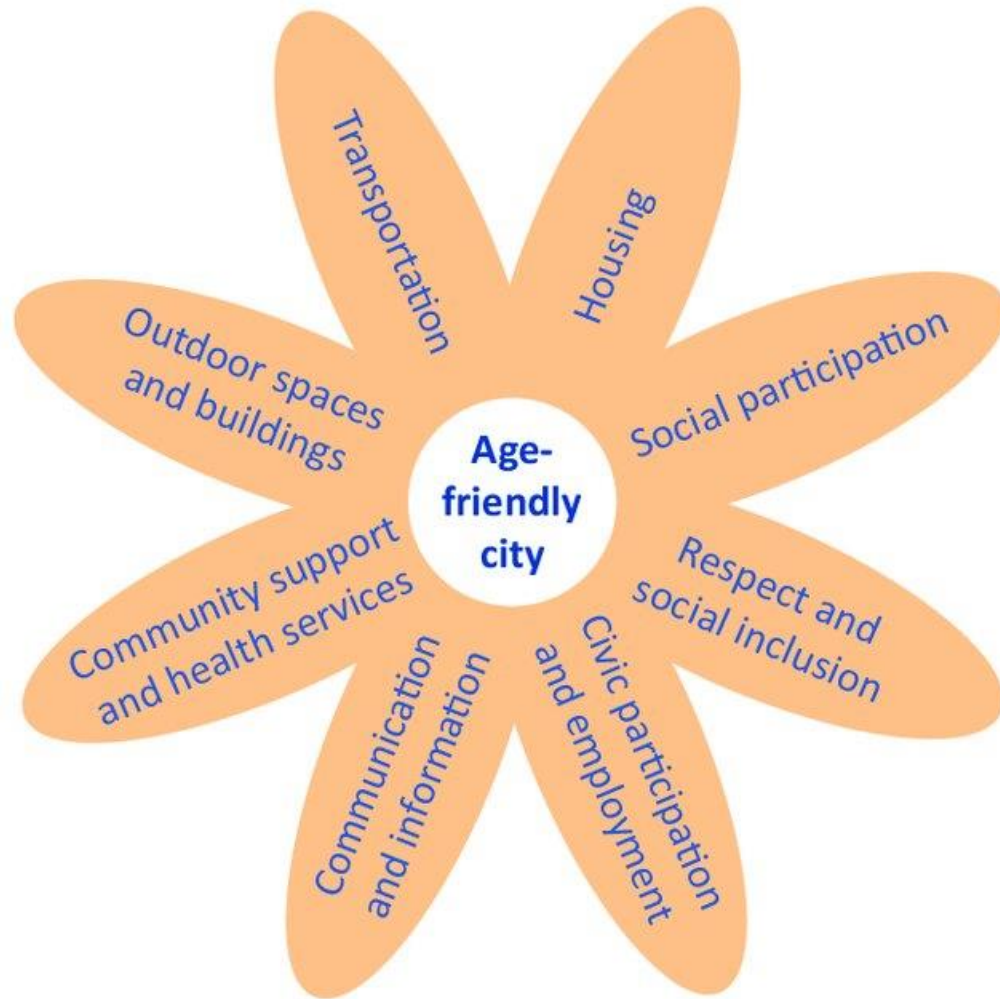
# Aim



To ensure Lambeth is a place that enables its residents to age well by working together with residents and partners across the borough to identify, co-ordinate and implement age-friendly borough initiatives

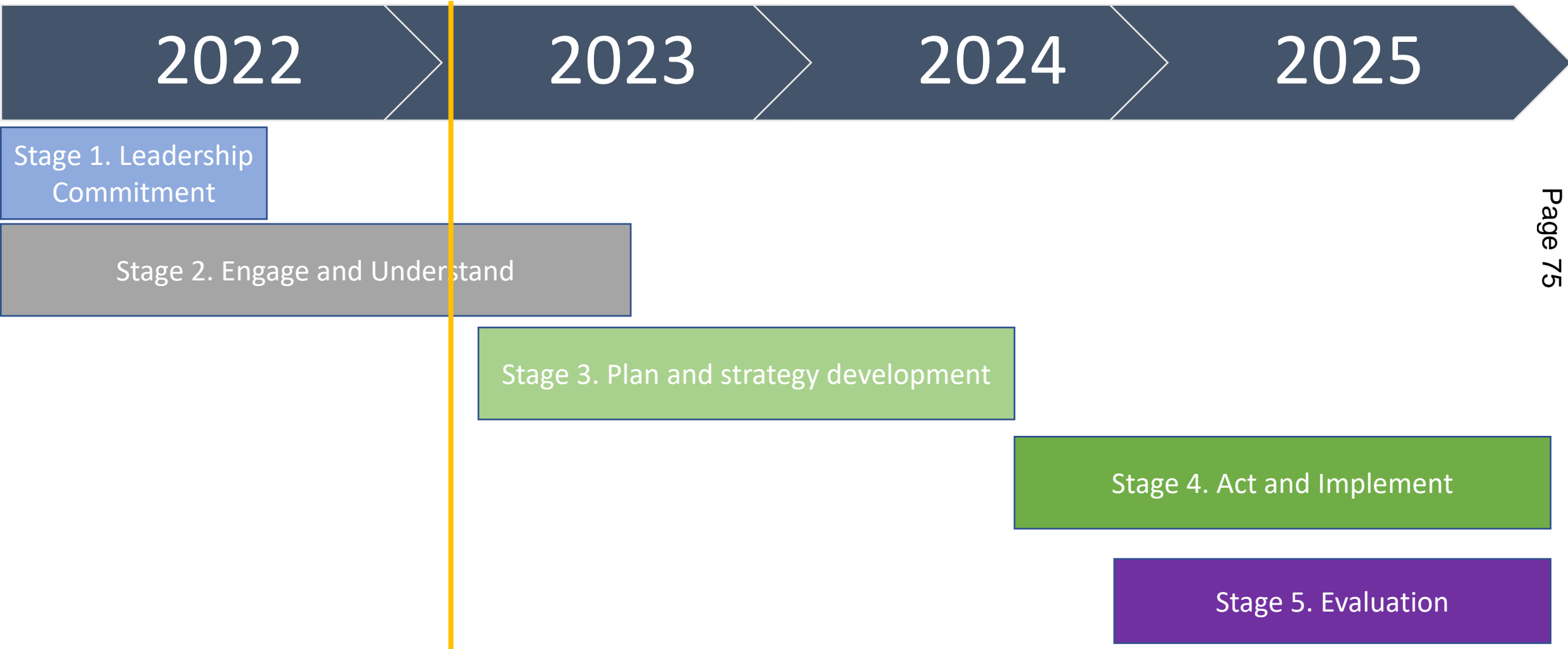


# Based on WHO Age Friendly Principles



- WHO Age Friendly Cities Framework consists of 8 domains across the built and social environment that help to identify and address barriers to ageing well
- We will focus on identifying needs and priorities specific to Lambeth using the WHO principles as an evidence-based guide
- We will become a member of the UK Age Friendly Cities Network

# Timeline



# Age Friendly Lambeth

## Consultations with older residents: Findings



Working in partnership for a healthier borough



# Consultations



We have drawn on new and existing consultations with Lambeth residents to begin to understand their views on the borough and their health and wellbeing.

- Focus Groups conducted by Age UK Lambeth– 3 groups with 23 residents in total
- Questionnaire conducted by Age UK Lambeth - 47 responses
- Residents' Survey 2021 – 160 respondents aged 65+
- Health and Wellbeing Strategy Consultation – 46 respondents aged 65+



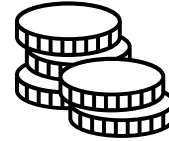
# Describe what you think good health in Lambeth should look like in 2028



# Residents' Survey 2021



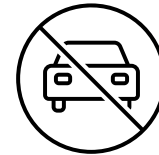
**79%** are satisfied with their area as a place to live



**30%** said it would be difficult for their household to pay for essentials over the next year. Compared to 21% of total responses.



**57%** said their health was good compared to 75% of total respondents. This is significantly lower.



**40%** oppose low traffic neighborhoods compared to 29% of all residents. This is significantly higher



**62%** agreed if they needed advice about something, they could go to someone in their neighbourhood. Compared to 52% of all respondents. This was significantly higher



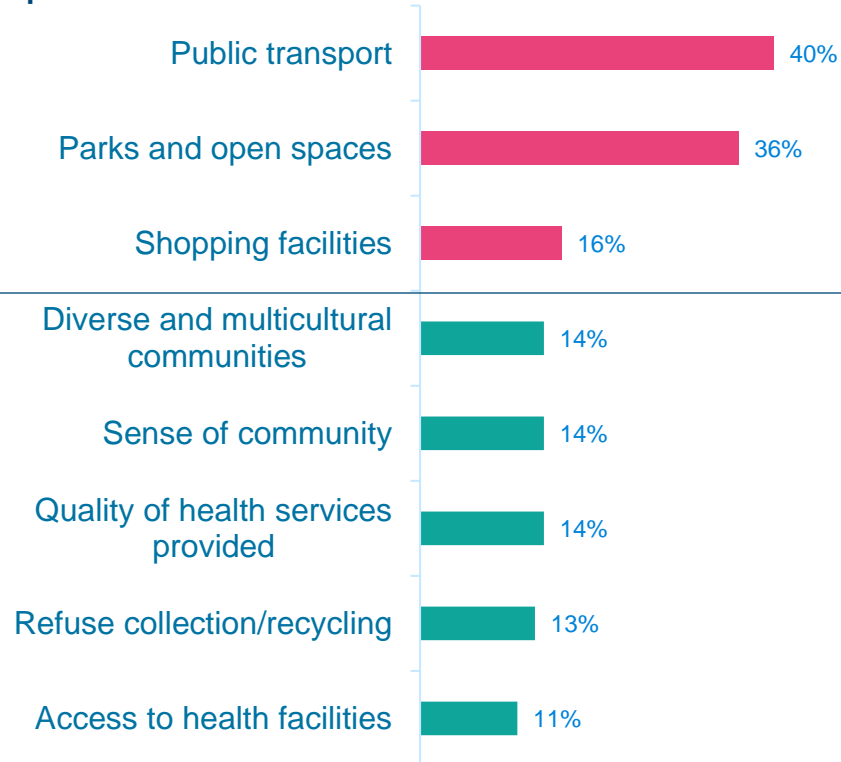
**41%** agree town centre is welcoming compared to 47% of total residents. This is significantly lower.

Source: Lambeth Residents' Survey 2021, responses from residents aged 65+

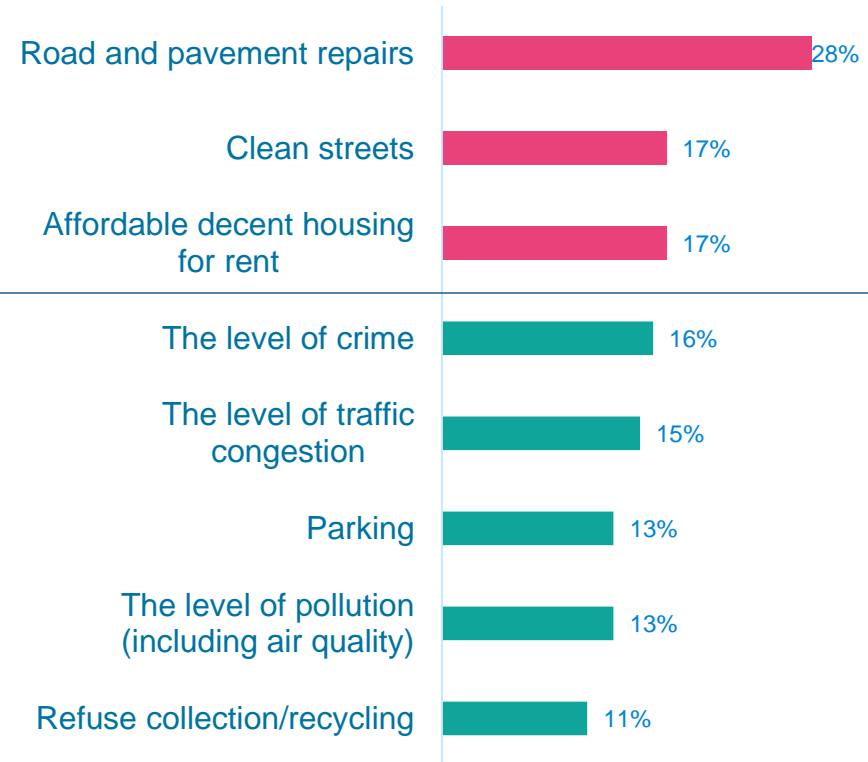
# Residents' Survey 2021



What are the three most important things that make Lambeth a good place to live?



What are the three things that most need improving?



Top three ranking elements

Source: Lambeth Residents' Survey 2021.  
% of residents aged 65+ who ticked each element

# Age Friendly Work in Lambeth

Supporting residents to age well  
2022-2025



Working in partnership for a healthier borough

# Examples of work: Housing



39% of over 65s living alone in Lambeth.<sup>1</sup> This is significantly higher than English average

In 2019, there were an estimated 15.8% of households (amounting to just over 21,800 households) in fuel poverty in Lambeth

Issues raised in focus groups:

- More support for repairs/improvements
- Help to ensure toilets and bathrooms are accessible

## What is being done?

- Vulnerable tenants policy in development
- Community Works – the council's in house repair's service
- HandiWorks – Age UK Lambeth
- Lambeth's Climate Action Plan
  - Increasing energy efficiency and mitigating the impact of fuel poverty

# Examples of work: Falls Prevention



An estimated 9,400 people in Lambeth will fall at least once a year

Despite improvements Lambeth remains in the worst quartile nationally for admissions to hospital due to a fall.

Activity : 32% of older people were inactive (did either no activity or less than 30 minutes of moderate activity per week) between March to May 2020.

The reduction in strength and balance activity was greatest in the 70 to 74 age group

## What is being done

- Working with GSTT to increase awareness of falls prevention
- Increased provision of exercise classes (Age UK Lambeth)
- Incorporating within the proposed new leisure service offer targeted activities for older people
- Work to remove falling hazards in the borough e.g. through kerbside strategy



# Next Steps

- Continue to listen to residents – through engagement activities and an older person's panel
- Continue to work with colleagues across the 8 domains to support the Age Friendly agenda
- Develop communications plan
- Finalise health profile on older people and identify areas for in depth needs assessment to inform priorities
- Explore opportunity to hold an Ageing Well event





# PHYSICAL ACTIVITY IN LAMBETH

## March 2023

Vida Cunningham – Public Health Specialist – [vcunningham@lambeth.gov.uk](mailto:vcunningham@lambeth.gov.uk)



Working in partnership for a healthier borough

# What are the health benefits of physical activity?





# Physical Activity in Lambeth

## Definitions

Inactive: Less than 30 minutes a week

Fairly Active: 30 to 149 minutes per week

Active: At least 150 minutes per week.

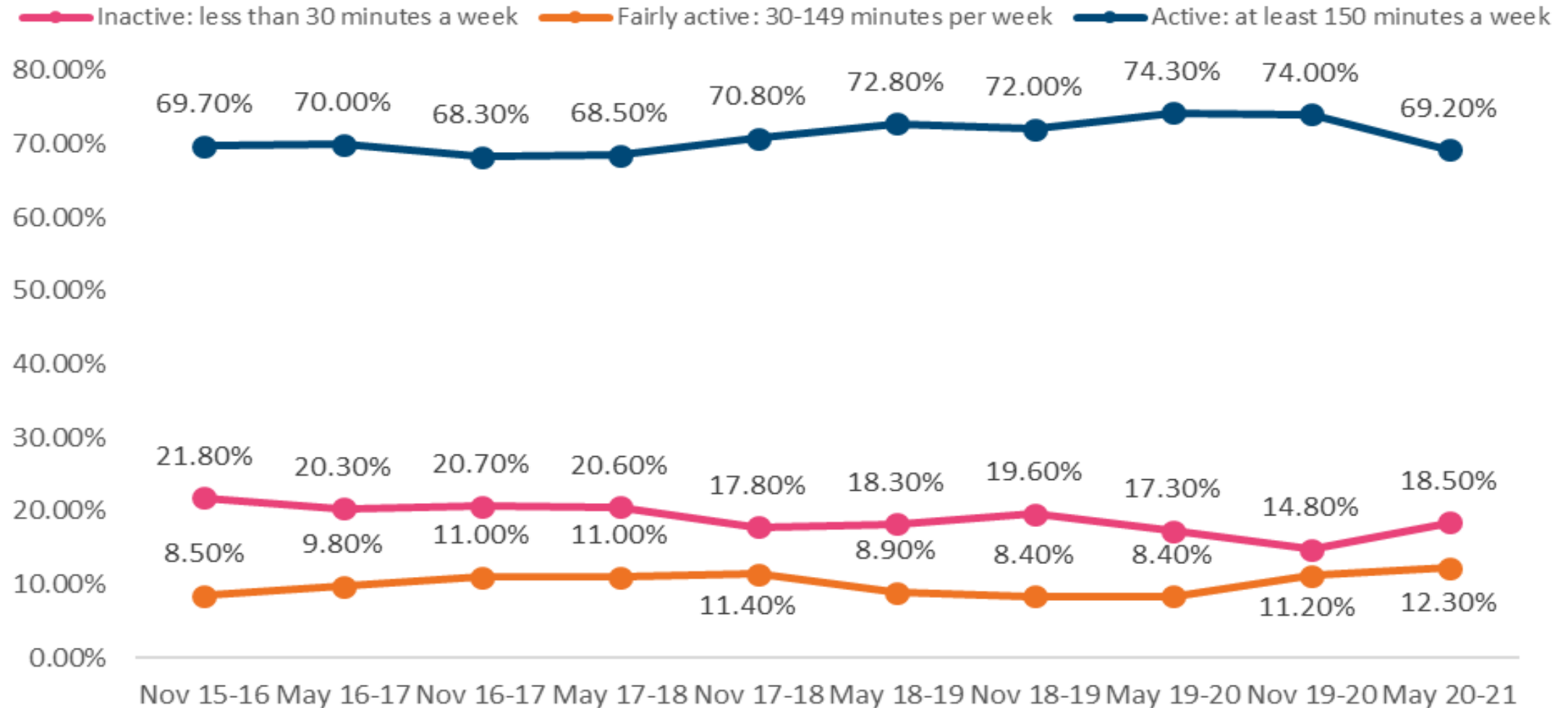
- 69% of Lambeth adults are considered to be physically active,
- 12% fairly active
- 19% inactive.
- Lambeth Adults more active compared to London and England, including
  - More adults walking for travel at least 3 times a week
  - More adults cycling for travel at least 3 times a week
- But inequalities exist!



# Trends of Physical Activity in Lambeth



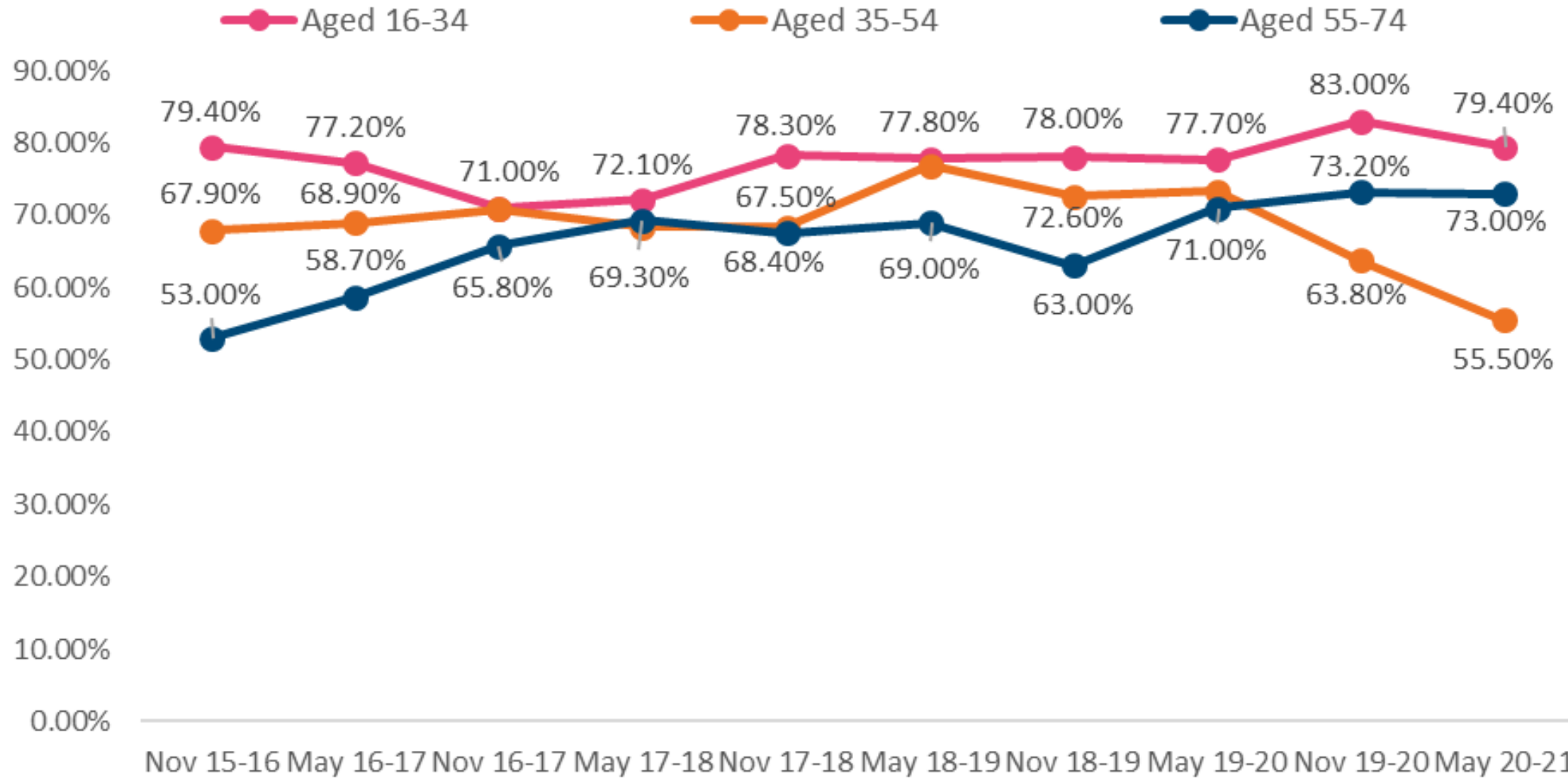
## Overall activity levels in Lambeth



# Trends of Physical Activity in Lambeth



Proportion active by age group



# Inequalities and Physical Activity



Groups less likely to be Physically Active in Lambeth are:

- Those living in deprived areas (particularly children)
- Those with disabilities
- Black and multi-ethnic groups
- Those with Long Term Conditions
- Females
- Older people (over 74years)



# CMO Physical Activity Guidance for Older Adults (65+)



- Engage in daily physical activity. Some physical activity is better than none: even light activity brings some health benefits compared to being sedentary.
- Undertake activities aimed at improving or maintaining muscle strength, balance, and flexibility on at least two days a week.
- Aim to accumulate at least 150 minutes of moderate intensity aerobic activity, per week. Including weight-bearing activities which create an impact through the body help to maintain bone health.
- Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.



# Barriers for Older People to Being Active



## Individual factors

- Biological factors
- Demographic factors
- Psychological factors

## Environmental factors

- Crime:
- Traffic safety:
- Transportation:
- Settings and destinations:

## Social factors

- Social support:
- Social cohesion:







# Update from the Leisure Service Team

Marcia Dillon





# Active Lambeth



**ACTIVE LAMBETH**  
Leisure for all



From 1 April 2023, leisure centres currently managed by GLL will become Active Lambeth leisure centres run by the council.

Over the last year the council has been developing operational, commercial, and financial strategies for ensuring the sustainability of the new leisure service.

It is important that Active Lambeth increases new member through improving awareness of leisure centres and the facilities

We want to ensure our most disadvantaged residents have access to free or discounted access to facilities and opportunities.



**Active Lambeth Strategy**  
2022-27





# Physical Activity for Older Residents

Delivered in leisure centres and parks

Fun and social physical activities: Exercise to music, dance, aqua, yoga, Pilates, swimming and walking, walking football and netball.

Special programmes for those with long-term health conditions and or disabilities

Continue to part-fund and support a programme of accessible weekly activities working with organisations such as:

- NHS
- UK Active
- Disability Sports Coach (DSC)
- Disability Advice Service Lambeth (DASL)
- Age UK
- Brixton Ballers
- Sense
- Fulham Football Club
- Carers4Carers

If you want to know about leisure centres in Lambeth, to discuss your requirements with us.

Contact our Customer Service Team

by email at [ActiveLambeth@lambeth.gov.uk](mailto:ActiveLambeth@lambeth.gov.uk)

or call on [020 7926 0222](tel:02079260222).

Also please check out the frequently asked question on the webpage

<https://www.lambeth.gov.uk/active-lambeth/active-lambeth-faqs>.





# Views from a resident

