

LAMBETH TOGETHER CARE PARTNERSHIP (FORMERLY LAMBETH TOGETHER STRATEGIC BOARD)

Thursday 5 September 2024 | 1:00pm – 5:00pm
Venue: Microsoft Teams – [Link to Microsoft Teams Meeting](#)

BOARD MEMBERS	ROLE
Andrew Carter	Corporate Director of Children’s Services, Lambeth Council
Andrew Eyres	Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
Bimpe Oki	Acting Director of Public Health, Lambeth Council
Cllr Jacqui Dyer	Lambeth Together Care Partnership Board Co-Chair. Cabinet Member for Healthier Communities (job-share), Lambeth Council
Cllr Judith Cavanagh	Young People’s Champion, Lambeth Council
Cllr Tim Windle	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Di Aitken	Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead, GP
George Verghese	Co-Chair of the Lambeth Primary Care Clinical Cabinet, GP
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust
Lilian Latinwo-Olajide	Programme Director, Black Thrive, Lambeth
Louise Dark	Chief Executive Integrated and Specialist Medicine, GSTT NHS Foundation Trust
Nathalie Zacharias	Director of Therapies, South London and Maudsley NHS Foundation Trust
Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Paul Coles	Chief Executive, Age UK, Lambeth
Penelope Jarrett	Chair, Lambeth Local Medical Committee, GP
Raj Mitra	Children and Young People’s Alliance Clinical and Care Professional Lead, GP
Richard Outram	Director of Adult Social Care, Lambeth Council
Ruth Hutt	Acting Corporate Director of Housing and Adult Social Care, Lambeth Council

Therese Fletcher	Managing Director, Lambeth GP Federation
Vacant	Chief Executive, Healthwatch Lambeth
Vacant	Patient and Public Voice Member
Vacant	Patient and Public Voice Member
Vacant	Lambeth Together Care Partnership Board Lay Member

FURTHER INFORMATION

This meeting will be held in accordance with Paragraph 78 of the Coronavirus Act and Section 13 of the related Regulations which details that members of the public and press be provided access to the meeting through remote means.

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

AGENDA

Please note that the agenda ordering may be changed at the meeting.

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Lambeth Together Care Partnership Public Forum and Board Meeting in Public

[Microsoft Teams Meeting](#)

Thursday 5 September 2024 | 1:00pm – 5:00pm

AGENDA

This Meeting is Virtual Only

Members of the public are welcome and encouraged to attend the Public Forum and observe the Board Meeting.

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
1 p.m.	Public Forum		
60 mins	Welcome and introductions The Public Forum and how to take part Questions from the public		Cllr Jacqui Dyer <i>Co-Chair</i>
2 p.m.	Board Meeting in Public		
1.	Introductions <ul style="list-style-type: none"> ▫ Welcome, introductions and apologies 		Dr Di Aitken <i>Co-Chair</i>
2.	Declarations of Interest <ul style="list-style-type: none"> ▫ Members of the Board are asked to declare any interests on items included in this agenda 		Dr Di Aitken <i>Co-Chair</i>
3.	Review of Minutes <ul style="list-style-type: none"> ▫ Members of the Board are asked to approve minutes and review any matters arising from the Lambeth Together Care Partnership Board meeting in Public on 11 July 2024 	Paper enc.	Dr Di Aitken <i>Co-Chair</i>
4. 2:15pm (10 mins)	Lambeth Together Care Partnership - Place Executive Lead Report <ul style="list-style-type: none"> ▫ Members of the Board are asked to receive an update on key developments since the last Lambeth Together Care Partnership Board meeting in Public on 11 July. 	Paper enc.	Andrew Eyres <i>Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board</i>
5.	Substance Misuse – A Deep Dive	Paper enc.	Rob Goodwin <i>CDP Programme Manager</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
2.25pm (45 mins)	<ul style="list-style-type: none"> Members of the Board are asked to note and discuss the deep dive into the substance misuse programme, supplementary grant and combatting drugs partnership and offer feedback to promote development and facilitate strategic measures to improve outcomes. 		Rob Garrick <i>Lead Commissioner Substance Misuse</i> Jamie Shovlin <i>Lead Manager, Lambeth Street Engagement Team, Thames Reach</i>
3:10pm	BREAK		
6. 3.20pm (20 mins)	Homewards <ul style="list-style-type: none"> Members of the Board are asked to consider and feedback on the possible synergies with areas of work 	Verbal Appendix enc.	Megan Doherty <i>Homewards Local Delivery Lead – Lambeth</i> Michael Corbishley <i>Homewards Head of Local Delivery</i>
7. 3.40pm (15 mins)	Primary Care Commissioning Committee (PCCC) <ul style="list-style-type: none"> Members of the Board are asked to note the update on discussions held at the Primary Care Commissioning Committee 	Paper enc.	Oge Chesa <i>Director of Primary Care and Transformation</i>
8. 3.55pm (20 mins)	Lambeth Together Assurance Group Update <ul style="list-style-type: none"> Members of the Board are asked to note the update on discussions held at the Lambeth Together Assurance Group Meeting. 	Paper enc.	Warren Beresford <i>Associate Director Health and Care Planning and Intelligence</i>
9. 4:15pm (25 mins)	Developing Integrated Neighbourhood Working <ul style="list-style-type: none"> Members of the Board are asked to note the Integrated Neighbourhood working and agree the proposed prioritisation and next steps. 	Paper enc.	Alex Jackson <i>Lambeth Together Programme Lead</i> Josepha Reynolds <i>Programme Director Neighbourhood and Wellbeing Delivery Alliance (NWDA)</i>
10. 4:30pm (15 mins)	Questions from public attendees <ul style="list-style-type: none"> An opportunity for members of the public to ask further questions 		Dr Di Aitken <i>Co-Chair</i>
11. 4.45pm	AOB Close <i>Date of next meeting:</i>		Dr Di Aitken <i>Co-Chair</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	<p>7 November 2024 (in person – venue TBC)</p> <ul style="list-style-type: none"> ▫ Public forum, 1pm-2pm ▫ Board meeting in Public, 2pm-5pm 		

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Lambeth Together Care Partnership Board - Action Log

September 2024

No	Date Raised	Action	Current Status	Open/Closed
1	11 July 2024	John Manley to share data on workforce to show the demographic of the workforce and leadership team.	Business Manager on leave until end of August. John to share then.	In progress
2	11 July 2024	Add the mental health discussions to a future Seminar agenda.	On forward plan	Closed
3	11 July 2024	Healthwatch to direct their Community Pharmacy conversations to the North East London ICB.	Jenny Sivaganam met with Healthwatch W/C 19th August. Jenny to arrange quarterly catch-ups.	Closed
4	11 July 2024	Tom Barrett to follow up on adding the additional question of "can we share this data with your GP" into cost-of-living research.	George, Warren and Laura already working on.	Closed
5	11 July 2024	Tom Barrett to look at running workshops to ensure DWP workers are working alongside the cost-of-living team.	Officers are following this up with the DWP to ensure alignment and awareness of each other's approaches to the cost of living.	Closed
6	11 July 2024	Tom Barrett to follow up on Dr Mitra's point around philanthropists.	The cost of living team will continue to work with local philanthropic organisations to ensure alignment and awareness of each other's approaches to the cost of living.	Closed
7	11 July 2024	Warren Beresford to review the Assurance report to see if blood monitoring and Covid vaccinations can be included going forward.	Alex arranging review of process. Risk to be picked up via LTAG.	Closed
8	11 July 2024	Add CCPLs to Board meeting invites going forward.	Completed	Closed

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LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

Thursday, 11th July 2024, 2pm
Brixton House, Studio 4, 385 Coldharbour Lane, SW9 8GL

[Part 1 Meeting Recording - Public Forum](#) - (please note, the Public Forum does not have formal minutes taken).
[Part 2 Meeting Recording - Item 1 to 6 \(Inclusive\)](#)
[Part 3 Meeting Recording - Item 7 to 12 \(Inclusive\)](#)
[Board Meeting Papers](#)
[Supplementary Paper One - Operose Due Diligence](#)
[Supplementary Paper Two - Lambeth Together Assurance Group](#)

Members Present:

Dr Di Aitken	Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead
Ruth Hutt	Acting Place Executive Lead Lambeth, Acting Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board) Director of Public Health, Lambeth Council
Cllr Jacqui Dyer	Lambeth Together Care Partnership Board Co-Chair. Cabinet Member for Healthier Communities, Lambeth Council
Alice Jarvis	Director of Operations and Partnerships, Guy's and St Thomas' NHS Foundation Trust (covering the vacant Board role for Guy's and St Thomas')
Bimpe Oki	Consultant in Public Health, Lambeth Council (deputising for Ruth Hutt, Director of Public Health, Lambeth Council)
Cllr Judith Cavanagh	Young People's Champion, Lambeth Council
Dr George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Dr Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead
Lilian Latinwo-Olajide	Programme Director, Black Thrive, Lambeth
Mairead Healy	Chief Executive, Healthwatch Lambeth
Paul Coles	Chief Executive, Age UK, Lambeth
Rich Wiltshire	Patient and Public Voice Member
Richard Outram	Director Adult Social Care, Adults Social Care and Housing, Lambeth Council
Sarah B Flanagan	Patient and Public Voice Member

Apologies:

Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Andrew Eyres	Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
Dr Penelope Jarrett	Chair, Lambeth Local Medical Committee
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust
Nathalie Zacharias	Director of Therapies, South London and Maudsley NHS Foundation Trust
Therese Fletcher	Managing Director, Lambeth GP Federation

In Attendance:

Alex Jackson	Lambeth Together Programme Lead
Alicia Lyons	Lambeth Together Engagement Manager



David Orekoya	Associate Director, Integrated Commissioning – Mental Health
Edward Odoi	Associate Director of Finance, Lambeth, Southeast London Integrated Care Board
Guy Swindle	Deputy Director, Living Well Network Alliance
Lorraine Gordon	Interim Director, Living Well Network Alliance
Oge Chesa	Director of Primary Care and Transformation, Southeast London Integrated Care Board
Simon Boote	Children and Young People Alliance Lead
Warren Beresford	Associate Director, Health and Care Planning and Intelligence, South East London Integrated Care Board
Eulalia Gonzalez	Project Coordinator – Healthwatch, Lambeth
John Manley	Clinical Psychologist
Tom Barrett	Programme Director – Cost of Living
Vanita Bhavnani	Research and Engagement Manager – Healthwatch, Lambeth

1 Agenda and Introductions

Those present introduced themselves. Apologies were noted from Andrew Carter, Andrew Eyres with Ruth Hutt deputising, Dr Penelope Jarrett, Julie Lowe, Nathalie Zacharias and Therese Fletcher. It was noted that Cllr Judith Cavanagh would join the Board meeting at 2:30pm.

Reporting back from the Public Forum

Dr Di Aitken welcomed members to the meeting and noted the topics discussed during the Public Forum that included:

- Synnovis phlebotomy service problems and the recent cyber-attack.
- Indoor air quality.
- Chronic Fatigue Syndrome.
- Naloxone training for police officers.
- Learning disability health checks.
- Hydrotherapy for stroke patients

The following topics were also discussed:

- Congratulations were awarded to Cllr Jim Dickson for successfully becoming an MP for Dartford following the recent general election. Thanks were given for all his work with Lambeth Together.
- Rich Wiltshire gave his update as Patient and Public Voice member and wanted to echo the concerns raised by members of the public around the Synnovis cyber-attack, noting blood tests may now be missed and asked the Board to give thoughts to how we mitigate the risks of missing those tests. Rich asked that we have a blood testing score within the Assurance report to help feedback to Board members on the impact of the cyber-attack. Rich asked if there were reports from the Trusts on the cyber-attack that could be shared with members and was concerned about what patients were being told when their blood tests were being cancelled.
- Rich also explained that he attended the Lambeth Country Show, and he was impressed by the Lambeth Together tent and wanted to give thanks to all those involved. Rich noted the increase in Covid and the new variant and wanted to highlight the surge in open crack use that seems to have increased in Brixton. Rich explained that regarding the recent pharmacy shortages, medicines availability is still unpredictable, and it is uncertain for the future. Price fluctuations still occur and impact on budgets and the causes remain the same, namely, Covid, the war in Ukraine, and Brexit. Rich explained we have no way to track these shortages so advised the



Board to keep an eye on the issue and consider adding the national measurement to the Assurance report.

- Dr Aitken gave thanks to both Rich and Sarah Flanagan as it was their last meeting as Patient and Public Voice Members and noted their voices have been extremely important on the Board. A new recruitment process is in place.
- Thanks was also given to all those involved in the London Inspire Event on 6th July at St Mark's Church, Kennington.

Responses to the specific questions raised will be published on the [Lambeth Together Website](#).

2 Declarations of Interest

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

None were declared.

3 Review of the Minutes

The [minutes](#) of the meeting of Thursday 09 May 2024 were agreed as an accurate record of the meeting.

4 Lambeth Together Care Partnership - Place Executive Lead Report

Ruth Hutt gave an overview of the key highlights in the Place Executive Lead report.

- Dr Raj Mitra wanted to note the great job Ruth has done while deputising for Andrew Eyes.

RESOLVED

1. Board members noted the update on key developments since the formal Lambeth Together Care Partnership Board meeting in public on 9th May 2024.

To view the report accompanying this item, refer to pages 13 to 20 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 01:55 – 09:25.

5 Living Well Network Alliance - Deep Dive

Lorraine Gordon, Guy Swindle, David Orekoya, John Manley, and Tom Barrett presented on the Alliance's continued focus on tackling health inequalities in mental health. The following discussions took place:

- Cllr Jacqui Dyer asked, in regard to pages 29 to 31 of the Board pack, to see the feedback in terms of demographics as members do not have a sense about how we as a borough are reducing inequalities. Cllr Dyer noted that Guy referred to a website and asked if that information could be included in papers going forward, so members have access to what is being referred to. Cllr Dyer requested that in future meetings, when doing updates such as this, in order to be transparent around reducing inequalities, members need the actual data around which population we are reducing health inequalities for and be more explicit in what is presented.
- Cllr Dyer welcomed the work being done around the Patient and Carer Race Equality Framework



(PCREF) and the change ideas articulated. Cllr Dyer explained that she is leading on this work nationally and that this should be noted as a possible conflict of interest. She noted that going forward members would need the baseline information, along with where the borough is headed. Cllr Dyer noted the Anti-Racist Developmental Evaluation led by Black Thrive would assist with that to get into the detail of the information.

- Cllr Dyer raised a concern around restrictive interventions, and when considering these, members need to get into the depth of the information about what is happening in Lambeth. Cllr Dyer asked that we move away from comparing Lambeth to other boroughs and focus on Lambeth data alone.
- Cllr Dyer noted that regarding the admission data around the high level of people being detained under the Mental Health Act, as part of the proportion of the Black community, that Lambeth's Black community do not make up 52% of the Lambeth population, so there is a clear overrepresentation in the detention figures. Cllr Dyer asked how are we using the PCREF framework in this work, where is the data around those who are already detained and what will we do about them? What do the referral numbers from the local authority say to us, what are the pathways that people get referred to? Cllr Dyer explained that she would like to see what is happening around this part of the system.
- Cllr Dyer also asked about Talking Therapies, namely, what is the demographic makeup of those accessing the service, and do we have a representative workforce in terms of demographics?
- Cllr Dyer did not understand the presentation around the Primary Care Networks (PCNs) and Social Prescribers so asked for a response on this but noted not all points raised needed a response, Cllr Dyer just wanted to bring them to colleagues' attention.
- Dr Di Aitken appreciated Cllr Dyer's passion and ambitions for Lambeth and explained that she and Cllr Dyer worked together on the national work to review the Mental Health Act, and that they are both keen that the Board members feel signed up to the nationally mandated direction of travel.
- Cllr Dyer explained her own lived experience has meant that she has seen areas for attention, and Lambeth is the home of the development of the recommendations coming to fruition. PCREF is a mandatory requirement for all publicly funded mental health provision. Cllr Dyer explained Board members have to ensure they take a leadership role to make sure that our borough has the best version of the implementation of this framework.
- Lorraine thanked Cllr Dyer for her attention to every aspect of the presentation and noted it is thoroughly appreciated.
- John clarified that the demographic of those accessing Talking Therapies is broadly representative of the adult demographic in Lambeth. In terms of workforce, colleagues are recruited from London and the team have made a lot of progress, so are probably halfway between the demographic for Lambeth and demographic for London as a whole. That means the team may have slightly more staff from an Asian background and slightly less from a Black background than we would have if it was purely representative of Lambeth. John noted the leadership team is broadly representative of the Lambeth demographic and confirmed data can be presented to show this.
- John responded to the PCN and Social Prescribers question and explained there are various opportunities in Primary Care now where residents can get support or signposted for help with the cost of living. John explained this pilot helps those who don't engage with signposting and gives 1-1 support to ensure residents do engage.
- Tom explained that with social prescribing, there is a risk of duplication – there is quite a lot of people in the social prescribing or link worker space whether it is GP led, philanthropic, council funded or accessible through a foodbank. One of Tom's concerns is about the support provided and if that is the most efficient way to link our link workers together, it should be more straightforward to be able to get support through the system.
- Mairead Healy asked a question around homelessness and mental health. Healthwatch Lambeth



recently visited a facility where many of the patients were homeless before being admitted to the facility and it was only by being on the ward that they were getting assistance with accommodation, and it had been very difficult to access accommodation before being on the ward. Mairead shared a story of a 21-year-old young Black man who lost his mum and spiralled – he went into the council and housing services and was treated appallingly and told he could not be helped which made him spiral more. Mairead noted patients are ending up in the facility because they are homeless, and it is very important for council staff to take a trauma informed approach when dealing with cases such as this.

- David explained it is important to distinguish between those who are Lambeth's responsibility and those from other boroughs. David noted Lambeth has an issue as there are two Trusts within our geography that fall into other boroughs as well, so a lot of patients are not necessarily Lambeth residents, which imposes additional activity on Lambeth, so staff are trying to manage and get people signposted to the right area which is putting extra stress on the system. For those Lambeth are responsible for, we are working with housing to improve our pathways to make sure people are offered decency and respect. If we identify an individual is homeless or at risk of homelessness, we want to ensure it is flagged early. David confirmed we want to improve, and we are working to improve but acknowledge things are still to be done.
- Rich Wiltshire noticed three other London boroughs have funding to link together link workers and asked if Lambeth could consider joining that group. Rich also asked, with talking therapies, has the team considered if there are other types of non-talking therapies within the work.
- John explained there are alternative therapies like activities through art therapy, for example.
- Dr Raj Mitra asked about the cultural awareness training and noted the Children and Young People's Alliance (CYP) are keen to learn about this.
- Lorraine responded and explained there is funding from the Maudsley charity to provide the training, so the Alliance are hoping to share learnings.
- David noted we as a borough need to work sensitively with people and respond in a holistic type of way.
- Guy noted that it is important to treat every person as a person and be compassionate with everyone in the same way. Guy asked members to keep reporting experiences such as the one Mairead shared.
- Dr Aitken explained we could use a Board Seminar agenda to continue our discussion on mental health, including topics such as, housing & homelessness, developing trauma informed talking therapy and community services and a clear pathway for referrers and residents.

Action: John Manley to share data on workforce to show the demographic of the workforce and leadership team.

Action: Add the mental health discussions to a future Seminar agenda.

RESOLVED

1. Board members noted and discussed the deep dive into the progress of the Living Well Network Alliance against the Health and Care Plan and the continued focus on tackling inequalities in mental health, using the Patient and Carer Race Equality Framework (PCREF) to drive culture and system change, and note the formal extension of the LWNA's contract for a further 3 years to 31st March 2028.

To view the presentation accompanying this item, refer to pages 21 to 45 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 09:27 – 1:10:16.





6 Healthwatch Lambeth

Mairead Healy, Vanita Bhavnani, and Eulalia Gonzalez presented on the current work being completed by Healthwatch Lambeth. They explained that their feedback reports are sent to both providers and commissioners and followed up after a 28-day interval. They are keen to ensure that the feedback is considered actively in quality improvement process.

The following was discussed:

- Paul Coles asked, when referring to the mental health of Black male service users within the presentation, did Healthwatch get any feelings that because of the stigma associated with mental health within the Black community, that stigma led to people accessing services much later than they possibly should have, which in turn, meant a more aggressive intervention was needed, whereas if they accessed services earlier, interventions could have been lighter with a quicker turnaround?
- Vanita explained Healthwatch are in the very early stages of collating this information, but they would bear this question in mind as things progress.
- Cllr Judith Cavanagh asked about community pharmacies having private consultation areas.
- Eulalia explained Healthwatch are in the process of talking to pharmacists who work within the Integrated Care System (ICS) and could follow up on Cllr Cavanagh's question. Oge Chesa noted there is a contractual obligation that pharmacists have a private consultation area, and so it would be best to direct Cllr Cavanagh's question to North East London who are holding the community pharmacy delegated contract on behalf of all Integrated Care Boards (ICB) in London.
- Dr Raj Mitra asked regarding the Maternity Report, who has been informed about it and has contact been made with Clare Spencer, Clinical and Care Professional Lead (CCPL) for Maternity, as a lot of work has been done in the Trusts in regard to what is mentioned in the report and Dr Mitra wanted to ensure Healthwatch are working alongside Clare on this matter.
- Dr Mitra noted, in regard to the Hospital Discharge work Healthwatch has just completed, concern that we keep repeating work, as a similar piece of work was completed in 2018 and he noted that we could learn from previous initiatives, rather than keep starting from scratch.
- Vanita explained the work just completed did build on the 2018 report.

Action: Healthwatch to direct their Community Pharmacy conversations to the North East London ICB as the delegated contract lead.

RESOLVED

1. Board members noted the progress of Healthwatch Lambeth.

To view the presentation accompanying this item, refer to pages 47 to 75 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 1:10:18 – 1:53:00.

*Please note, the order of the agenda changed – item 8, Supporting Our Residents, came before item 7, Operose. Item 10, Primary Care Commissioning Committee then followed Operose. Item 9, Assurance was the final item. *

7 Operose Due Diligence

Oge Chesa gave an overview of the Operose summary paper, due diligence report and follow-up statement from Operose Health. The following discussions took place:



- Dr Raj Mitra asked what was meant by breach. Oge confirmed it meant a failure, under the terms of the primary medical services contract, and the primary medical services have a standard operating procedure which details types of breaches that can be issued, for example, a notice that they have failed in a certain area of their contract delivery. Here, they failed to notify commissioners that they were changing control. This is just a breach notice; it is not a remedial notice, but it is a notification that they failed to do something. If services will be commissioned from them in the future, this will be noted. Lambeth has two practices affected by this, Streatham High Road and Edith Cavell.
- It was noted that the breach was due to the parent company not the Lambeth based practices.
- Oge noted we should be concerned about whether the change of control will impact upon services our population receives and findings show our services will not be negatively impacted.

RESOLVED

1. Board members reviewed the summary paper, the full due diligence report and the follow-up statement from Operose Health on debt charges.

To view the presentation accompanying this item, refer to Agenda Supplement One.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 22:50 – 28:51.

8 Supporting Our Residents - Cost of Living

Tom Barrett gave an update on work being completed by the Lambeth Cost of Living team. The following discussions were had:

- Dr George Verghese explained he would be very interested in linking the health data with the cost-of-living data and explained there are opportunities where cost-of-living flags could be linked in with Primary Care data and would be keen to see how this work can expand.
- Tom is continuing to push for these opportunities and is hopeful to have further news on this next time he presents to the Board around getting additional funding for this. Tom explained that community research showed they may not be doing enough for our disabled communities so is also keen to focus on that.
- Dr Verghese explained there could be an additional question in the service user agreement as part of the pilot such as, "can we share this data with your GP?" Tom will follow up on this point.
- Nozomi Akanuma noted that the community maps covered by the team and the mental health maps are not so different so explained there is no point in doing this work separately. Tom confirmed he had met with all Alliance leads earlier in the week to begin to work together on this.
- Dr Raj Mitra confirmed Tom and his team are doing amazing work. Dr Mitra asked if Tom knew there were Department of Work and Pensions (DWP) workers within GP practices and asked if the cost-of-living team are doing any cross-work with them.
- Dr Mitra also explained there are quite a few wealthier residents within the borough, and could the team possibly reach out to those residents for assistance as we all live in the same community, such as philanthropists, who could help reduce inequalities within the borough.
- Sarah Flanagan mentioned that last year, the council had its own cost-of-living reserve where only some of it has been used and asked if it is planned to be used for next year.
- Tom confirmed yes, there is a reserve for the next financial year. £4,000,000 is for the 2024/25 programme, £1,300,000 is remaining but there is also additional money that can be added to the reserve. For example, the free school meal funding has been extended.
- Tom confirmed he is aware of the DWP workers, but Tom will put a reminder in about running workshops on how we can work together with the DWP workers. Tom will also follow up on the



philanthropist point Dr Mitra raised.

Action: Tom Barrett to follow up on adding the additional question of “can we share this data with your GP” into cost-of-living pilot.

Action: Tom Barrett to look at running workshops to ensure DWP workers are working alongside the cost-of-living team.

Action: Tom Barrett to follow up on Dr Mitra’s point around philanthropists.

RESOLVED

1. Board members noted and commented on the Council programme.

To view the presentation accompanying this item, refer to pages 79 to 91 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 00:40 – 22:40.

9 Lambeth Together Assurance

Warren Beresford presented on the Lambeth Together Assurance Group that took place in May. The following discussions took place:

- Warren noted Rich Wiltshire’s comments regarding the Assurance report during the Public Forum around how we can include blood test activity monitoring and routine Covid vaccinations in the report and agreed to look at if the report is the best route for that or if there is another avenue to explore.

Action: Warren Beresford to review the Assurance report to see if blood test activity monitoring and Covid vaccinations can be included going forward.

RESOLVED/RATIFIED

1. Board members noted the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented 21st May 2024.
2. Board members endorsed the recalibrated Health and Care Plan impact measures proposed for monitoring the Health and Care Plan in the year ahead.

To view the presentation accompanying this item, refer to Agenda Supplement Two.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 34:31 – 39:13.

10 Primary Care Commissioning Committee (PCCC) Update

Oge Chesa presented on the Primary Care Commissioning Committee meeting held in May. The Board ratified the decisions made at the meeting.

- Dr George Verghese and Dr Raj Mitra did not take part in ratifying the decision made concerning the co-location of the Waterloo Health Centre and Lambeth Walk Primary Group Practice as they are GPs at these practices.

RATIFIED

1. Board members noted the update on discussions held at the Primary Care Commissioning



Committee on 22 May 2024 and ratified decisions made.

To view the presentation accompanying this item, refer to pages 93 to 108 of the Board pack.
To view the recording accompanying this item, refer to part 3 of the meeting recording from 28:51 – 34:30.

11 Questions from public attendees

No questions were asked.

12 AOB

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as Thursday 5th September 2024 via Microsoft Teams only.

Alicia Lyons mentioned the Patient and Public Voice Member information session being held following the Board meeting, from 17:30, and urged any members of the public who may be interested in applying for the role of Patient and Public Voice Member to speak with Alicia after the Board meeting.

Dr Rebecca Whitnall, Clinical and Care Professional Lead (CCPL) for Workforce, asked if the invitation to future Board meetings could be extended to the CCPL network.

Action: Add CCPLs to Board meeting invites going forward.

The meeting ended at 5.00 pm

CHAIR
LAMBETH TOGETHER CARE PARTNERSHIP
Thursday 5 September 2024

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Lambeth Together Care Partnership Board

Title	Lambeth Together Place Executive Lead Update
Meeting Date	05 September 2024
Author	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
Lead	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board

This item is for:

<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Ratification
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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 July 2024

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) on key issues, achievements, and developments from across our Partnership.

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Lambeth Together Care Partnership

Place Executive Lead Report 5th September 2024

Andrew Eyres – Corporate Director, Integrated Health and Care

‘Our Health Our Lambeth’



This is my first update to the Board since the formation of the new Government following the General Election. The King’s Speech outlined the Government’s priorities for the upcoming parliamentary session and stated the commitment to ‘deliver economic stability and growth.’ Specific to the NHS, there is a clear commitment to improving the NHS as a service for all, providing care based on need regardless of the ability to pay. The Government’s plans focus on reducing waiting times, emphasising prevention, and improving mental health services including for young people.

A number of Parliamentary Bills relevant to our work have been confirmed, including:

- Tobacco and Vapes Bill
- Mental Health Act Reform Bill
- Children’s Wellbeing Bill
- Draft Conversion Practices Bill
- Digital Information and Smart Data Bill
- Cyber Security and Resilience Bill
- Employment Rights Bill

These legislative developments may influence our strategic planning and operational focus in the coming months. We will need to closely monitor these areas to ensure ongoing alignment of [‘Our Health, Our Lambeth 2023-2028’](#) Lambeth Together’s five-year health and care plan. With the new Government’s priorities now defined we look to ensure that our efforts continue to meet the needs of our community and continue our work to improve our local health and social care system to ensure it serves everyone equitably.

Our Governance and Leadership

I am delighted to be back at work following treatment and ongoing care from Kings College Hospital. I was able to experience firsthand the high quality and compassionate care offered by Trust colleagues for which I am most grateful. I would also like to extend my thanks to Ruth Hutt and other senior colleagues for stepping in during my time away, as well as to the many colleagues who took on additional responsibilities to ensure continuity over these recent months.

As many of you will know, our Lambeth Together Co-Chair, Cllr Jim Dickson, has now been elected as the Labour MP for Dartford. I’m sure Board members will want to congratulate Jim and to express our thanks to Jim for his years of service and commitment to Lambeth Together and our partnership working. We are also pleased to now formally welcome Cllr Jacqui Dyer as our new Co-Chair. Jacqui has extensive knowledge in health and care and a clear focus on addressing inequality. She will bring invaluable insight and leadership to our work.

Additionally, I would like us to welcome Cllr Tim Windle, who will now job share the role of Cabinet Member for Healthier Communities with Cllr Dyer. Their partnership will be crucial as we continue to navigate the challenges and opportunities in the years ahead.

Last month, we also bid farewell to Mairead Healy, our Board member representing Healthwatch Lambeth, who has recently accepted a role with the United Nations. We thank her for her contribution to Lambeth and wish her the very best in her new endeavor. We look forward to welcoming Mairead's successor to the Board in due course.

In other leadership changes, Bayo Dosunmu has resigned from his position as Chief Executive of Lambeth Council. This transition has led to adjustments within the leadership team, with new interim appointments and responsibilities to ensure continuity of service. I am pleased to welcome Richard Outram to our Board, as Director of Adult Social Care whilst Fiona Connolly takes on the role of Interim Chief Executive. In Fiona's place, Ruth Hutt will now serve as Acting Corporate Director for Adult Social Care and Housing, while Bimpe Oki joins our Board as the Acting Director of Public Health.



Lambeth Together Co-Chair Di Aitken, PPV Board members Sarah Flannagan and Rich Wiltshire and Acting Corporate Director, Integrated Health and Care Ruth Hutt at the July LTCP Board meeting

for the PPV positions is also now nearing completion, with offers made to two candidates subject to references and final confirmation of their appointment.

We look forward to introducing our new Lay Member and two PPVs to the Board in due course.

Clinical and Care Professional Leads (CCPL): We are very pleased to announce that we've successfully recruited to nearly all of the Lambeth Together CCPL roles, with just two positions remaining to be filled within the next few weeks. I would like to express my gratitude to our CCPL leavers, and welcome our new cohort in post, some of whom were part of the previous cohort. The contracts are fixed term, until March 2026. I also want to acknowledge the exceptional work of all the CCPL managers and supervisors who have played a crucial role in the recruitment process. These CCPL roles provide an opportunity to shape and influence the future direction of integrated health and care in the borough of Lambeth and take a key role in the development service delivery through our Alliances and Programmes.

Lambeth Together Care Partnership Board Organisational Development programme: Our one-year Organisational Development (OD) programme has now concluded and we have received a handover from the OD Professionals who provided and facilitated the programme. The Board Members committed to continue this important work, which will continue to focus on equality, diversity and inclusion and taking forward an anti-racist approach, ensuring ownership of key priorities across the system to enable and drive change. The Lambeth Together programme team have set-up an OD Design Group and using the feedback from participants and feedback from the OD provider, are working on developing and mainstreaming the programme for the year ahead.

System Pressures

There continues to be considerable pressure across the health and care system from the level of demand for scheduled and unplanned care, in the community and primary care and also at our urgent care access points. Positively, in the last 2 weeks the BMA (British Medical Association) has recommended to the junior doctors they accept a revised offer and end their industrial action, which would be of great benefit to the system.

Collective action by General Practice began on 1st August which could lead to impact for our patients and system partners([NHS England » GP collective action – patient information](#)). Collective action would see general practices choosing from a menu of ten options that the BMA have developed. It is not possible to know which practices will engage in collective action and how many of the options they may choose to implement. Modelling the impact will be a challenge and therefore oversight arrangements and mitigation continues to be agile. There is no time limit set around collective action so ongoing disruption could occur.

The work to mitigate and recover from the cyber-attack on the pathology provider Synnovis has continued with colleagues across the affected system steadily re-establishing pathology support. The current plan is to start the transition back from mutual aid with Health Services Laboratories (HSL) to Synnovis on 22nd August over a 2-week period. The Integrated Care Board (ICB) is committed to ensuring that patient care and general practice is not adversely impacted because of the cyber-attack on Synnovis.

Lambeth Together Equality, Diversity and Inclusion (EDI) Group

Lambeth Inequalities Projects for 2024-2026 have now been agreed and these initiatives are set to roll out from 2024 through to 2026 aligned with our commitment to delivering inclusive and equitable health services as set out in *Our Health Our Lambeth* Health and Care Plan. Below are the key areas and projects:

Children and Young People's Alliance (CYP)

- Public & Patient Engagement Officer: Enhancing the involvement of young people and families in shaping health services
- Transformation & Planning Manager: Leading strategic improvements across CYP services

Living Well Network Alliance (LWNA)

- Staff Training: Developing targeted training programs for neurological condition management
- Community Funding Bids: Pursuing funding opportunities to expand support and services

Neighbourhood and wellbeing delivery Alliance (NWDA)

- Diabetes Education: Type 2, Take 2: Expanding education for Type 2 diabetes management.
- Diabetes Education: HEAL-D (comms): Strengthening communications and outreach for the HEAL-D program.
- Respiratory Diagnostics Outreach: Increasing access to diagnostic services in underserved communities.
- Pro-Activity (Physical Activity Program): Encouraging physical activity as a proactive approach to diabetes management

Staying Healthy

- Physical Activity for Long-term Conditions: Promoting sustainable physical activity programs for those living with chronic conditions.

Learning Disabilities & Autism (LDA)

- Behavioural Intervention Improvements: Enhancing support and interventions for individuals with learning disabilities and autism.
- Staff Training: Focused programs to upskill our workforce in delivering specialized care.
- Community Funding: Securing resources to support local initiatives and community-based care.

Population Health Management (PHM)

- Enhancing Our Population Health Approach: Leveraging data and insights to drive targeted health interventions and address disparities.

Further updates will follow as we continue to develop these initiatives.



London Inspire Team with Acting Chief Executive Officer of Lambeth Council Fiona Connolly at the London Inspire Back Health and Wellbeing event in July

London Inspire Programme: The 2024 Inspire Black Communities Health and Well-being Day was held on July 6th, with the event's goals and activities aimed at improving health outcomes for Black communities, addressing health disparities and fostering community well-being through targeted interventions and engagement. There was also a call to action for volunteers to participate on the day.

Once again and despite the heavy rains, the event was extremely successful with activities such as Chair exercise and Soca dance session alongside many of our Lambeth Together Partners such as Age UK and Healthwatch saw over 400 people attend.

Lambeth Together LGBTQ+ sub group: Chris D Souza has stepped down as LGBTQ+ subgroup co-chair and the future plans of the LGBTQ+ sub group will be discussed at our next meeting as a new chair will now be appointed and an updated work plan will be developed to continue to meet our purpose. Our thanks to Chris and the progress that has been made thus far.

Our Delivery Alliances – a selection of highlights

Neighbourhood and Wellbeing Delivery Alliance (NWDA): The NWDA has successfully bid for South East London (SEL) Cancer Alliance funding for two projects to improve our early cancer diagnosis in Lambeth, in line with our ambitions in Our Health, Our Lambeth:

- A joint bid with Southwark to fund [IRMO](#) who work with our Latin American communities. Funding will be used to develop education materials and provide one-to-one support to improve uptake of breast, bowel, lung and cervical cancer screening.
- To fund LANSOM's (Lambeth Somali Community Association) "Your Health Matters Project" to understand the barriers to cancer screening among men and women over the age of 50.

Separately we are providing funding to two PCNs (HBD and Stockwellbeing) to run cancer engagement events locally, with the first on the 12th September at the Tate Library.

Binki Taylor, Chief Executive of the Brixton Project, has been reappointed as Independent Chair of the NWDA for another 2 years. Binki has been a key part of developing the NWDA over the past two years and we are delighted to have her leading the Alliance Board as we develop the Alliance further. Binki is undertaking meetings with key partners in the NWDA throughout August to help create the future plan for the Alliance.

The NWDA also successfully received funding to develop a frailty pilot alongside Partnership Southwark. The funding will develop and test an integrated neighbourhood approach to frailty in Lambeth & Southwark. The pilot will focus on one PCN area to trial different ways of working, utilising additional social prescribing and clinical resource.



Interim Director LWNA, Lorraine Gordon at the Lambeth Inspire Black Communities Health and Wellbeing event

Living Well Network Delivery Alliance (LWNA): The LWNA and Talking Therapies colleagues attended the successful Lambeth Inspire Black Communities Health and Wellbeing Event at St. Mark’s Church in July, speaking to many people who were interested in learning more about mental health support in Lambeth.

The LWNA’s Deputy Director, Guy Swindle, attended an important ‘Theory of Change Workshop’ on 19th July with other service providers, people with lived experience and carers to put social inclusion at the centre of mental health services. This is part of the Enriched project, run by the Centre for Society and Mental Health and the Institute of Psychiatry, Psychology and Neuroscience, King’s College London. The project is developing a model for social inclusion, which is expected to be published and shared nationally.

The LWNA’s Interim Director, Lorraine Gordon, attended a violence reduction workshop on 22nd July at Lilian Bayliss School on behalf of South London and Maudsley NHS Foundation Trust. It is so important to listen to survivors and have conversations about building community resilience, particularly for racialised groups. Lorraine mentioned the use of Emotional Emancipation Circles and agreed that taking a trauma informed care approach is a helpful way forward across our systems.

A number of LWNA colleagues also attended the Lambeth Collaborative event at Mosaic Clubhouse on 8th August where they confirmed their commitment to the priorities emerging from the Collaborative’s recent Open Event and heard from Cllr Jacqui Dyer who spoke passionately about PCREF (the Patient and Carer Race Equality Framework) and why it is so important to delivering equality of access, experience and outcomes from racialised and other minority communities.

Children and Young Person Delivery Alliance (CYP): The Children and Young People’s Alliance has made significant strides in partnership work and relationship-building with colleagues in the Lambeth system. A notable collaboration with South London Act Early, a programme dedicated to reducing inequalities and improving outcomes for children and young people through research-driven approaches, exemplifies this progress. Together, they will appoint a Children and Young People’s Population Health Transformation Manager to drive their work forward, ensuring effective and swift access to essential services for children and young people.

Further strengthening its network, the Alliance has reached an agreement with Evelina London Children’s Hospital to jointly appoint a Patient and Public Engagement Officer. This role is designed to propel the Alliance’s engagement strategy, bringing the voices of children and young people into the core of decision-making processes and leveraging existing patient and public voice groups at Evelina London. This long-term initiative guarantees that children and young people’s perspectives are central to the Alliance’s decisions.

In collaboration with Public Health Lambeth, the Alliance is also focusing on raising awareness about vaping and its impact on children and young people. With support from clinical specialists from King’s College Hospital and Evelina London Hospital, they will share information about available support and cessation services, as well as the risks associated with vaping.

Recently, the Alliance has engaged closely with the Unaccompanied Asylum-Seeking Children’s Service. The primary aim was to ensure that this vulnerable group felt safe and supported during the recent race riots. Strengthened ties with Lambeth Youth Services ensure open communication and information flow for asylum-seeking children. Additionally, the service has organised extra support sessions and anti-racism training for those involved in their care.

Lambeth Carers Awards



The upcoming Lambeth Carers Awards organised by Lambeth Council and its partners celebrates the invaluable contributions of carers within the borough. The awards ceremony is scheduled for later this month and will honour the achievements of both unpaid carers and professionals who have made a significant impact on the lives of others through their dedication and support.

The awards are part of the council's broader commitment to the [Carers Strategy 2024-29](#), which prioritises increasing the visibility, recognition, and awareness of carers in the community. With 22 categories, the awards cover a wide spectrum of caring duties, including those related to disabilities, physical health, and youth care. This initiative is particularly significant given that over 18,000 unpaid carers in Lambeth provide essential support to family members and friends who rely on their care. The awards not only

offer recognition but also raise awareness of the challenges and rewards associated with caregiving.

Update on Measles

As of January 1, 2024, London has seen a significant number of suspected measles cases, with a substantial portion confirmed. Nearly half of those affected are female, and the majority are children, with a notable concentration in the most deprived areas. Hospitalisation has occurred in a portion of the cases, and Lambeth reports the highest case count.

Vaccines are our best line of defence against diseases like measles and help to stop outbreaks occurring in the community. The vaccine is recommended for all babies and young children as part of the [NHS vaccination schedule](#). Two doses provide long-term protection. The first dose is routinely given at 1 year (12 months) old and the second from when babies turn 18 months old. Older children and adults who missed vaccination can also receive it.

Lambeth is collaborating with partners to stress the importance of the MMR vaccination which is free and available on the NHS. For more details, see UK Health Security Agency's (UKHSA) [measles communications toolkit](#). You can assist by spreading the word among families with children, teenagers, and young people.

Developing Integrated Neighbourhood Working – Fuller Stocktake

The [Fuller Stocktake](#) sets out a new vision for integrating primary care and improving access, experience and outcomes for our communities.

At the last update in July, Ruth reflected that our next steps for implementing Fuller would require a more joined up approach to integration between primary care and our Delivery Alliances in Lambeth. I am pleased to see that work has continued on developing our local Fuller Action Plan, ensuring it is aligned with the wider NWDA integrated neighbourhood approach and with the SEL Primary Care overarching plan in response to Fuller. This principle has been agreed by the NWDA board and we can expect to see further detail on how this will be implemented locally in the coming weeks.

At South East London (SEL) level, Place Executive Leads (PELs) and Directors have agreed a 6 month plan that captures a shared vision for primary care across the 6 boroughs and develops a Primary Care value proposition to be delivered through neighbourhoods. In August, the Lambeth Together Executive Group (LTEG) formally agreed the SEL Primary Care overarching plan and will continue to monitor and provide oversight of progress against actions within the plan. I particularly welcome the willingness of all our SEL partner boroughs to join up and work together on identifying a common proposition of focus.

Health Services Journal 2024 Awards

I am delighted that the recently published shortlist for the Health Services Journal (HSJ) 2024 Awards includes several Lambeth nominees that have been recognized for their outstanding and innovative work including;

- **Dr. Stephanie Lamb**, a GP in Lambeth, has been shortlisted for the "Clinical Leader of the Year" award for her work at the Well Clinic, which provides primary care support to young people in Lambeth.
- **King's Health Partners Mind and Body programme, in collaboration with Stockwellbeing PCN and Thriving Stockwell**, has been shortlisted in two categories: the "Innovation and Improvement in Reducing Healthcare Inequalities Award" and the "NHS Race Equality Award" for their work on the Pain: Equality of Care and Support in the Community (PEACS) initiative.
- **South East London Cancer Alliance** has been recognized for their communications campaign aimed at raising awareness of early detection and diagnosis in breast and prostate cancer within black communities. The campaign, which launched last year in Brixton, was organized by Binki Taylor, who also chairs our Lambeth Together Neighbourhood and Wellbeing Alliance. This initiative is shortlisted for the "NHS Communications Initiative of the Year."
- **SEL Medicines Management Team** has been shortlisted for the "Medicines Pharmacy and Prescribing Initiative of the Year" for their work in tackling overprescribing through a system-wide approach.
- **Other SEL nominees** include the South East London ICB for improving access to General Practice through technology and the South London Partnership for their work in complex mental health care and eating disorders.

Congratulations to all the nominees for their recognition in these prestigious awards and we wish them the best of luck. The final award winners will be announced on 21st November following the judges' consideration across 26 different categories.

Lambeth's All Age Autism Strategy

We are officially launching Lambeth's All Age Autism Strategy for 2024/2027. This strategy outlines our collective commitment to enhance the lives of autistic individuals and their families across our borough. To achieve meaningful, positive outcomes and increase understanding, acceptance, and inclusion, we will remain committed to working closely with autistic people and their families, the wider community and key stakeholders. For more information visit: [Our new autism strategy | Lambeth Council](#)

Key Campaigns for Lambeth Together

Our public campaigns activity remains heavily focused on vaccination. We've been raising awareness of the importance of immunisation against measles, especially for children and younger adults who haven't had a first vaccination or missed their second dose. Measles is still circulating, and the risk remains a concern in Lambeth and across London. Prevention is a high priority for Lambeth partners, given that one in five children who contract measles require a hospital visit. Since July we have been sharing new NHS resources, focused on black families in particular, as part of our effort to decrease the unequal impact of disease across Lambeth communities. We have also used UK Health Security Agency messages that target young adults who may be at increased risk attending music festivals over the summer.

With current blood stocks low, and the cyber-attack on local pathology services impacting on hospitals' speed of matching blood types, the NHS urgently needs people to give blood to handle emergencies, childbirth and

critical treatments. We've been encouraging staff and residents to consider giving blood, signposting them to donation sites including Lambeth Town Hall, where a temporary clinic has been offering appointments during working days. The call is especially for O-Blood Types since these can be given to most people needing blood. [Find a donation centre near you.](#)

Further ongoing campaigns promoted include whooping cough vaccination for pregnancy, HPV vaccination, NHS 111 mental health, our Pharmacy First campaign, and August's Breastfeeding Week.





Lambeth Together Care Partnership Board

Title	Substance Misuse and Combating Drugs Partnership Deep Dive
Meeting Date	5 th September 2024
Author (& role / title/s)	Rob Goodwin - CDP (Combating Drugs Partnership) Programme Manager
Lead / Presenters (& role / title/s)	Rob Goodwin - CDP Programme Manager Rob Carrick – Lead Commissioner Substance Misuse Jamie Shovlin - Lead Manager, Lambeth Street Engagement Team, Thames Reach

This item is for;

<input checked="" type="checkbox"/>	Information	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Ratification
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Recommendations.

The Lambeth Together Care Partnership Board is asked to;

Note and discuss the deep dive into the substance misuse programme, supplementary grant and combatting drugs partnership.

Offer feedback to promote development and facilitate strategic measures to improve outcomes.

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

- Public Health Governance process.
- Similar Deep Dive to SLPE (Safer Lambeth Partner Executive, Lambeth Together Executive Group (LTEG) and CMB (Council Member Board)

Summary and Impact on Inequalities

Plan	Metric / Activity / Outcome
Health & Care Plan	Enhanced outreach and engagement, 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, and young people not accessing services
Health & Care Plan	Additional treatment places for people dependent on alcohol
Health & Care Plan	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
Health & Care Plan	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
Health & Care Plan	Improve identification of those with high risk drinking through use of the 'Vital 5' tool and implementing brief intervention and onward referral
Health & Care Plan	Develop our outreach and early prevention initiatives such as our Assertive Outreach Team in partnership with Police and Community Safety and access to early and brief interventions on alcohol and drugs use
Health & Care Plan	Strengthen referral pathways for risky and dependent alcohol drinkers from primary care and acute trust-embedded addiction care teams to treatment services

Drugs have a ruinous effect on our society...they destroy lives, they shatter families, and they plague neighbourhoods around the country, fuelling violence and acquisitive crime.

Some people experience multiple and complex needs, with drug addiction co-occurring with a range of health inequalities such as mental ill health, homelessness, and rough sleeping, and contact with the criminal justice system. The 10-year Drug Strategy, From Harm to Hope, aims to tackle these harms and through the Combating Drugs Partnership in Lambeth, we have made considerable progress in supporting our communities.

[From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Substance Misuse, Supplementary Grant and the Combating Drugs Partnership

Rob Goodwin – CDP Programme Manager

Rob Carrick - Lead Commissioner Substance Misuse

Jamie Shovlin - Lead Manager, Lambeth Street Engagement Team, ThamesReach

5th September 2024



Working in partnership for a healthier borough

Latest Substance Misuse Data on key areas aligned to HCP

Overview of the Combating Drugs Partnership and collaboration

Update on key areas to Highlight on progress and delivery aligned to HCP

On Street Engagement Case Study, activity, challenges and opportunities

Overview of the Supplementary Grant and post 2025 sustainability





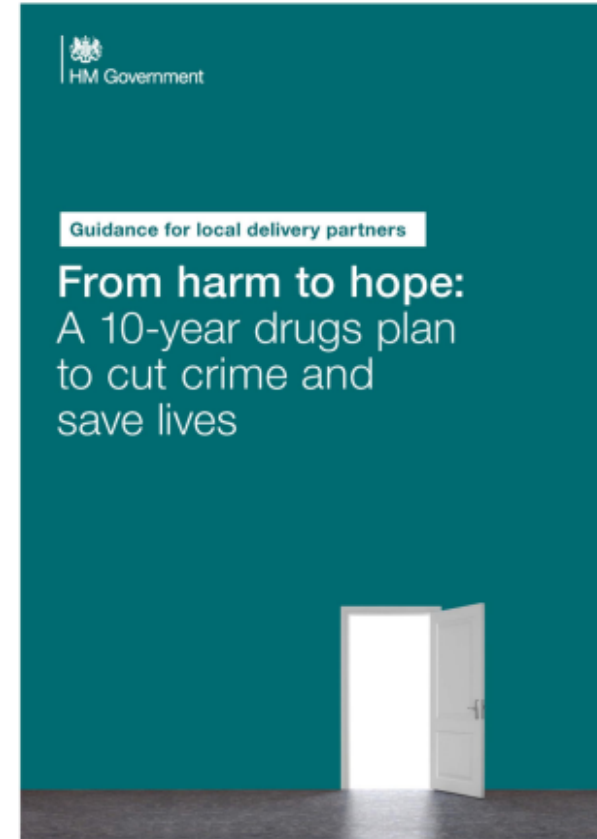
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Combating Drugs Partnerships

A whole system approach to monitoring and measuring progress

There are six overarching outcomes that successful delivery of the 10-year drugs strategy will achieve:

1. Reduce drug-related crime
2. Reduce harm
3. Reduce overall use
4. Reduce supply
5. Increase engagement in treatment
6. Improve long-term recovery



Local Implementation and Whole System Partnership Outcomes

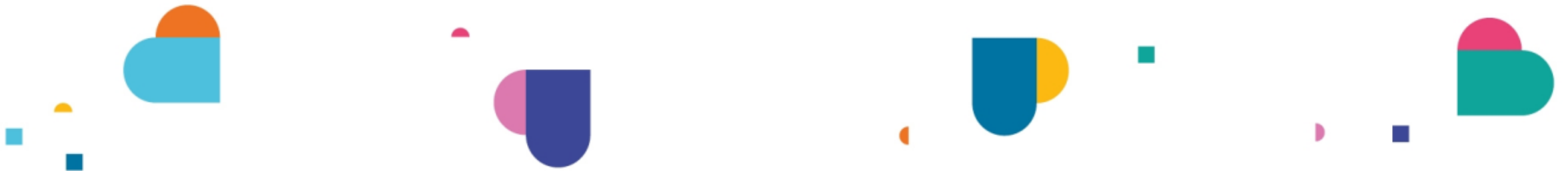
Combating Drugs Partnership Delivery Plan – covering Community Safety, Treatment services, Policing, Probation, Housing, employment and Lived Experience shaping and influencing priorities

Embedding strategy across the system and in delivery across the borough

Reducing Drug related crime in Lambeth , Reducing demand and Supply and Drug related Harm whilst providing treatment and recovery options

Tackling Anti-Social Behaviour in conjunction with colleagues and partnerships

Lambeth co-ordinating and working in partnership across SEL tackling common issues and system pressures



Overall



Ambitions and progress

- The adults capacity ambition was exceeded in Year 2 overall
- Numbers of non-opiates and alcohol clients even exceeded the Year 3 ambition
- However, opiate numbers have seen very little movement since baseline
- Young people in rehab have increased considerably this year, but didn't meet the Year 2 ambition
- Residential rehab did not achieve any ambitions, and represented 1.4% of adults in treatment
- Deaths in treatment have increased since baseline 20/21

Actual numbers achieved vs ambitions

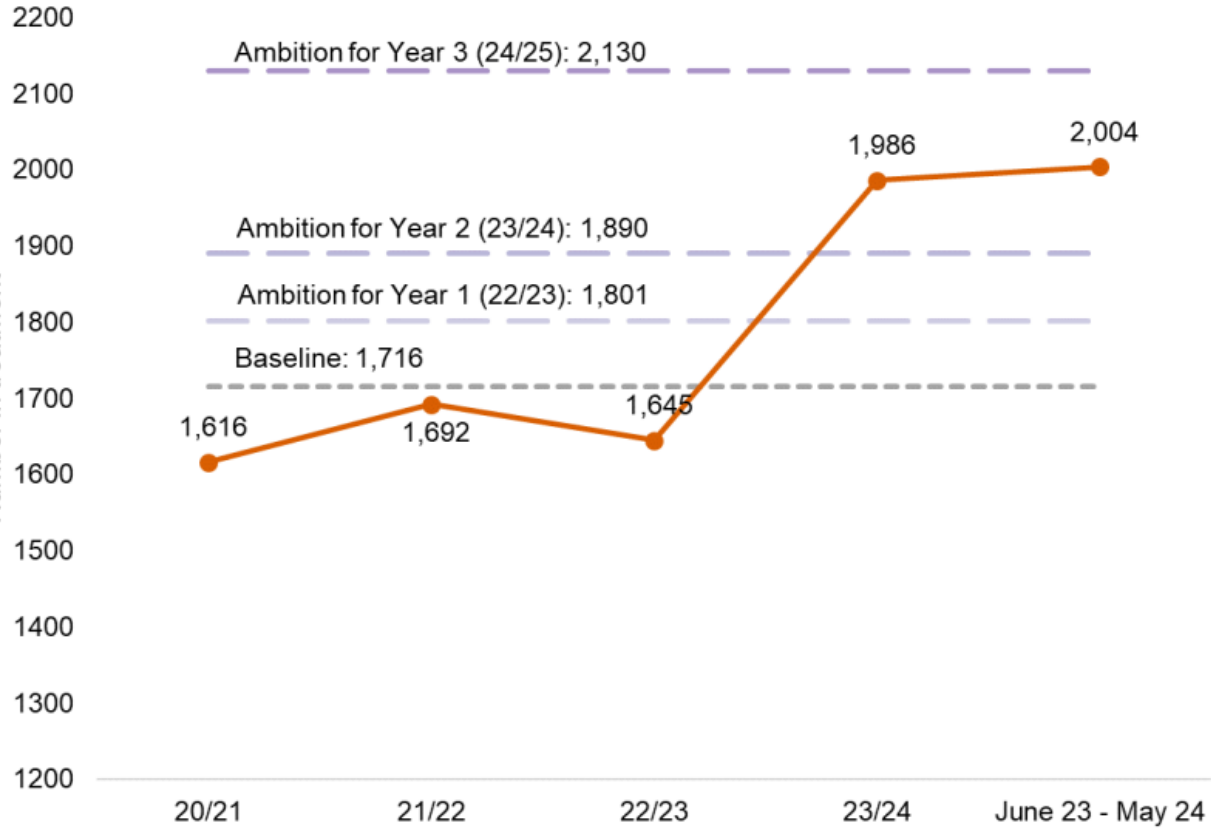
Ambitions area	Baseline	Year 1 ambition 2022-23	Year 2 ambition 2023-24	Year 3 ambition 2024-25	Year 2 23/24 achieved
All adults "in structured treatment"	1716	1801	1890	2130	1986
Opiates	917	962	1010	1100	906
Non opiates (combined non-opiate only and non-opiates and alcohol)	394	414	434	503	546
Alcohol	405	425	446	527	534
Young people "in treatment"	25	70	85	105	78
Residential rehab	60	68	77	94	28
Continuity of care	25%			55% - 75%	41%
Deaths in treatment	13				20

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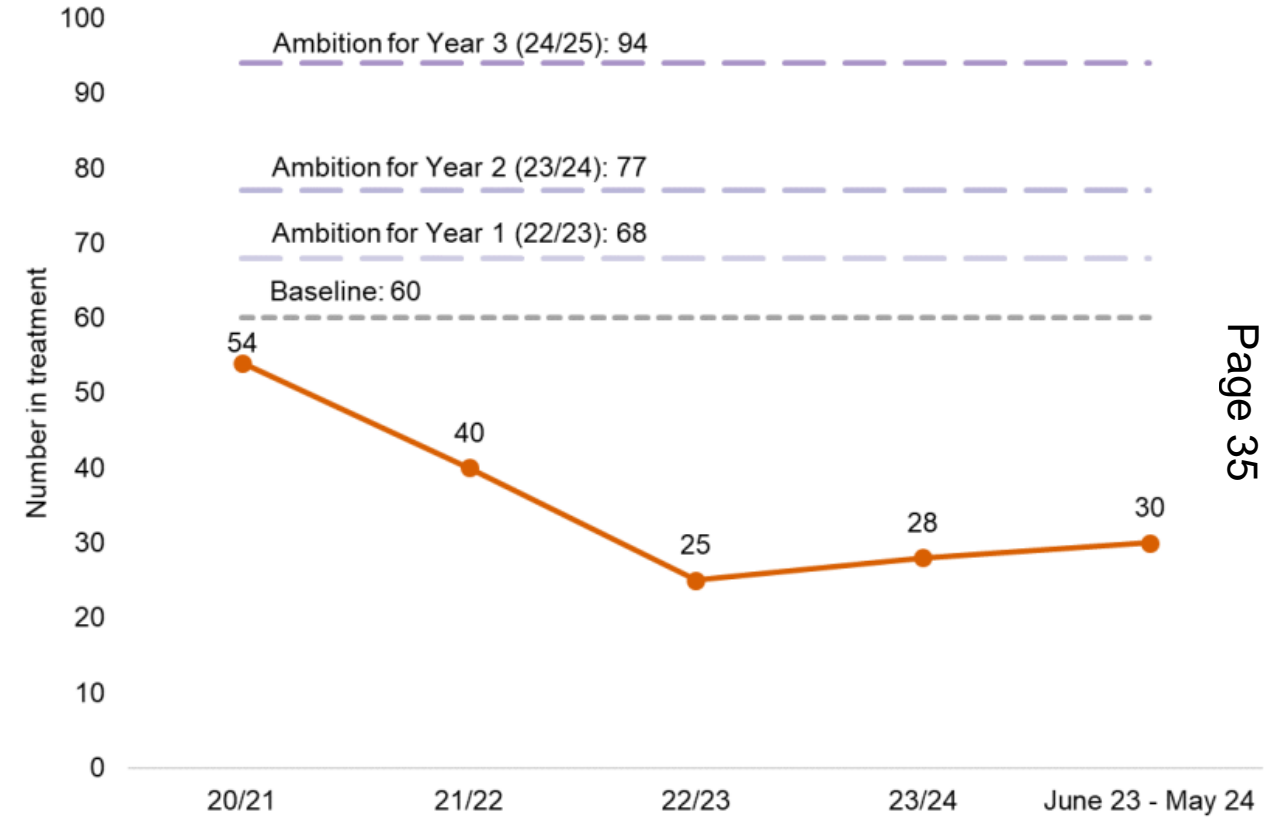
Current Trajectory to meet Local Authority Treatment

Adults in treatment against ambitions



Source: NDTMS, Local Outcomes Framework

Numbers in residential rehab against ambitions

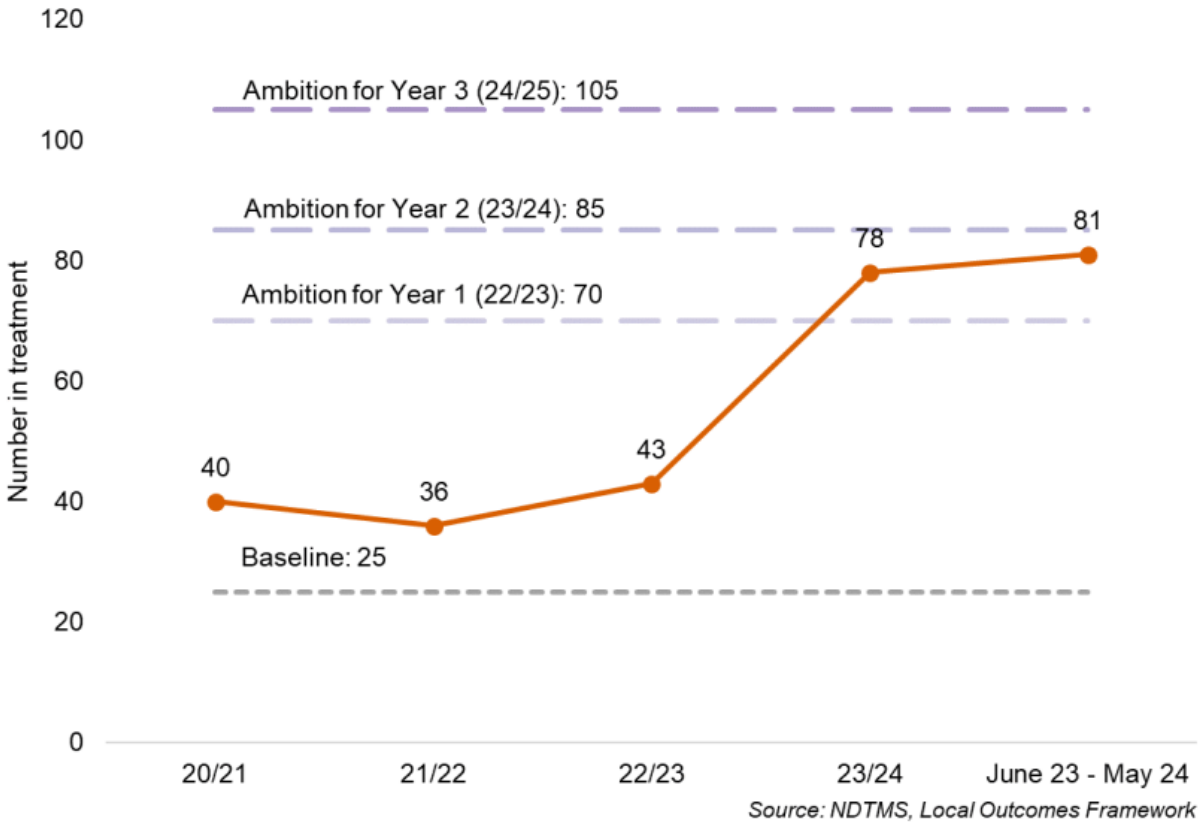


Source: NDTMS, Local Outcomes Framework

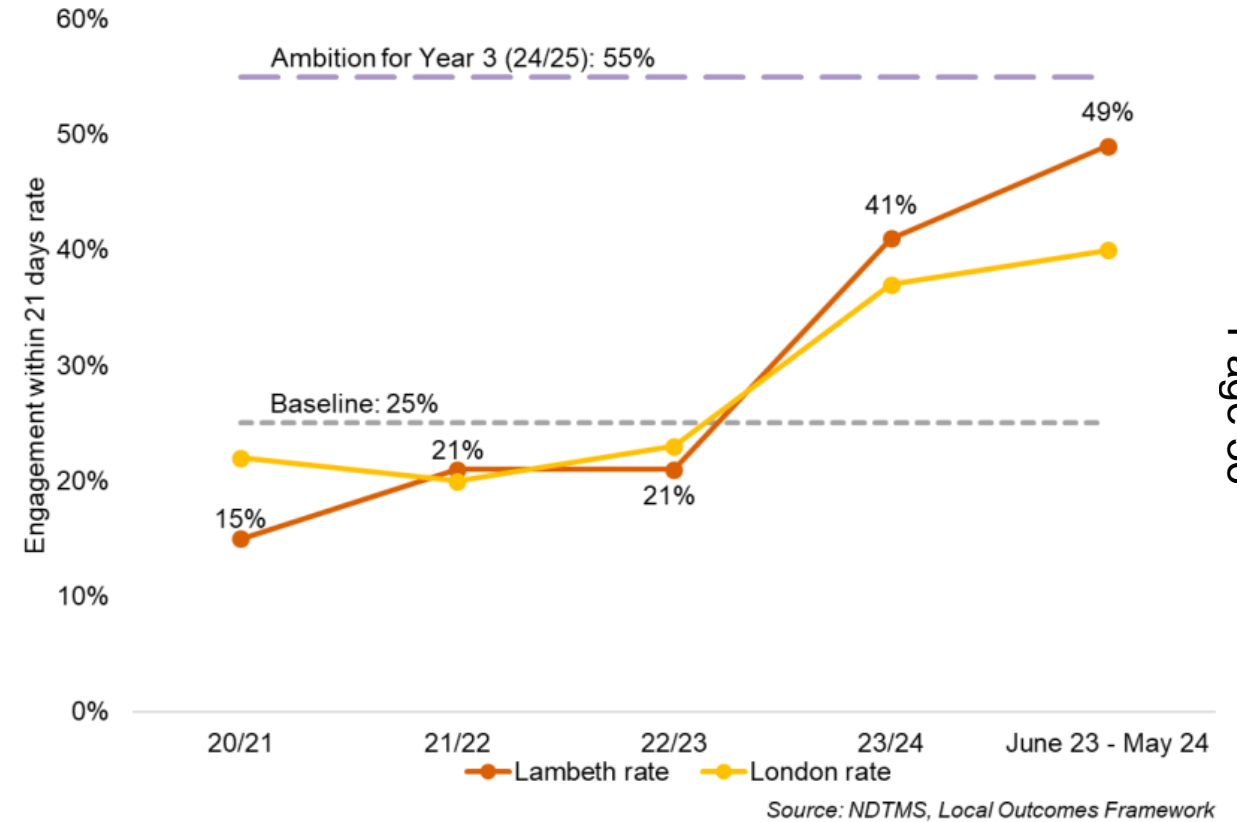
Current Trajectory to meet Local Authority Treatment Ambitions



Young people in treatment against ambitions



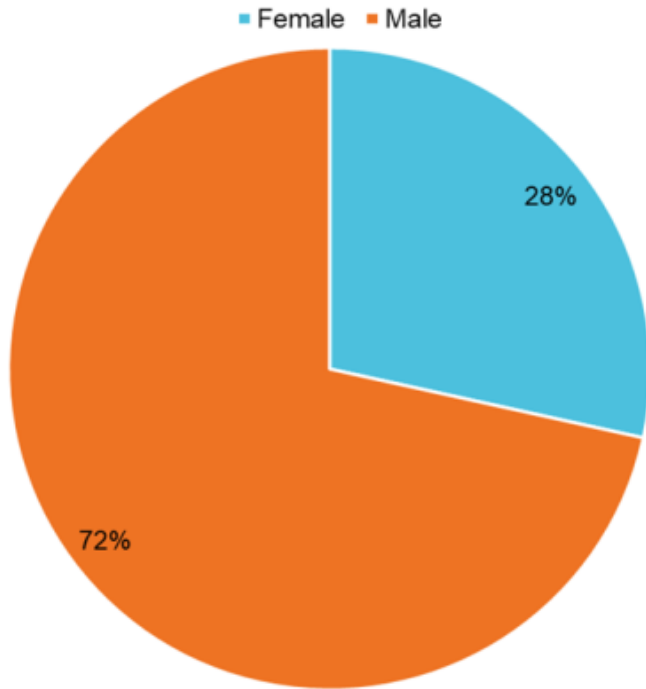
Prison referral engagement rate against national ambitions



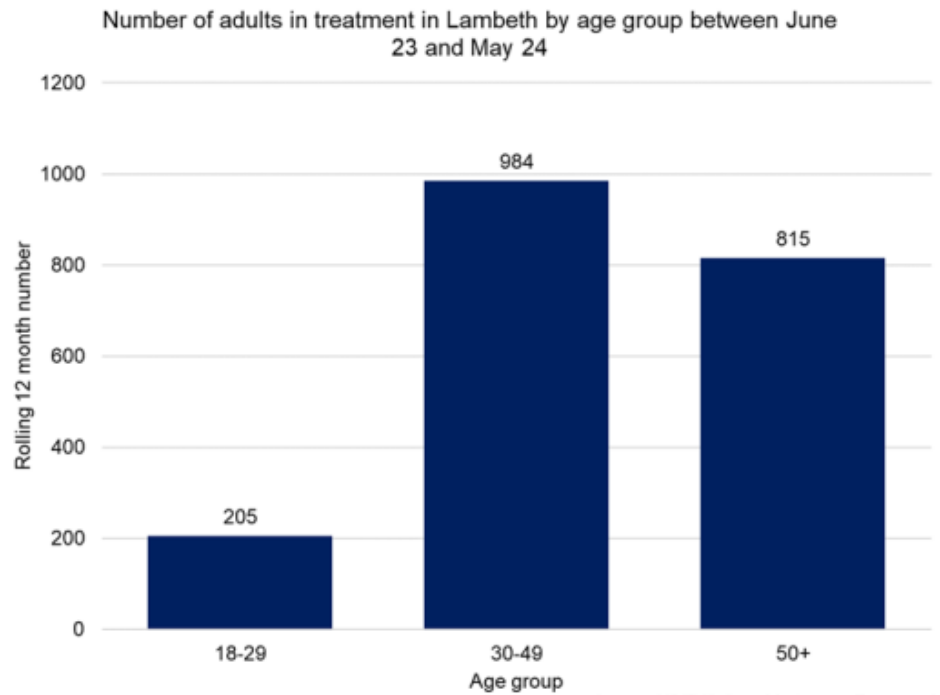
Demographics of adults in treatment



Adults in treatment in Lambeth by sex in June 23 - May 24

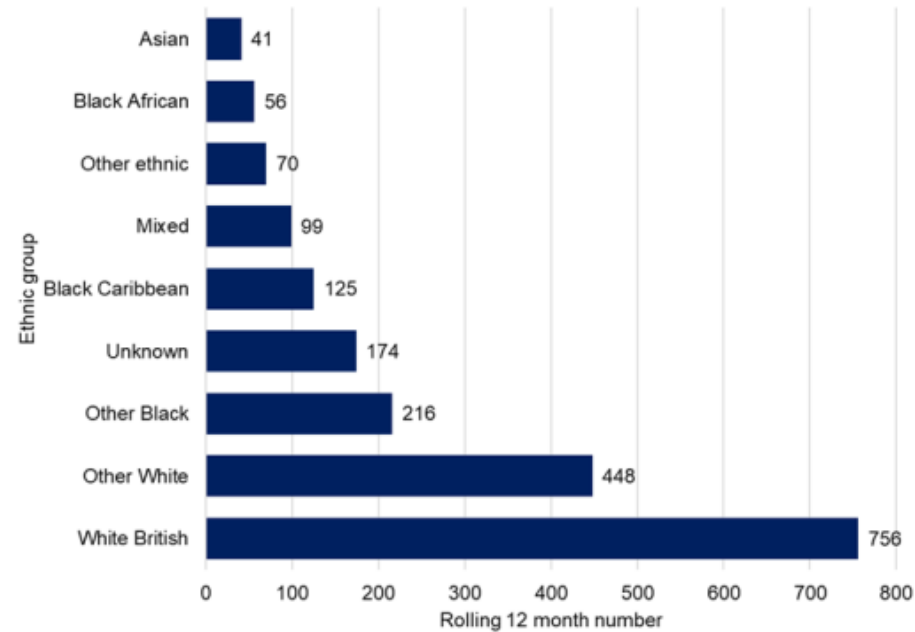


Source: NDTMS, Local Outcomes Framework



Source: NDTMS, Local Outcomes Framework

Number of adults in treatment in Lambeth by ethnicity in 2023/24



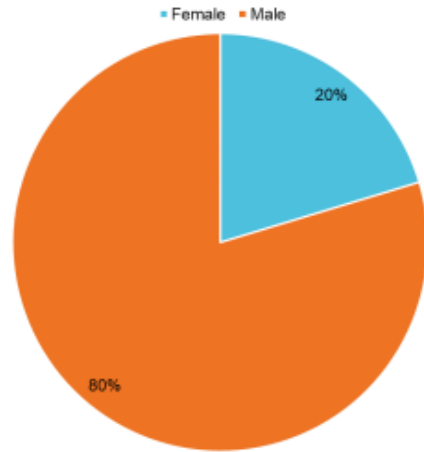
Source: NDTMS, Quarterly Activity Partnership Report

Prevalence estimates by demographics – for information



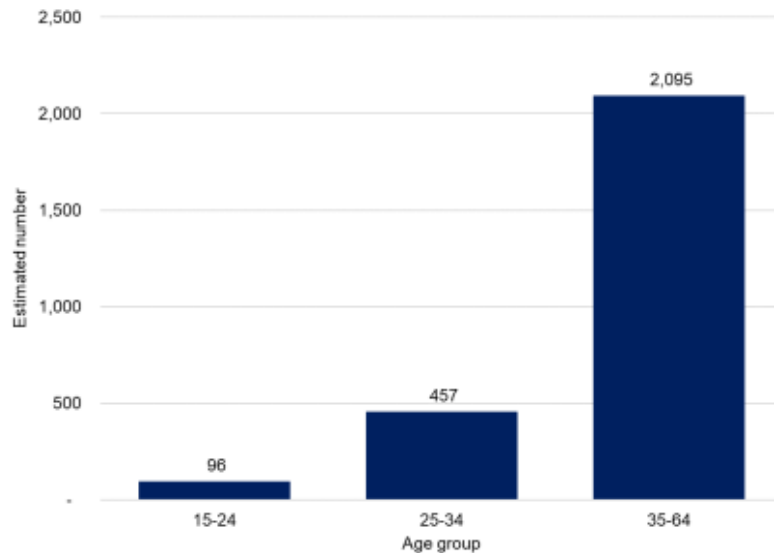
OCU

OCU prevalence in Lambeth by sex in 2019-20



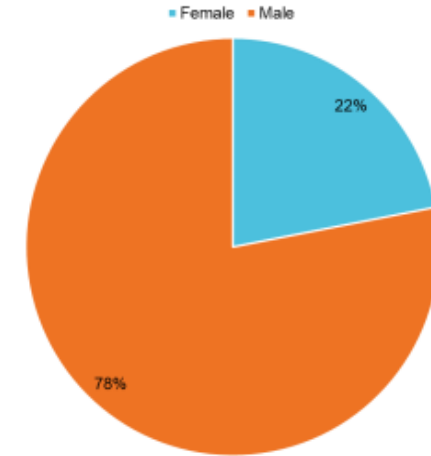
Source: NDTMS, Treatment and recovery unmet need toolkit

OCU prevalence in Lambeth by age group in 2019-20



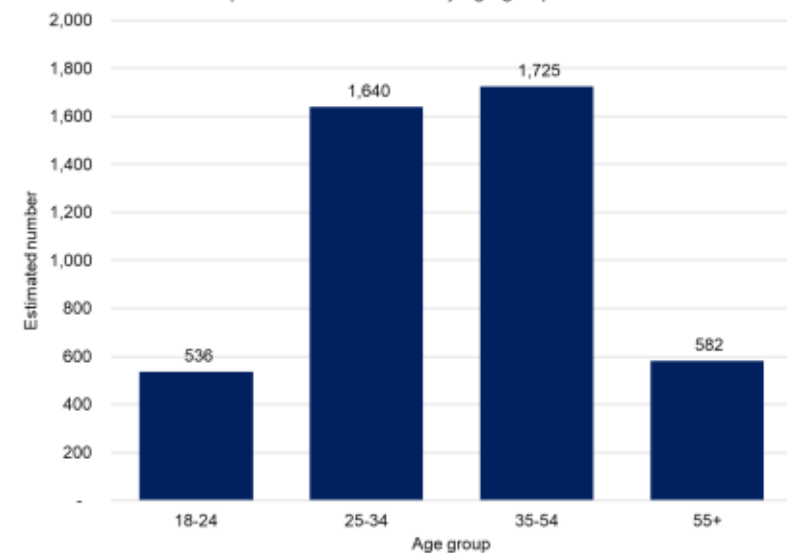
Alcohol

Alcohol prevalence in Lambeth by sex in 2019-20



Source: NDTMS, Treatment and recovery unmet need toolkit

Alcohol prevalence in Lambeth by age group in 2019-20



Year 3 OHID Supplementary Grant Approved Investment Priorities 24/25

- OHID (Office for Health Improvement and Disparities) and approved £2.6m investment in Year 3 Substance Misuse Supplemental Grant (2024-2025)
- All Y1 and Y2 investment maintained
- Additional Investment in Recovery and Peer Support
- Recovery and Peer Support Task Group to be established
- Staffing investment into Mental Health Co-Occurring conditions and joint working with Lived Well Alliance and SLAM Recovery College
- Satellite and Engagement worker to offer of on-site assessments to addiction patients in our three local hospitals, Guys' & St Thomas', Kings College Hospital, St Georges' Hospital.
- Significant additional resource to YP services including working with YP involved in County Lines and additional Drug and Alcohol workers for YP
- Increase numbers on Depot Buprenorphine (100 new clients)
- Additional Investment into Inpatient Detox and Residential Rehab capacity
- SEL wide SM Training provision for front line staff
- GP training - Level 1 and Level 2 Substance Misuse
- On Street Engagement Team funding and support of Anti Social Behavior response
- Joint Commissioning of Prison Based worker for SEL community services and continuity of care
- Additional Criminal Justice worker and review of pathways and referrals
- Early Detection and Prevention initiative development

Highlight 1 - On Street Engagement -Develop our outreach and early prevention initiatives such as our On Street Engagement Team in partnership with Police and Community Safety and access to early and brief interventions on alcohol and drugs use

- Overview
- Engagement rate
- Key issues and challenges
- Case Study



Aim



name Reach

The Lambeth Street Engagement Team offer support and engage with individuals who take part in chaotic drug and alcohol use within Lambeth communities and then signpost them into effective and structured drug treatment.



How will we achieve this



nam Reac

- By Identifying and targeting entrenched drug and/or alcohol users, including those unwilling to engage in services, and using a care planned approach and other relevant interventions to engage and promote change.
- Taking part in multi-agency initiatives and shared working to reduce the level of street activity and its associated impact.
- Partnership working with enforcement agencies will be managed on an ongoing basis to ensure the best outcomes for the individual.



aim

seek



Increase the number of users in contact with the Service.



Contribute to increasing referrals into treatment.



Reduce the number of injecting drug users



Reduce the number of drug related deaths

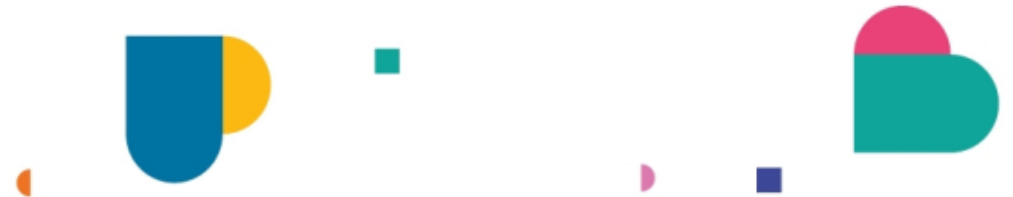


Reduce incidences of drug and alcohol related antisocial behaviour in Lambeth



Updates so far...

- Between November 2023 and July 2024, the team engaged with **172 individuals** on **311 occasions**.
- Of the 172 individuals met, 75% had a local connection to Lambeth.
- Where any person with a local connection outside of Lambeth was encountered, they were signposted to relevant services in the respective borough.
- **57 individuals** were seen more than once with **15 people** having had five or more engagements.
- 62% of people met were male and 38% were female.



Case Study 1

Daniel was first encountered by the team in early January whilst begging. After an initial discussion, he disclosed that he was street homeless and using crack and heroin. Daniel added that he suffered from PTSD and anxiety and was prescribed medication to treat his issues but was often relying on street drugs to manage his mental health. He was eligible for benefits but not in receipt of them and was begging on Brixton High Street to support his substance abuse.

Daniel had previously been scripted at Lorraine Hewitt House and was working with the rough sleeping team, but they had closed his case due to non-engagement. Over the following weeks, the Street Engagement Team worked intensively with Daniel, building rapport and discussing support options with him. Eventually, he was re-assessed by Lorraine Hewitt House and re-scripted. The team referred Daniel to the rough sleeping team and his his case was re-opened.



Who we are

Lambeth Street Engagement Team:
LambethSET@thamesreach.org.uk

Thames Reach



Highlight 2 - Combating Drugs Partnership and Commissioned Services for Children, Young People and Families



- **Support and Deliver school-based prevention and early intervention Programme and develop the offer to YP not in education, employment or training (NEET)**
 - CGL offer the following to schools and colleges in Lambeth - workshops on drug and alcohol awareness and harm. Promote 1-1 confidential support provided if a young person is referred into our service, and then see the YP at school to carry out support if they wish. CGL also work with NEET students and provide the same offer of support but out in the community. CGL worked with 7 NEET YPs in Q1 and completed strength-based assessments with all those accessing the service. This helps to identify any needs and gaps in support and refer them on to partner agencies
- **Deliver training to teaching staff to improve the quality of drug education within schools** - CGL offer training to all teaching staff to improve the quality of drug education within schools. A new rota for the next academic year is currently being drawn up and CGL will be sending out the offer in September.
- **CGL help schools identify children affected by either their own or others substance use and support them to make appropriate referrals to treatment.** They help schools identify children affected by either their own or others substance use in the professionals training and support them to make appropriate referrals to treatment



Highlight 2.1 Adfam



- Lambeth @home service is open to all adult affected others, who are clients who are or have been affected by others close to them using substance misuse e.g. partners, ex-partners, parents, stepparents, adult children, adult siblings, and friends.
- Adfam's model provides a comprehensive assessment, and a professional support worker that will work with the client for a series of weekly support sessions for up to 12 sessions, followed by the offer of a facilitated peer support group for clients who would benefit from this.
- Support sessions are person-centred, and solution focussed, including understanding and educating on what Lambeth Treatment Service has to offer and an opportunity to work collaboratively with the client, their 'loved ones' and professionals from the treatment consortium to encourage 'loved ones' with substance misuse challenges into treatment.
- Taking a toolkit approach to provide emotional support alongside practical guidance, education on substances, addiction and recovery, and signposting to other relevant services where required.



Highlight 3 - Optimising Health Outcomes: Improving Alcohol Screening and Identification in Key Health Services



Name:	Date:	
GP Practice:		
Age:	Height (cm):	Cholesterol:
Alcohol Intake (Units/week):		Total:
		HDL:
Weight (kg):		LDL:
Smoking Status?		Blood Pressure (Systolic):

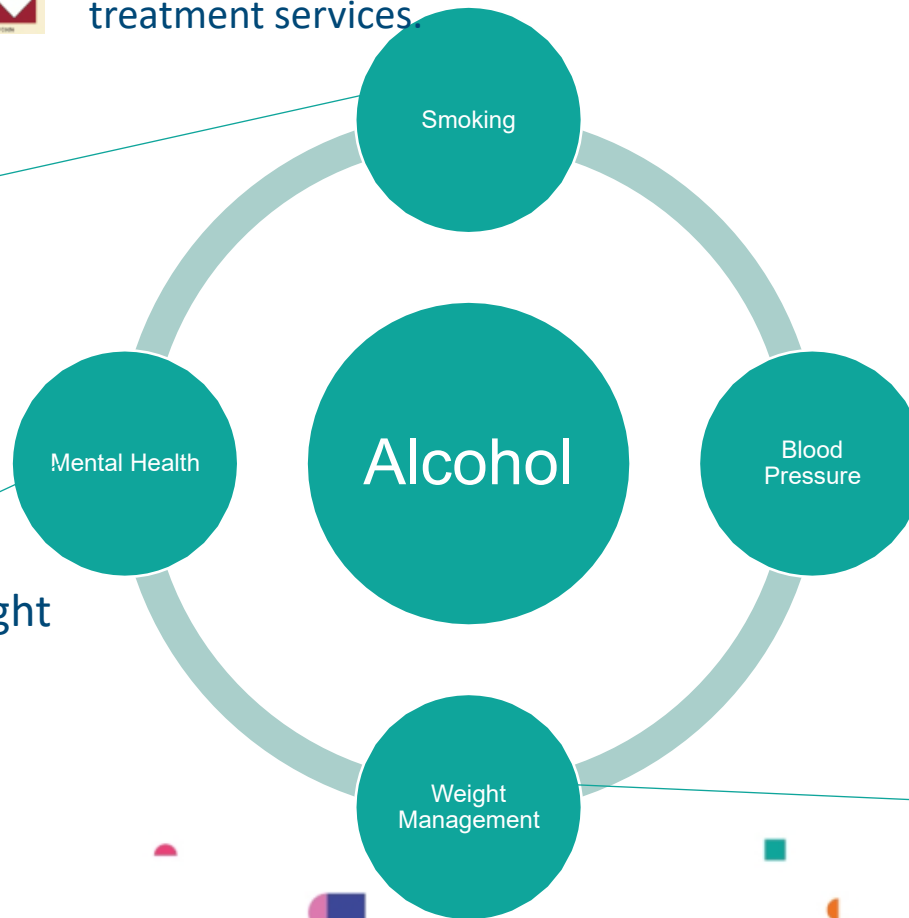
NHS **Heart Age**

Recognising the scope of work (incl. BP and health checks) and reach of the HWB across the borough, collaborating to ensure alcohol screening and identification with referral to treatment services.



Given close association between smoking and drinking, plans to leverage the stop smoking service to strengthen early identification of dependent drinkers and facilitate signposting/referral to treatment services

'working with partners to highlight co-occurring conditions and promote a no-wrong door approach –e.g Assertive Alcohol Outreach KCL across SEL



Aim to work with GPs, Community Pharmacies and channels delivering health checks to consider alcohol as a significant risk factor for raised blood pressure and strengthen alcohol screening and referral to treatment services.

Ready Steady Go Programme includes the impact of alcohol and weight during the parental segment of the meeting. Looking to understand other health weight initiatives and how links between Alcohol and weight can be explored.

Nothing without us, about us 'Lived experience'

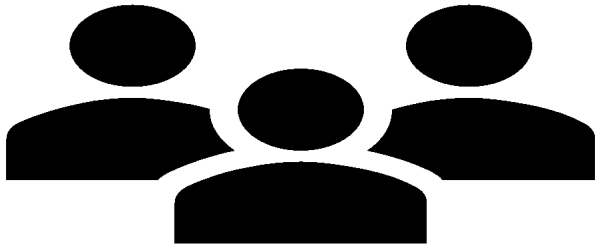


- *"Giving up drugs with the support of Lorraine Hewitt House put me on the path to recovery. It has always been a supportive and nonjudgmental way"*

- *Jude, Lambeth Service User Council*

- *"When I was in the depth of my drug dependency I had housing, employment, financial, relationship, legal, physical and mental health issues that I simply couldn't begin to address because of the life I was leading. It was only through Lambeth drug services that I met workers I could trust who advised me to go on opiate substitution therapy (OST). Being key worked and on a methadone, script brought a stability to my life that I hadn't experienced in 20yrs, and it allowed me the time to start to address the many issues I had that can come with drug dependency. I have no doubt that without the help of Lambeth drug services that path I was on led one way to prison and/or death and that is no exaggeration"*

- *Martin, Lambeth Service User Council*



SM Offer and Sustainability Post 2024/2025

- Lambeth's Combatting Drugs Partnership Programme lead, and the Lead Commissioner for SM are currently conducting a review of the use and impact of the SSMTRG (Substance Misuse Treatment and Recovery Grant), which will report to Councilors in September.

The review aims are to:

- Reflect the impact of workforce and other changes funded by the SSMTRG aligned to Interventions funded to meet the key aims of the Strategy and/or the OHID grant.
- Learn from experience of implementing changes – what worked, what didn't, what would we change or develop differently in future (including what is sustainable and should be prioritised and or will be negatively impacted upon if grant ceases)
- Review use of the SSMTRG funding in relation to spend
- Review use of the SSMTRG funding in relation to outcomes
- Determine future investment priorities, including making proposals for eventualities including both withdrawal and continuation of the grant funding

Engagement is being undertaken with a range of providers and current investment areas. Findings will be brought together, alongside financial and outcome analysis, in a report.



Any Questions ?

- Please contact Rob Goodwin - rgoodwin@lambeth.gov.uk for any follow up information or questions
- Thank you





Lambeth Together Care Partnership Board

Title	Homewards – Progress Update
Meeting Date	5 th September 2024
Author (& role / title/s)	Miranda Williamson – Associate Director, The Royal Foundation
Lead / Presenters (& role / title/s)	Megan Doherty – Homewards Local Delivery Lead – Lambeth Michael Corbishley – Homewards Head of Local Delivery

This item is for;

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

The Lambeth Together Care Partnership Board is asked to:

1. Consider and feed back on the possible synergies with your areas of work.

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

N/A

Summary and Impact on Inequalities

Homewards is a five-year, locally led programme aiming to demonstrate that together it is possible to end homelessness in the UK: making it rare, brief, and unrepeatable. It was launched in June 2023 in six locations including Lambeth.

This LTCP Board item will include a reminder of the objectives and approach of Homewards, a summary of implementation and impact to date, and details of current and upcoming priorities and opportunities to participate.

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homewards
lambeth

join us on the journey
and together we
overcome homelessness

homewards

homewards

CONTENTS



1. Summary
2. Introduction to Homewards
3. How Homewards will work
4. About the Homewards locations
5. How we will measure impact
6. The Homewards offer
7. The Homewards Partnership
8. The story so far
9. What's next?



SUMMARY

HOMEWARDS: A SUMMARY

Prince William and The Royal Foundation have launched **Homewards: a transformative five-year programme that aims to demonstrate that together, it's possible to end homelessness – making it rare, brief and unrepeated.**

Homewards is working in partnership with six flagship locations from across the UK, who are forming locally led coalitions of committed people, organisations and businesses, who will work together to create and deliver a plan to prevent homelessness in their areas.

Homewards is supporting them by providing a local lead to drive forward changes on the ground; flexible seed funding to support the delivery of the action plan; access to the Homewards Partnership - an extensive network of best-in-class partners to unlock new ideas, skills and resources, and further funding and investment to build and scale solutions; and a research partner to support learning and evaluate success.

By demonstrating that homelessness is not inevitable, and is in fact a solvable issue, Homewards will kickstart an inspiring movement in the UK, and further afield, to end homelessness for good.



ROYAL FOUNDATION

OF THE PRINCE AND PRINCESS
OF WALES

A photograph of two men shaking hands outdoors. The man on the left is white, wearing a light beige blazer over a light blue shirt. The man on the right is Black, wearing a red and white striped polo shirt. They are both smiling. In the background, there is a crowd of people, some holding cameras, and a green tent. A black metal fence is visible behind them.

INTRODUCTION TO HOMEWARDS

homewards

A LONGSTANDING COMMITMENT



Prince William was first introduced to the issue of homelessness when his mother, Diana, Princess of Wales, took him on engagements as a child.

As a result, His Royal Highness' earliest patronage was Centrepont – a homelessness organisation.

And the Prince's commitment to the issue has only increased with time.



ABOUT THE ROYAL FOUNDATION

The Royal Foundation of The Prince and Princess of Wales, leading with optimism and the belief that change is always possible, looks to develop solutions, raise awareness, and drive long-term and game-changing impact on some of society's greatest challenges.

The Royal Foundation partners with the best and the brightest, bringing together groups, organisations and people around particular issues to create lasting change.

Through programmes such as the Centre for Early Childhood, The Earthshot Prize and Heads Together, The Royal Foundation has inspired conversations, built partnerships and coalitions, and designed and incubated innovative solutions that span the globe.



A MAJOR SOCIETAL CHALLENGE

Since Prince William's early visits with his mother, the number of individuals and families experiencing homelessness has increased – a trend set to continue.



Centre for Homelessness Impact / Liam McBurney/PA

It can be difficult to get a clear picture of the true scale of homelessness. It is a complex issue, and its definition is broad – from rough-sleeping to living in temporary accommodation to sofa surfing.

But it is now estimated that over 300,000 people – nearly half of whom are children – are sofa surfing, sleeping on the streets, staying in hostels, living in their cars or other forms of temporary accommodation.

And this is only the tip of the iceberg. There are many more people experiencing hidden forms of homelessness who are not currently captured through official statistics.



Over

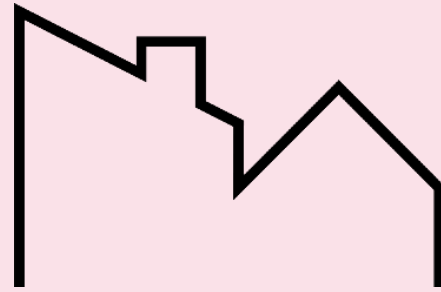
300,000

people in the UK are sofa surfing, sleeping on the streets, staying in hostels, living in their cars or other forms of temporary accommodation.

THE PUBLIC'S VIEW

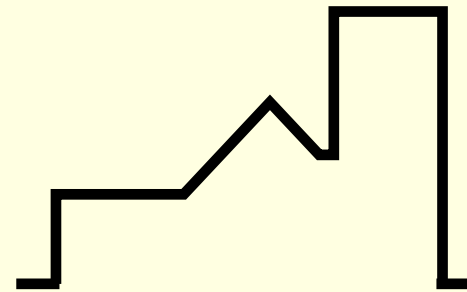
Through research undertaken by The Royal Foundation, we understand that the UK public also think homelessness is a serious problem, but one we can and should strive to solve.

Our baseline public perceptions survey has found that:



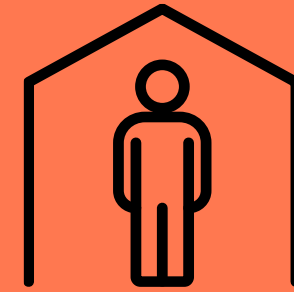
8 in 10

think homelessness is a serious problem in the UK, and 7 in 10 think society does not pay enough attention to ending homelessness.



80%

think homelessness can happen to anyone, and 1 in 5 have experience of homelessness.



7 in 10

support ending homelessness.

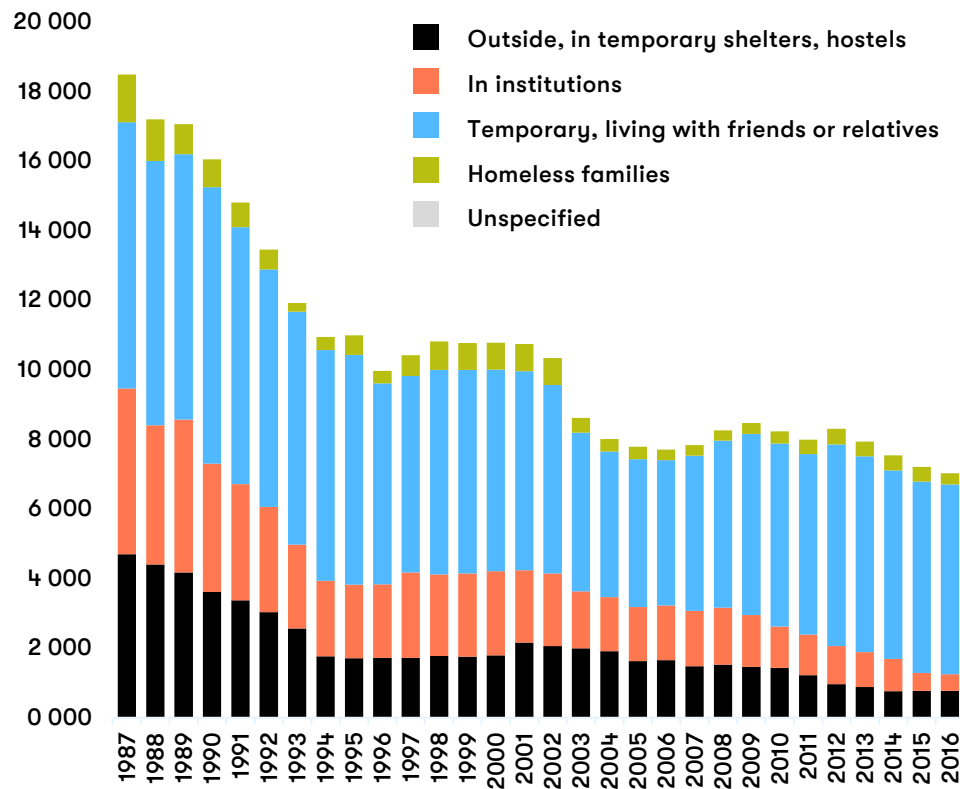
THIS IS NOT INEVITABLE

Through our research and from talking to experts across the world, we know that homelessness is not inevitable.

We have been inspired by international success stories, such as Finland, and examples set by pioneering projects here in the UK.

Through innovative, cross sector partnerships, they provide reason for optimism and demonstrate that a move towards ending homelessness is possible.

Homelessness in Finland 1987 - 2022



RIGOROUS CONSULTATION & DESIGN



With all of this in mind, The Royal Foundation embarked on a journey to understand if there was a role that we, and Prince William, could play to support the efforts to end homelessness.

We spent two years conducting crucial research in partnership with NGOs, public bodies, sector experts, people with lived experience and many more.

And, through this extensive period of consultation and design, we found an ambitious but achievable way forward. We designed and launched a bold, new programme that could utilise Prince William and The Royal Foundation's unique platform and convening power to truly shift the dial on ending homelessness – Homewards.

03.uk

Demonstrating
it's possible to
end homelessness.



Homewards



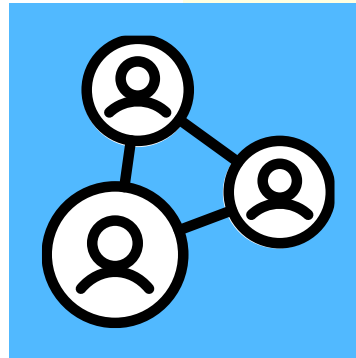
**HOW
HOMEWARDS
WILL WORK**

THE HOMEWARDS MISSION

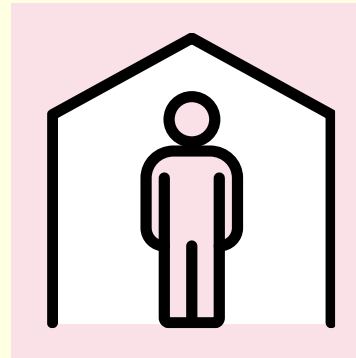
HOMWARDS IS A TRANSFORMATIVE FIVE-YEAR PROGRAMME THAT WILL AIM TO DEMONSTRATE THAT TOGETHER IT'S POSSIBLE TO END HOMELESSNESS – MAKING IT RARE, BRIEF AND UNREPEATED.

To achieve our mission, we will focus our activity around four key pillars:

1.
CONVENE



2.
DELIVER



3.
SCALE



4.
REFRAME



1. CONVENE



Homewards has collaboration at its heart.

Working in partnership with six flagship locations across the UK, we are using the unique convening power of Prince William and The Royal Foundation, to develop local coalitions of people, organisations and businesses - existing and new - who are committed to ending homelessness.

We are also bringing together an unprecedented network of national and international individuals and organisations - the Homewards Partnership - to support our locations and their work, and to galvanise worldwide momentum on the issue.

2. DELIVER

Homewards is place-based and locally led. The local coalitions in each of the six flagship Homewards locations are working together to create and deliver an action plan to prevent and end homelessness.

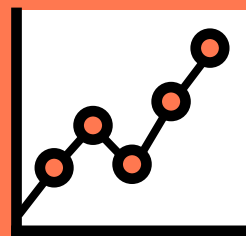
Informed by a rigorous theory of change, and with the support of the wider Homewards Partnership, their local action plans and the solutions they include will be wide-ranging and multi sector, focussed on preventing and ending homelessness.

While each action plan will be locally-led and bespoke to the location, they may include themes such as early intervention, housing, mental and physical health, employment pathways, better data sharing and education. Some may be innovations that we don't yet know of!

WELL-BEING



DATA



EMPLOYMENT



FINANCIAL INCLUSION



AND MANY MORE...

AND TESTING NEW WAYS TO UNLOCK HOMES



We also know that you can't solve homelessness without homes.

So, homes will be a focus of the Homewards programme.

As one element of their action plan, we will support each flagship location to deliver an Innovative Housing Project that will test new ways to unlock homes at scale within the location – and beyond.

3. SCALE

By generating robust, compelling evidence, the impact of Homewards will reach far beyond the six flagship locations.

Our approach to evaluation will enable us to capture ongoing learnings on what works in each location, supporting us to understand how, why, for whom and under what circumstances solutions to ending homelessness are most effective.

We will strengthen the evidence base in our locations to support sustained change towards ending homelessness in our locations.

And from our learnings, we will inspire others and create flexible but tried and tested approaches for preventing homelessness that can be adopted by other areas in the UK and internationally.



4. REFRAME



Through Homewards, we will create a game-changing approach that reframes the issue and inspires belief that homelessness can be ended.

As well as developing tangible solutions in our six locations, we will use our platform to reframe public perceptions of homelessness and reposition it as an urgent societal issue that we must address collectively.

Through national campaigns, local storytelling and placing those with lived experience at the heart of the programme, Homewards will raise awareness of the breadth and complexities of homelessness and galvanise momentum for change.

Communities from the UK and beyond will feel a renewed sense of optimism that it is possible to end homelessness, recognise that it is beneficial to do so, and demand the action required to make it happen.

DELIVERING TANGIBLE, LONG-TERM & SUSTAINABLE IMPACT

By the end of the five years, we want our locations to be on a path to ending homelessness for good – making it rare, brief and unrepeatable.

Communities will feel optimistic that it is possible to end homelessness and will recognise that it is beneficial to do so. They will demand the action required to make it happen.

The impact of Homewards will reach beyond the six locations, with learnings from each location being used to create a flexible, tried and tested model that can be adopted by other areas.

Our ambition is that work to end homelessness becomes business as usual, not just in these locations, but around the UK and beyond.



ABOUT THE HOMEWARDS LOCATIONS

PLACE SELECTION



Our three high-level selection requirements were:

The six flagship locations are pivotal to the success of Homewards.

Through a rigorous selection process, our National Expert Panel selected our six locations across the four nations of the UK.

AMBITION
There is the local will, belief and commitment to demonstrate homelessness can be ended

DISTINCTIVENESS
Each location has challenges and demographics that capture the breadth and complexities of homelessness, to help us build a model that can be shared

POTENTIAL
Opportunities identified that can be quickly galvanised to create inspiring projects

SIX FLAGSHIP HOMEWARDS LOCATIONS



homewards
northern ireland
▶

homewards
aberdeen
▶

homewards
newport
▶

homewards
sheffield
▶

homewards
bournemouth, christchurch
and poole
▶

homewards
lambeth
▶

homewards



HOW WE WILL MEASURE IMPACT

homeshards

A LEADING EVALUATION & LEARNING PARTNER

The Royal Foundation has commissioned an Evaluation and Learning Partner for Homewards to carry out capacity-building in locations, capture and share learnings across the locations, and generate robust evidence about what works in ending homelessness.

This Evaluation and Learning Partner is a consortium of three leading organisations – Ipsos, Renaisi and Groundswell - that bring a wealth of expertise and are highly skilled in in delivering complex place-based evaluations, learning and capacity building, and measuring public perceptions.

Through Homewards, they will enable meaningful engagement with the homelessness sector, our wider networks of partners, and those with lived experience, which will in turn support the scaling of solutions and wider impacts we are seeking to achieve.



OUR LEARNING AND EVALUATION APPROACH

There are four key strands to the Homewards evaluation:

1.

PROCESS EVALUATION

to understand how local action plans are being developed and implemented on the ground, incorporating regular feedback loops to inform programme development.

2.

IMPACT EVALUATION

measuring the key outcomes and impacts across the five to six locations and at an overall programme level.

3.

PUBLIC PERCEPTIONS

measuring perceptions of homelessness over time, including what being homeless really means, its causes and solutions, including baseline measures before launch.

4.

TRIED AND TESTED MODELS

based on the learnings from the locations that can then be shared far and wide for other locations to replicate and adapt in the UK and beyond.

INFORMED BY PRINCIPLES

Our approach to learning and evaluation is informed by the following principles, allowing us to track progress over the five years:

SIMPLICITY

Solutions must be relatable, easily digestible and replicable

THEORY BASED

Based on and building on existing evidence in this space

DEVELOPMENTAL

Continuously develop approach to capture new lessons

AMBITIOUS

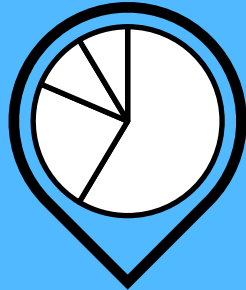
Demonstrate impact and be realistic about changes that can be expected over time

PROPORTIONAL

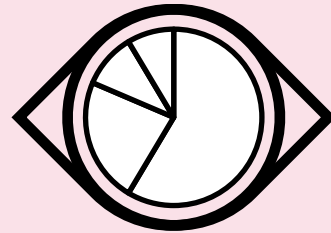
Data collection will not be burdensome and will build on existing systems

homewards

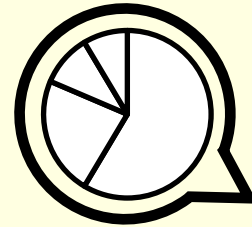
USING A RANGE OF SOURCES



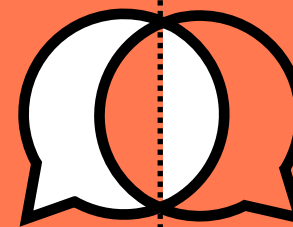
CURRENT EVIDENCE ON WHAT WORKS
collected from other existing place-based programmes and evaluations



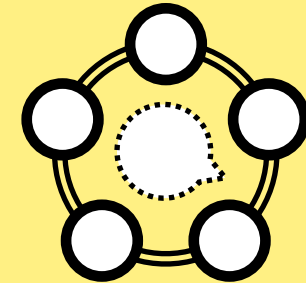
MONITORING DATA
from the projects, including the number of people experiencing homelessness and key demographics



QUANTITATIVE & QUALITATIVE EVIDENCE
collected at a location level demonstrating project and wider programme progress & impact



REFLECTION ACTIVITIES
by partnerships in each location facilitated by the Evaluation & Learning Partner

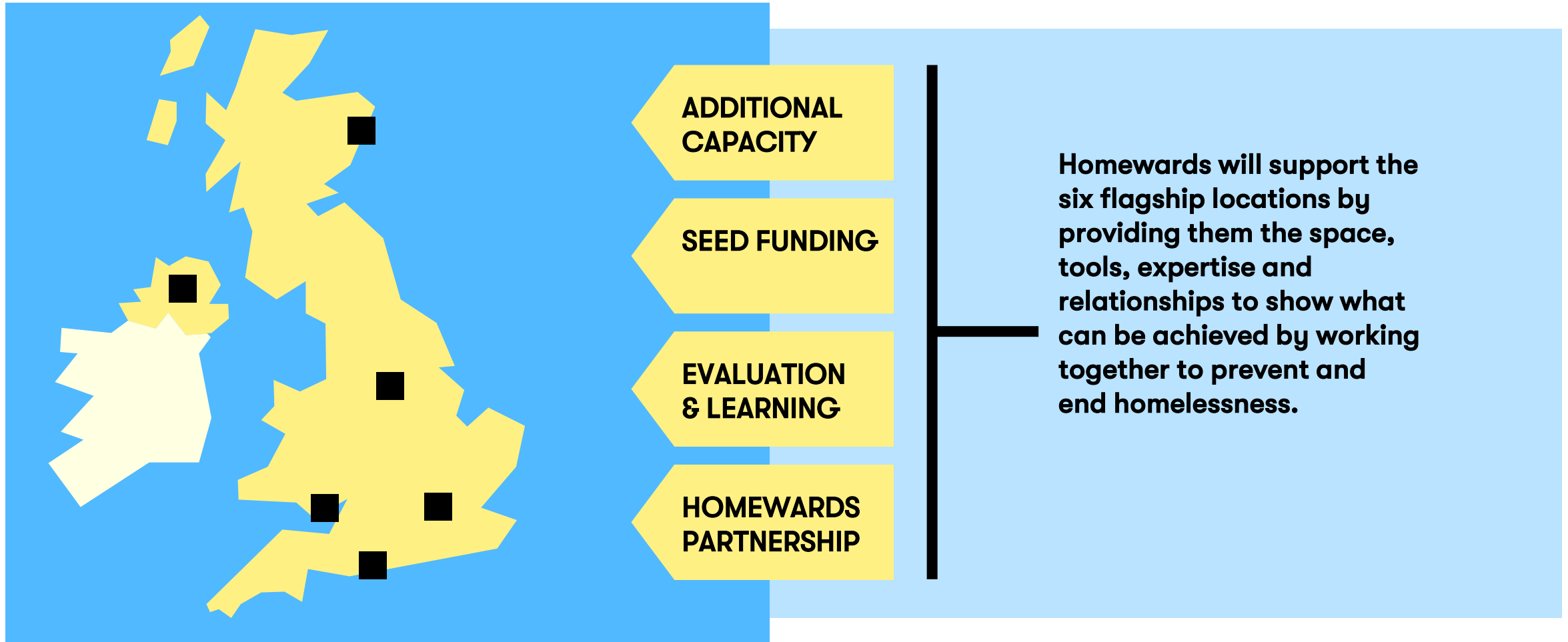


LEARNING EVENTS, PEER NETWORKING & INFORMATION SHARING
(i.e. establishing a learning network)



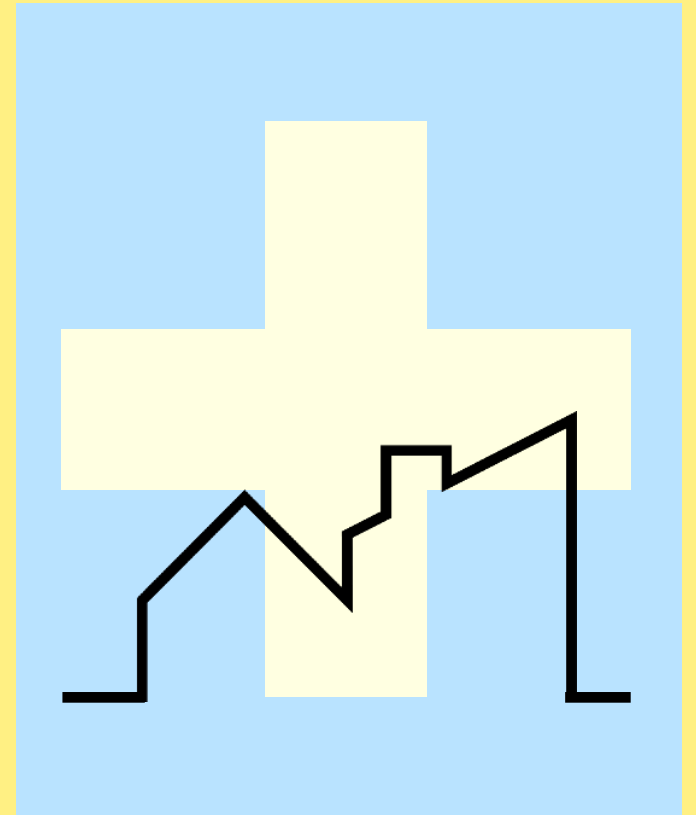
THE HOMEWARDS OFFER

AN UNPRECEDENTED PACKAGE OF SUPPORT



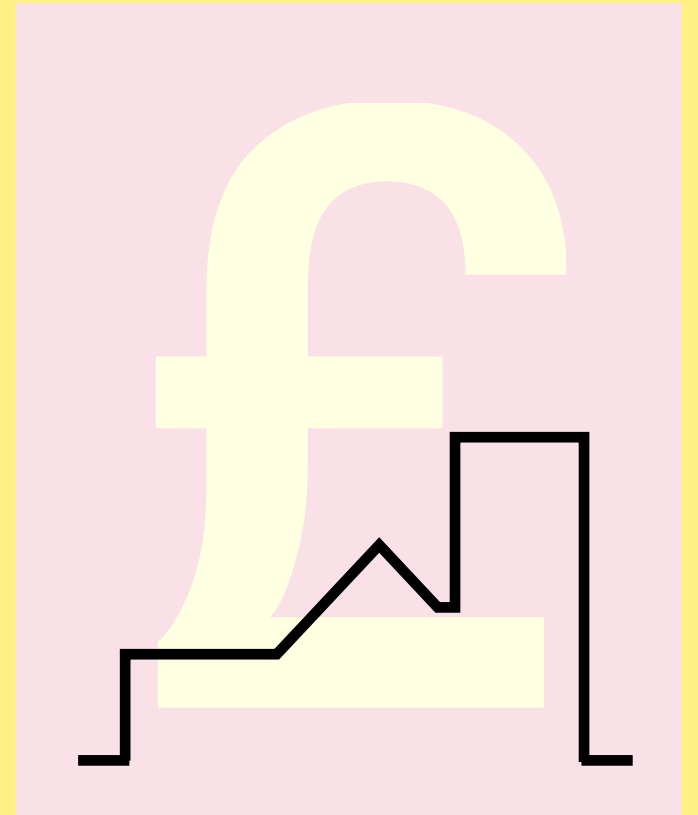
ADDITIONAL CAPACITY

The Royal Foundation is providing a Local Delivery Lead in each of the six flagship locations, who will provide the strategic leadership and operational capacity to oversee and coordinate the implementation of Homewards, supporting the local coalition in each location and driving forward change on the ground. Through the Evaluation and Learning Partner, we will also be providing a Local Learning Lead who will help each location to understand and share learnings throughout the five years.



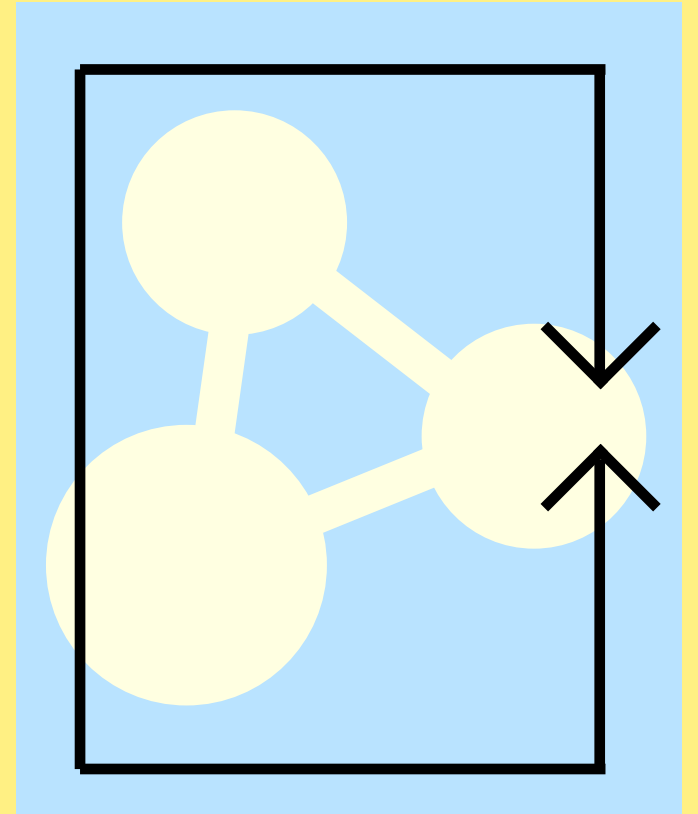
SEED FUNDING

Through the Homewards Fund, delivered in partnership with Homeless Link, we will provide up to £500,000 of flexible seed funding over the five years of the programme to support each location's delivery of their action plan. This seed funding will in turn help to drive significant further investment for sustainability and scale.



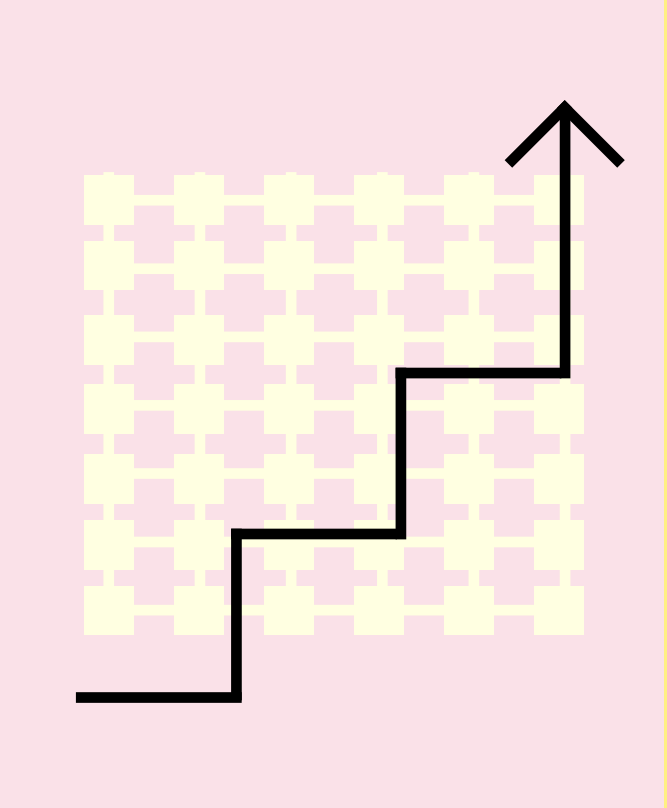
EVALUATION & LEARNING

Our Evaluation and Learning Partner – Ipsos UK, Renaisi and Groundswell – will support Homewards to better understand the breadth and complexities of homelessness in our six locations over the next five years, and importantly establish a Learning Network to share what works across our locations and beyond when it comes to ending homelessness so that our impact reaches as far as possible.



THE HOMEWARDS PARTNERSHIP

We will provide locations with access to the Homewards Partnership: an unprecedented network of individuals and organisations that we have brought together to support the six Homewards locations and galvanise national and international momentum on homelessness. These partners will provide skills, expertise, resource and transformative investment to support each location’s action plan, and to further scale solutions.





join us
and tog
homeles
ho

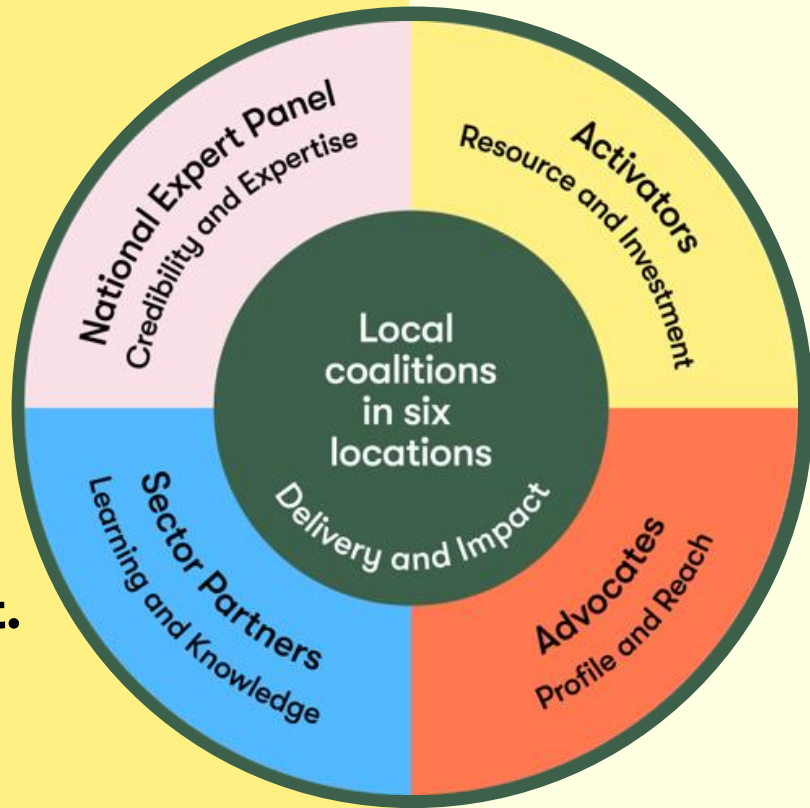


THE HOMEWARDS PARTNERSHIP

THE HOMEWARDS PARTNERSHIP

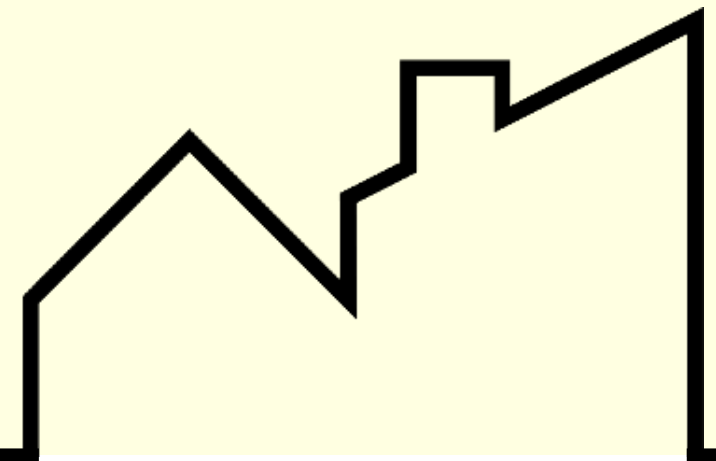
The Homewards Partnership is already an unprecedented network of individuals & organisations.

But this is only the start.



We will continue to build the Homewards Partnership further, bringing more of the brightest and best to work with us.

Together, we will demonstrate that it is possible to end homelessness.



HOMEWARDS NATIONAL EXPERT PANEL

CREDIBILITY & EXPERTISE

Our National Expert Panel is a group of individuals with renowned expertise across a range of key thematic areas, convened to provide best-in-class advice and counsel to The Royal Foundation.

They supported location selection and will continue to ensure rigour in the ongoing design and implementation of Homewards at local and national level.



RACHEL
BRENNAN



TOM BRIDGES



PAVAN
DHALIWAL



PROF.
PETER MACKIE



DR LADE SMITH



LYDIA STAZEN



PROF. KEN GIBB



TAMSYN HYATT



GEETA NANDA
OBE



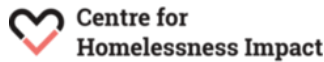
ALYSON
KILPATRICK

HOMEWARDS SECTOR PARTNERS

LEARNING & KNOWLEDGE

Our Sector Partners are leading UK homelessness charities, homelessness networks across the four nations, patronages, experts in homelessness lived experience, and international organisations.

They will engage with Homewards to share on the ground expertise and learnings with the six Homewards locations, alongside forming a powerful joint platform for impact.



HOMEWARDS ACTIVATORS

RESOURCES & INVESTMENT

Our Activators are a diverse group of UK private and public organisations from a range of sectors and industries, who will contribute their skills, resources, funding and networks to support our locations and act as a driving force for wider change.

Through their engagement and action, Activators will play a key role in building solutions – helping us to create the flexible, yet tried and tested, models that can be shared across the UK and beyond.

We were delighted to launch Homewards with nine initial Activators and look forward to growing this group further.



HOMEWARDS ADVOCATES

PROFILE & REACH

Our Advocates are high-profile individuals with lived experience of or longstanding engagement with homelessness.

They will use their profile and reach to help the showcasing work and solutions in the locations, reframe the issue, and inspire optimism throughout the UK that homelessness can be ended.



SABRINA
COHEN-HATTON



SARAH COX



DAVID
DUKE MBE



GERI HALLIWELL
HORNER



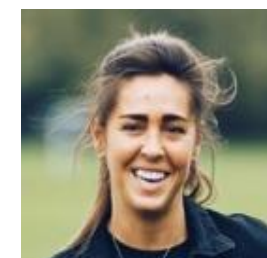
TYRONE MINGS



GAIL PORTER



SIR BRYN
TERFEL CBE



FARA WILLIAMS
MBE



STEVEN
BARTLETT



WE LOOK FORWARD TO WELCOMING MANY MORE PARTNERS WHO SHARE OUR VISION TO END HOMELESSNESS INTO THE HOMEWARDS PARTNERSHIP, OVER THE COMING MONTHS AND YEARS.



THE STORY SO FAR

EXTENSIVE REACH OF THE HOMEWARDS LAUNCH

In June 2023, Prince William and The Royal Foundation launched Homewards.

His Royal Highness travelled to each of the six flagship locations, focusing on a range of the different activities, from employment to housing, sport to education.

We launched with backing from the homelessness sector and a breadth of different partners, showcasing the cross-sector, collaborative Homewards approach.

The Homewards launch secured extensive media coverage to a readership of up to **1.8 billion**



- Seven print front pages across three consecutive days
- Extensive coverage across national primetime broadcast shows and radio shows
- Strong regional coverage across all six locations,
- Positive engagement on social media with over 2 million views of the and social media channels.

WITH EARLY ON-THE-GROUND IMPACT

Whilst we are committed to making long term and systemic change, we were delighted to see the launch already begin to leverage some very immediate impact for some of the on-the-ground partners in our locations.

From the carpentry workshop in Bournemouth, Christchurch and Poole:

The visit has led to ‘genuinely life changing opportunities that instead of taking months to achieve have come about in two days’, including a new ongoing donation of wood from a log miller, a new referral agency on board, three new businesses ordering and two new potential partners for training, qualifications and work placements.

▶ WATCH THE VIDEO



HOMEWARDS LEARNING WEBINARS

In September 2023, as part of our offer to share learning across Homewards, The Royal Foundation hosted two Homewards Learning Webinars, convening experts from the UK and around the world to share evidence and practical learnings about ending homelessness.

Session 1: Homelessness prevention

Jointly led by world-renowned expert in homelessness prevention, Professor Peter Mackie (Cardiff University) and specialist in place-based change, Lily O’Flynn (Renaissi), this webinar provided an overview of the evidence available on homelessness prevention. The speakers showcased inspiring case-studies, highlighting effective practice and actionable learnings to support coalition development and action planning.

Session 2: International learnings

Over the past 30 years, Finland has made extraordinary progress towards ending homelessness and is now widely regarded as world-leading in its scope and ambition. With international context provided by Lydia Stazen (Institute of Global Homelessness), Juha Kaila (Head of International Affairs at Y-Säätiö) shared his reflections on progress made in Finland and potential learnings for the Homewards flagship locations.

We will continue to provide the six flagship locations with access to the incredible depth and range of expertise held within the Homewards Partnership, with landmark opportunities to hear from world renowned experts and leading organisations, alongside regular peer-to-peer learning opportunities.

GALVANISING THE PRIVATE SECTOR

In September, Prince William visited Bournemouth to meet with local and national businesses, all of whom pledged their support to the Homewards programme.

The Prince visited Pret A Manger, who have committed to - through Homewards - expanding their long-standing Rising Stars programme, which helps break the cycle of homelessness by providing support, training and employment. Over the next five years, it will see a 40% expansion, supporting at least 500 people experiencing or at risk of homelessness into jobs at Pret's UK shops, including in Homewards flagship locations where Pret has a presence.

The Prince also visited AFC Bournemouth where he met with representatives of the club alongside those from local businesses including Lush and Sunseeker International. These businesses came together for the first time vowing to create employment opportunities, investment, and a range of other initiatives.

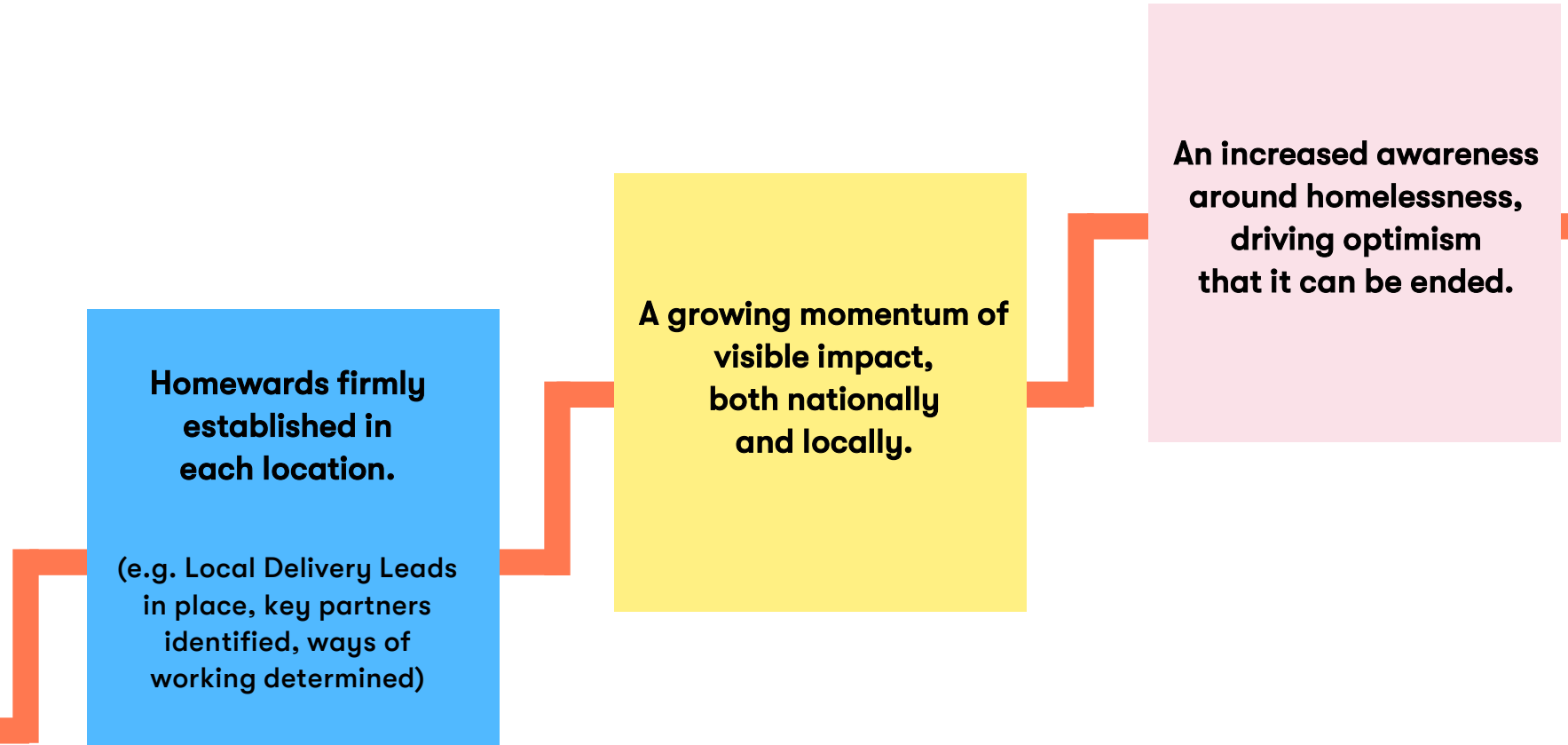




WHAT'S NEXT?

GOALS FOR YEAR ONE

To put us on the right trajectory, we are looking to achieve the following by the end of 2023:



homewards



“I refuse to believe that homelessness is an irrevocable fact of life....

If we really want to tackle homelessness, it can be done.

If we do it together and there’s a big team effort, it is possible.”

- Prince William

KEEP IN TOUCH

To keep up to date with Homewards' latest news, please sign up to receive our newsletter via www.homewards.org.uk

If you are an organisation with skills or resources that you can contribute to Homewards please contact us on homewards@royalfoundation.com.

Website:

www.homewards.org.uk

Latest news:

homewards.org.uk/homepage/news

Online and social channels:



Twitter @homewardsuk



Instagram @homewardsuk



YouTube @homewardsuk

homewards

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Lambeth Together Care Partnership Board

Title	Lambeth Together Primary Care Commissioning Committee update
Meeting Date	05 September 2024
Author	Michelle Elston – Associate Director of Primary & Community Care
Lead	Oge Chesa - Director of Primary Care and Transformation

This item is for;

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

The Lambeth Together Care Partnership Board is asked to:

1. Note the update on discussions held at the Primary Care Commissioning Committee on 17 July 2024
2. Ratify decisions made at the Primary Care Commissioning Committee on 17 July 2024

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

The Lambeth Together Primary Care Commissioning Committee update has been considered by the following groups and committees:

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

Summary and Impact on Inequalities

The Primary Care Commissioning Committee (PCCC) is responsible for facilitating service users with accessible and equitable primary care services in our community. This includes services provided by General Practices, Dentists, Pharmacists, and Eye Care Specialists. The Committee's primary objective is to address and mitigate any healthcare inequalities within the community whilst improving access.

Key Functions:

- (i) Equity of Provision: The PCCC ensures that all proposals and items it receives prioritise equitable healthcare provision to the population. It actively works to

prevent the creation of unnecessary barriers that hinder people from receiving essential services.

- (ii) Impact Assessment: Before approving any major changes to the expected service delivery, the Committee conducts a comprehensive assessment of the proposed changes' impact. This assessment considers the potential effects on accessibility and ensures that funding is optimally allocated to guarantee inclusive and responsive service access for all.

This update to the Lambeth Together Care Partnership Board is to provide assurance on the delivery of delegated primary care functions, information on and ratification of decisions made at the Primary Care Commissioning Committee on 17 July 2024, and an opportunity to ask further questions and feed into the PCCC business.

Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Summary of Meeting held on
Wednesday 17 July 2024



Working in partnership for a healthier borough



LTPCCC Part Two Meeting

Approvals recommended to the Board:

DA Languages Interpreting and Translation Services in Lambeth

The Committee received an update on the current financial and contractual position of the Lambeth, Southwark, and Lewisham (LSL) Interpreting service and the next steps across SEL for long-term commissioning. An LSL procurement paper and a slide deck highlighting Lambeth's progress to date in managing DA Languages were shared with Committee members for a Committee decision.

- The current contractual position is a 3+2-year contract with the initial 3-year contract end period expiring on 31st March 2023. The service provider is DA Languages Ltd (DAL).
- To avoid service disruption to patients a mini-procurement exercise has been recommended
- The current cost of the service in Lambeth has totalled £263,108

The Committee noted there is a potential financial risk to the increased cost of other suppliers. The Committee approved the procurement to be undertaken as a mini-competition under the shared business services framework.

The Board is asked to ratify this decision.

LTPCCC Part Two Meeting



Updates on **other items** were received on:

2023/24 Medicines Optimisation Section achievements

The Committee was informed of the recommendations made by the Medicines Clinical Pathways Group

- 16 practices submitted 'Evidence Summaries' to support their endeavours throughout the year to achieve the numerical thresholds in anticipation of non-achievement of the 2023/24 Medicines Optimisation Section
- The Committee is to be provided information on all Practice performances who participated in the 2023/24 Medicines Optimisation Section.

The Committee noted the update provided on the recommendations made by the Medicines Clinical Pathways Group.





LTPCCC Part Two Meeting

Updates on **other items** were received on:

Delegated Duties Internal Audit Report

The Lambeth Together Primary Care Committee (LTPCC), was informed of the final internal audit report 24/25 published on 24 June 2024

- As of April 2023, direct commissioning functions have been delegated from NHSE to ICBs. This contained Pharmaceutical Services, General Ophthalmic Services, and Dental (Primary, Secondary, and Community) Services.
- The audit contains findings, actions, and recommendations for the ICB, delegation of these services requires further discussion as the function of managing the contracts and activity is provided by North East London (NEL) who act via a Memorandum of Understanding (MOU).

The Committee requested feedback on the borough-level data for the delegated duties, minutes and action logs from the monthly finance meetings, and feedback on the need for data to be collected regarding demand from patients going to General Practice with dental emergencies.

The Committee noted the Southeast London Integrated Care Board Primary Care Services and provided feedback to the ICB - Delegated Duties Internal audit report 24/25

LTPCCC Part Two Meeting



Approvals recommended to the Board:

The Corner Surgery Succession Plan

The Committee received an update on the proposed Corner Surgery Succession Plan.

- The Corner Surgery Partnership has approached the ICB to signal the intention to implement a succession plan for the practice.
- The existing partnership is actively engaging in adding two additional GPs to the partnership agreement.
- Once in place, the current partners intend to leave the partnership and have planned their retirement to ensure there is no disruption to patient care

It is to be noted that a follow-up paper will be presented to the Committee for information only. It will notify the members that the plans have been enacted and concluded.

The Committee approved the proposed Succession Plan on behalf of the existing partners, on the premise that practice resilience is addressed in the revised document.

The Board is asked to ratify this decision.



LTPCCC Part One Meeting

Updates on **standing items** were received on:

- **Risk Register**
- **Performance**
- **Workforce**
- **Primary Care Finance**
- **Quality**





LTPCCC Part Two Meeting

Updates on **other items** were received on:

Community Pharmacy Neighbourhood Leads

The Committee received an update on:

- The work of the Lambeth Community Pharmacy Neighbourhood Leads (CNPLs)
- The utilisation of NHS England Community Pharmacy PCN engagement role ICB funding
- There is a concern around the awareness of who the CNPLs are and how they align with Primary Care as it was the understanding that the workforce was to support integrating Community pharmacy into wider Primary Care
- Following the Fuller report action plan, there is a need to understand how Community Pharmacy supports the integration piece within neighbourhoods and articulates the patient journey required for the population
- Data that captures activity and PCN alignments will be provided and taken to the Primary Care Transformation Operational and Delivery Group (PCTODG)

The Committee noted the update on the work of the Lambeth Community Pharmacy Neighbourhood Leads (CNPLs)





LTPCCC Part Two Meeting

Approvals recommended to the Board:

Update on Primary Care Network Clinical Director Leadership update in Lambeth

The Committee received an update highlighting the changes in Lambeth's Primary Care Networks (PCN) formation and the Clinical Director (CD) Leadership position postholder.

- A SELNET webpage is being developed, and there is an opportunity to have a page on it where the map could be placed, where GPs would have access too
- The map could also be placed on the SEL website and Lambeth Together pages for the public to view

The Committee approved the changes in the CD leadership and noted the update to the PCN Map

The Board is asked to ratify this decision.





LTPCCC Part One Meeting

Approvals recommended to the Board:

Updates on **other items** were received on:

Flu Trajectory

- SEL ICB has set several corporate objectives for the year ahead, as part of the engagement exercise, the Primary Care Commissioner and the Vaccination and Immunisation Leads agreed on a flu trajectory for the year ahead
- The first metric for uptake over 65-year-olds, was a trajectory of 60%
- The second metric for those under 65 was set to a 32.9% trajectory

Approval was given by the Committee for the Flu trajectory recommendations

The Board is asked to ratify this decision.



LTPCCC Part One Meeting

Approvals recommended to the Board:

Updates on **other items** were received on:

EZ Analytics re-procurement

An agreement had previously been made to continue the procurement of the EZ Analytics Population Health Management tool for 2024-25

- Both the ICB and Council will continue to commission the elements which have been brought under one single contract
- In 2025-26, a mini-competition exercise in line with procurement guidance will be undertaken where engagement with stakeholders will take place as part of the process

The Committee approved the proposal to re-procure the EZ Analytics Tool for a further year

The Board is asked to ratify this decision.



Lambeth Together Care Partnership Board

Title	Lambeth Together Assurance Sub-Group
Meeting Date	5 th September 2024
Author	Warren Beresford – Associate Director Health and Care Planning and Intelligence Jo Fernandes – Planning Intelligence and Improvement Manager
Lead	Oge Chesa - Director of Primary Care and Transformation

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 16th July 2024

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

None

Summary and Impact on Inequalities

Purpose:

The purpose of this paper is to update the Lambeth Together Care Partnership on our ongoing assurance arrangements.

Lambeth Together Health and Care Plan Focus Points:

At the 16th July 2024 meeting the Lambeth Together Assurance Group (LTAG) meeting agenda centred around two outcomes which the partnership is aiming to achieve through delivery of the 'Our Health, Our Lambeth, As Lambeth Together's health and care plan'.

These were:

Outcome A - *People maintain positive behaviours that keep them healthy*

Outcome D - People have healthy mental and emotional wellbeing

Integrated Assurance Report

Time was also given to review the Lambeth Together Integrated Assurance Report.

It was noted that the report now

- tracks the revised impact measures approved by the Lambeth Together Partnership Board.
- includes performance trends over time for these impact measures, offering more insight than the previous scorecard format, which only compared the latest position with the previous one
- has been made more manageable by introducing a 'Key Headlines' section, highlighting one or two key points for each of the 15 outcomes

Some of the key points noted and discuss were as follows:

- **Outcome A (keeping people healthy):** Substance misuse services have experienced a rise in the number of individuals entering treatment, particularly in the non-opiate and alcohol pathways. Despite this increase in service users, the rate of successful treatment completions has remained steady. Over the next 12 months, we anticipate an increase in successful exits as those currently entering treatment begin to complete their programmes.
- **Outcome B (connected communities):** The percentage of people within the council's Low Income Family Tracker identified as 'coping financially' has marginally increased to 78.5%, remaining above the baseline of 76.2%.
- **Outcome C (vaccination and immunisations)** It was noted that there is a current rise in cases of Measles and Pertussis across London, which poses a significant risk for Lambeth, given our vaccine uptake rates
- **Outcome F (early diagnosis):** Breast cancer screening rates for women aged 50-70 have shown an upward trend over the past year. The most recent data indicates that 54.9% of eligible women were screened in November 2023, up from 50.8% in November 2022. However, this is still below the pre-COVID levels of 61% reported in November 2019 and remains under the national target of 80%.

Risk Register

The group reviewed the risk register, noting that there are currently 13 active risks. Two new risks related to finance have been added, but there have been no significant changes or variations in risk evaluations since April 2024. Safeguarding risks, both for adults and children, remain categorised as moderate due to their low likelihood. However, it was emphasised that these safeguarding risks could have a major impact if they were to materialise

Lambeth Together

Integrated Assurance Report

16 July 2024

Contents Page



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Our Health, Our Lambeth

Lambeth Together health and care plan 2023-28



Impact measures performance trend (1)

Outcome	Impact measure	Target/Plan	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Comments	
A	Smoking prevalence reduction	Plan							13.4%	13.3%	13.2%	13.2%	Target to reduce by 1% from 22/23 year end (13.4%). Data source is Office for Health Improvement and Disparities (OHID) Prevalence but as only annual it's proposed that we use SEL ICB Vital 5 dashboard	
B	Uptake of the NHS Health Check for all eligible adults	Actual	4.7%	5.2%	5.8%	6.3%	6.9%	7.7%	8.4%	0.7%	1.3%	1.9%		
		Plan	4.5%	5.3%	6.2%	6.6%	7.3%	7.9%	8.7%	0.7%	1.8%	2.6%	monitor vs previous year	
		Variance	0.1%	-0.1%	-0.3%	-0.3%	-0.4%	-0.2%	-0.2%	0.0%	-0.5%	-0.7%		
C	Proportion of Lambeth registered children by age 2 that have received one dose of MMR	Actual	83.3%			84.5%								
		Plan	85.7%			86.2%			84.3%					
		Variance	-2.40%			-1.70%								
C	Proportion of Lambeth registered population who are over the age of 65 receiving immunisation for Flu	Actual		48.01%	54.26%	56.34%	57.28%	57.75%						
		Plan		48.83%	53.71%	57.06%	58.67%	60.21%					Proposed trajectory submitted to SEL ICB for SEL ICB corp objective. A/W feedback. 23/24 plan was to achieve higher than 22/23	
		Variance		-0.82%	0.55%	-0.72%	-1.39%	-2.46%						
F	Uptake of SMI health checks	Actual	29%	34%	40%	46%	54%	60%	68%	3%	9%			
		Plan	30%	35%	40%	45%	50%	55%	60%				National Target = 60% at year end	
		Variance	-1.3%	-1.4%	-0.4%	1.2%	4.1%	5.2%	8.0%					
	Uptake of LD/AHC health checks	Actual	38.9%	46.3%	55.2%	56.7%	68.5%	77.5%	84.6%	5.7%	10.3%			
		Plan	37.5%	43.8%	50.0%	56.3%	62.5%	68.8%	75.0%				National Target = 75% at year end	
		Variance	1.4%	2.5%	5.2%	0.4%	6.0%	8.7%	9.6%					
F	Proportion of Bowel Cancer screening for those aged 60-74 (Coverage)	Actual	60.6%	60.7%	61.1%	61.1%	60.2%	60.4%	60.6%					
		Plan	59.5%	59.8%	60.0%	60.0%	60.2%	60.4%	60.6%				Plan = same period in 22/23	
		Variance	1.1%	0.9%	1.1%									
F	Proportion of cervical Cancer Screening aged 25-64 (Coverage)	Actual	62.6%	62.7%	62.8%	62.8%	62.7%	62.8%	62.9%					
		Plan	63.2%	62.9%	62.8%	62.7%	62.6%	62.8%	63.0%				Plan = same period in 22/23	
		Variance	-0.6%	-0.2%	0.0%	0.1%	0.1%	0.0%	-0.1%					
F	Proportion of breast cancer screening for women aged 47-73 (Coverage)	Actual	46%	46%	46%									
		Plan	41%	42%	42%	42%	42%	42%	43%				Plan = same period in 22/23	
		Variance	4.8%	4.0%	3.5%									
G	Proportion of people with Type 2 diabetes who receive 8 checks on an annual basis	Actual	55.3%	60.8%	66.5%	70.0%	74.1%	79.2%	81.7%	15.1%	22.7%			
		Plan	38.5%	44.9%	51.3%	57.8%	64.2%	70.6%	77.0%	6.4%	12.8%	19.3%	National target = 77% by year end (set to straight line trajectory)	
		Variance	16.8%	15.9%	15.2%	12.3%	9.9%	8.6%	4.7%	8.7%	9.9%			
	Cardiovascular dashboard, HYP aged 79 or under and last BP is less than or equal to 140/90 this FY	Actual	47.3%	52.6%	56.5%	58.8%	62.3%	66.4%	68.7%	10.6%	22.1%			
		Plan	38.5%	44.9%	51.3%	57.8%	64.2%	70.6%	77.0%	6.4%	12.8%	19.3%	National target = 77% by year end (set to straight line trajectory)	
		Variance	8.8%	7.7%	5.2%	1.1%	-1.8%	-4.2%	-8.3%	4.2%	9.3%			
Cardiovascular dashboard, HYP aged 80 or over and last BP is less than or equal to 150/90 this FY	Actual	59.7%	65.2%	69.8%	72.4%	76.0%	79.1%	81.7%	16.1%	29.4%				
	Plan	38.5%	44.9%	51.3%	57.8%	64.2%	70.6%	77.0%	6.4%	12.8%	19.3%	National target = 77% by year end (set to straight line trajectory)		
	Variance	21.2%	20.3%	18.5%	14.6%	11.8%	8.5%	4.7%	9.7%	16.5%				
G	Proportion of people over age of 65 who are taking 10 or more medicines, having a medication review	Actual								2%	5%			
		Plan											Plan/target TBA	
		Variance												
H	Proportion of referrals to the Living Well Network Alliance Single Point of Access, which were processed during the month (i.e. triaged, referred onwards or otherwise responded to) within 72 hours.	Actual	10.2	11.2	10.3	19.2	14.0	25.0	27.0					
		Actual											In 23/24 we were reporting on SPA WT for Urgent referrals. In 24/24 there will be a new methodology on SPA WT to better capture activity from referral to 1st contact	
	Access to Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents	Actual	24.3%			23.1%			24.4%					% of black users by Ethnicity
		Plan	52.8%			56.4%			54.1%					% of white users by Ethnicity
H	Number of children and young people waiting longer than 52 weeks for an assessment and commencing treatment with Child and Adolescent Mental Health Services	Variance	-28.5%			-33.3%			-29.7%					
		Actual	34	32										Due to the implementation of a new Patient Electronic System (EPIC) we have been unable to report on this measure. Effort have been made to reenact this report stream and we will work with secondary partners

The above table is not showing all impact measures across each outcome. For some measures, we are not able to display this information using this visual format, or data processes/ flows are being refined/ validated. We will aim to fully integrate all impact measures on a scorecard to allow a full visual presentation of measures activity. Some of the Plans/trajectories/targets are provisional and subject to change

Impact measures performance trend (2)

Outcome	Impact measure	Target/Plan	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24		Comments	
J	Number of appointments in General Practice	Actual	168,244	155,258	165,319	133,406	171,212	166,166	159,787	166,166					
		Plan								140,251	158,393	171,023		1.5% increase vs 23/24 monthly profiled against 23/24	
		Variance									25,915				
	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 around self-care and common clinical conditions	Actual	>200	>300	>300	>300	>400	>800	>900						No of service users access to Community Pharmacy scheme
		Actual	130	144	148	147	158	165	224	209	177	166			
		Plan	185	185	201	201	201	231	231	231	233	233			
	Capacity of virtual wards	Variance	- 55	- 41	- 53	- 54	- 43	- 66	- 7	- 22	- 56	- 67			
		Actual	70%	78%	74%	73%	72%	71%	97%	90%	76%	71%			
		Plan	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%			
	Proportion of virtual wards being used	Variance	-10.0%	-2.0%	-6.0%	-7.0%	-8.0%	-9.0%	17.0%	10.0%	-4.0%	-9.0%			
Actual		52	62	61	46	47	68	35							
Plan		55	64	53	65	63	56	58						Plan = same period previous year	
K	Number of people with an intermediate care offer	Variance	- 3	- 2	8	- 19	- 16	12	- 23						
		Actual	84%	76%	80%	83%	85%	81%	79%						
		Plan	81%	67%	74%	71%	73%	68%	78%						Plan = same period previous year
	Percentage of people who have completed reablement that has resulted in no formal support or support at a reduced level	Variance	3%	9%	6%	12%	12%	13%	1%						
		Actual	97%	98%	97%	97%	90%	93%	100%						
		Plan	94%	93%	94%	97%	94%	95%	98%						
	Proportion of carers of the users of Adult Social Care Services are offered a carers assessment	Variance	3%	5%	3%	0%	-4%	-2%	2%						
		Actual	1,954			1,953			1,988						
		Plan	1,696			1,705			1,651						
	No of people identified as being in their last year of life on practice registers	Variance	258			248			337						
Actual		47%			48%			48%							
Plan		37%			40%			42%							
Proportion of people with Personalised Care and Support Plan(PCSP)/UCP	Variance	10%			8%			6%							
	Actual	34.2%	40.3%	49.2%	51.9%	64.2%	74.5%	83.1%	5.2%	9.6%					
	Plan	37.5%	43.8%	50.0%	56.3%	62.5%	68.8%	75.0%	6.3%	12.5%	18.8%				
Rate of uptake for an Annual Health Check and Health Action Plan for those with LDA	Variance	-3.3%	-3.4%	-0.8%	-4.4%	1.7%	5.7%	8.1%							
	Actual	78%	85%	76%	82%	62%	74%	73%							
	Plan														
N	Percentage 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,	Actual	3%			3%			5%						
		Plan													
		Variance													
	Number of rough sleepers brought into accommodation	Actual	58			78			52						
		Plan													
		Variance													
	Proportion of people living in our supported housing that are registered with a GP	Actual	79%			90%			92%						
		Plan													
		Variance													
	Rate of residents in supported housing engaged with mental health support services.	Actual	14%			20%			25%						
Plan															
Variance															

The above table is not showing all impact measures across each outcome. For some measures, we are not able to display this information using this visual format, or data processes/ flows are being refined/ validated. We will aim to fully integrate all impact measures on a scorecard to allow a full visual presentation of measures activity. Some of the Plans/trajectories/targets are provisional and subject to change



Health and Care Plan: Key headlines (1)

	Outcome	Key Headlines
A	<i>People maintain positive behaviours that keep them healthy</i>	<p>NHS Health Check outcomes for Q4 remained broadly in line with previous quarters. In 24/25, Public Health are working towards developing a PCN-led at-scale Health Checks model to improve consistency of the offer across the borough and target underserved groups who are not accessing the service.</p> <p>Substance misuse services have seen an increase for numbers in treatment particularly on the non-opiate and alcohol pathways. With this increase in people accessing support, the numbers exiting treatment successfully has remained consistent but over the next 12 months, this should start to increase as those entering treatment will begin to exit.</p>
B	<i>People are connected to communities which enable them to maintain good health</i>	<p>The percentage of people within the council's Low Income Family Tracker identified as 'coping financially' has marginally increased to 78.5%, remaining above the baseline of 76.2%. On top of the core delivery programme the council has successfully implemented an approach to maximising free school meal enrolment to entitled Lambeth households with children in Lambeth schools (900+ children).</p>
C	<i>People are immunised against vaccine preventable diseases</i>	<p>There is a current rise in cases of Measles and Pertussis across London, which poses a significant risk for Lambeth, given our vaccine uptake rates. We continue to work towards improving vaccine uptake, prioritising the local goal of 90%, which is crucial for community protection.</p>
D	<i>People have healthy mental and emotional wellbeing</i>	<p>New measures against this outcome will be used 2024/25, to take better account of the contribution of the Short-Term and Focused Support services provided by LWNA's Living Well Centres (LWCs), recognising that the contribution of Lambeth Talking Therapies (LTT) is also being measured against outcome H.</p>
E	<i>People have healthy and fulfilling sexual relationships and good reproductive health</i>	<p>Public Health Outcomes Framework data shows that STI rates are continuing to increase, both nationally and in Lambeth. In Lambeth, rates are now similar to pre-Covid levels.</p>

Health and Care Plan: Key headlines (2)



	Outcome	Key Headlines
F	<i>People receive early diagnosis and support on physical health conditions</i>	<p>Data from SMI and LD Annual Health checks is even among ethnicities, and performance in 24/25 is marginally behind last year's at the same period. This may be attributed to cyber attack on Synovis.</p> <p>On cancer screening, the data shows inequalities across the screening programmes uptake for specific population groups (SMI & LD) and ethnicities. For programmes, such as, Bowel screening there has been increased screening rates for BAME population in the last year's. For further details, see slide updates.</p>
G	<i>People who have developed long term health conditions have help to manage their condition and prevent complications</i>	<p>More of Lambeth's Black and Ethnic Minority population have blood pressure under control when comparing June 2023 to 2024 data; 19.7% (19,615) and 22.2% (22,928) respectively. NWDA Hypertension Oversight group has been developed to support co-ordination of activities to improve hypertension identification and management in Lambeth, with a focus on reducing health inequalities.</p>
H	<i>When emotional and mental health issues are identified; the right help and support is offered early and in a timely way</i>	<p>Measures and targets for this outcome have been updated for 2024/25. Lambeth Single Point of Access (SPA) will aim to have 95% of accepted introductions processed within 3 days by the end of the financial year. Lambeth Talking Therapies (LTT) will continue to track Access and Recovery rates by ethnicity but have revised targets and added new measures to provide additional sensitivity.</p> <p>On Lambeth Talking Therapies, the first appointment measure for Black service user access to LTT services is 2.7 percentage points higher than would be suggested by Lambeth population alone and therefore better than that of the White population. Recovery for Black service users however, at 46.7%, continues to fall short of the 50% target and the 54.9% reported by White service users.</p>
I	<i>People have access to joined-up and holistic health and care delivered in their neighbourhoods</i>	<p>Following discussions with alliance partners it was decided we would be introducing impact measures in year 2 closely aligned with neighbourhood working, particularly in the area of physical and mental wellbeing focusing on vital 5, welfare advice and other holistic components. To this effect, the intention is to introduce new measures on service level activity from the following services Health and Wellbeing bus, Cardiovascular disease Workplace project and Beacons service.</p>



Health and Care Plan: Key Headlines (3)

	Outcome	Key Headlines
J	<i>People know where to go to get the right help, and are treated at the right time, in the right place, for their needs</i>	<p>Lambeth Virtual Wards are achieving 80% occupancy on average. Risks have been identified with current programme, further details on slide comments.</p> <p>On NHS Pharmacy First Service, data from May 2024 shows most interventions (1419) have taken place for people whose registered post code district falls within IMD decile 1 to 3 which shows the service is accessed by the target population - those with the highest deprivation.</p>
K	<i>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</i>	<p>Discharge Operational Delivery Group (DODG) is working with therapists on the acute wards about the criteria for referring to reablement reduce the number of people being referred to the service who are not appropriate. In Lambeth there is also a high performance rate for the proportion of carers of service users who were offered a carer's assessment.</p> <p>Key challenges include varying levels of capacity and professional confidence within Primary Care to initiate Personalised Care and Support Plan (PCSP) conversations, as well as variable data across Primary Care Networks.</p>
L	<i>Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate</i>	<p>The implementation of a new Electronic Patient Record (EPR) system at Guy's & St Thomas' Hospital and King's College Hospital has temporarily halted performance reporting for maternity services in South East London. The EPR is still stabilising, and service reporting is expected to recommence shortly.</p>
M	<i>People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services</i>	<p>The total number of people with learning disabilities and or autism reduced from 16 (April 2023) to 14 (April 2024). There is no change between April 24 and July 24, with 3 discharges planned in the next 6 months.</p> <p>The implementation of a new Electronic Patient Record (EPR) system at Guy's & St Thomas' Hospital has temporarily halted performance reporting for the Autism and Related Disorders (ARD) Diagnostic Service. Provider feedback indicates high activity levels, which are expected to translate into improved waiting times in the future. Nevertheless, without the ability to accurately model this against demand, this outcome is not guaranteed.</p>



Health and Care Plan: Key Headlines (4)

	Outcome	Key Headlines
N	<p><i>People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life</i></p>	<p>Measures for this outcome have been adjusted for 2024/25 with some targets yet to be finalised. Data concerning support for service users with serious mental illness to live in their own home and be in paid employment will be sourced from the LWNA teams responsible for providing the relevant services (replacing data linked to now defunct Care Programme Approach scheme). Measures of additional support offered, and service user feedback remain unchanged from last year. This year the number of inpatient seclusions and restrictive interventions will also be reported to LTAG, although systems issues are temporarily delaying access to this data.</p> <p>The most recently available data presents a mixed picture of progress towards this outcome. LWNA's Individual Placement and Support (IPS) employment supported fewer people to find and sustain employment in Q1 (74) than in Q4 (92) but missed target by a single service user. The Community Living and Support Service (CLaSS) accepted fewer new clients in Q1 (49) than in Q4 (95) but its average weekly caseload rose (from 73.5 to 77.0). Positive friends and family survey responses were up from 82% to 85% quarter on quarter.</p>
O	<p><i>People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health</i></p>	<p>2023-24 saw a significant increase in rough sleeping across London. The Greater London Authority (GLA) are yet to publish the annual Pan London figures, but analysis of the borough level data shows that Lambeth saw the highest ever number of rough sleepers recorded. On Substance Misuse, the team agreed to a year end ambition of increasing to 55%, the proportion of adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison.</p>

Finance

Finance: South East London ICB: Lambeth



Overall Finance Position (2024/25 M03)

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	297	297	0	1,188	1,188	0
Community Health Services	6,978	6,976	2	27,911	27,902	9
Mental Health Services	5,734	5,955	(221)	22,936	22,936	0
Continuing Care Services	8,654	8,653	1	34,616	34,615	1
Prescribing	10,667	10,473	194	42,666	41,957	710
Prescribing Reserves	0	0	0	0	0	0
Other Primary Care Services	747	747	0	2,990	2,990	0
Other Programme Services	6	6	0	23	23	0
Programme Wide Projects	0	0	0	0	719	(719)
Delegated Primary Care Services	19,105	19,105	0	82,751	82,751	0
Corporate Budgets	881	784	97	3,419	3,322	97
Total	53,068	52,996	73	218,499	218,402	97

Overall Savings Position (2024/25 M03)

	Year to date Plan £'000s	Year to date Delivery £'000s	Year to date Variance £'000s	Annual Plan £'000s	Forecast Delivery £'000s	Forecast Variance £'000s
Efficiencies embedded within 2024-25 starting budgets	585	585	0	2,341	2,341	0
Continuing Care Services	361	1,276	916	1,442	1,442	0
Prescribing	122	306	184	1,393	1,600	207
Total	1,067	2,167	1,099	5,176	5,383	207

- The borough is reporting an overall £73k year to date underspend position and a forecast year-end position of £97k underspend at Month 03 (June 2024). The reported year to date position includes £221k overspend on Mental Health Services driven by increased Learning Disabilities (LD) costs, offset by underspends in Prescribing and Corporate Budgets. Borough LD Commissioner leading on savings and efficiencies schemes (including Provider-focused service and model reviews, High-cost joint health funded case reviews, etc.) to manage LD cost.
- The underlying key risks within the reported position relate to Mental Health (Learning Disabilities costs), Continuing Healthcare, Prescribing, Delegated Primary Care budgets and further risk against the Integrated Community Equipment Service Contract (Health and Social Care). The borough is holding £719k allocation in the forecast position to mitigate potential cost pressures during the year as more data becomes available.
- The CHC team continues to deliver on reducing packages for high-cost (PLD and OP) cases including for 1:1 care, Fast track reviews, PHB clawbacks and reduction, and transfer of out of area placements.
- Prescribing information data is provided two months in arrears by the NHS Business Services Authority (previously PPA - Prescription Pricing Authority). The reported M03 position is based on M01 2024/25 actual data. The borough Medicines Optimisation team saving initiatives via local improvement schemes include undertaking visits to outlier practices, working with community pharmacy to reduce waste and over-ordering, etc.
- The 2024/25 borough minimum savings requirement is £3.9m and has a savings plan of £5.2m. In addition to the embedded efficiency (£2.3m) as part of the budget setting process, the borough has saving plans for both Continuing Healthcare (£1.4m) and Prescribing (£1.4m) budgets. Year to date delivery at M03 is £1.1m above plan due to profile of the which differs from actual delivery profile. The forecast delivery is £0.2m above plan due to additional Prescribing saving scheme identified.

Finance: Lambeth Council – ASC & Integrated Health M12 position



	FULL YEAR BUDGET 23/24 (£000)	FULL YEAR OUTTURN 23/24 (£000)	VARIANCE (£000)
ADULT SOCIAL CARE	116,065	116,952	(1)
INTEGRATED COMMISSIONING	222	220	(2)
SENIOR MGMT – INTEGRATED HEALTH & CARE	2,168	2,168	-
PUBLIC HEALTH	418	418	-

ASC Service Groups	Full Year Budget (£000)	Full Year Outturn (£000)	Variance (£000)
ADULTS WITH LEARNING DIFFICULTIES	42,070	44,096	2,027
ADULTS WITH MENTAL HEALTH NEEDS	13,274	12,347	(927)
OLDER PEOPLE	29,078	33,079	4,001
OTHER – ADULTS	13,625	4,173	(9,452)
ADULTS WITH PHYSICAL DISABILITIES	12,447	17,195	4,748
SUPPORTED HOUSING	718	717	(1)
SUPPORTING PEOPLE	4,853	4,454	(398)

£6.6m overspend in ASC mitigated through the use of non-ringfenced reserves and non-recurrent funding to ensure balanced outturn position. Budget pressures relating almost solely to third party expenditure on packages of care.

Underspends in ‘Other – Adults’ and ‘Adults with Mental Health Needs’ are due to reserves and non-recurrent funding drawn down to these areas.

Main pressure areas:

- Significant pressures in Nursing Care (OP+PD), Home Care (OP + PD), and Supported Living/Accommodation (PD&LD) are the primary factors for the ASC overspend.
- Key contributing factors are higher acuity of new clients and greater numbers, and inflationary increase in new placements costs, impacting all areas but particular impact in OP Nursing Care.

Main mitigations:

- Systematic review of high-cost placements to ensure these are appropriate and whether lower care cost options can be developed or further increases can be limited
- Reducing residential placement referrals where possible and increasing support at home.
- Alternatives to supported living being sought in some high acuity cases.

Quality



NHSE Update on Synnovis Cyber Incident: Clinical Impact in south east London – 15th August 2024



- In response to the attack, NHS England London declared a regional incident and has been coordinating work across affected services, as well as with neighbouring providers and national partners to manage disruption.
- Urgent and emergency services have remained available as usual, and patients should access services in the normal way by dialling 999 in an emergency and otherwise use NHS 111 through the NHS App, online or on the phone.
- Patients will be kept informed about any changes to their treatment by the NHS organisation caring for them. This will be through the usual contact routes including texts, phone calls and letters. Staff are working hard to keep all patients informed and the NHS apologises for any disruption.
- The data for the tenth week of the attack (5th – 11th August), shows that across the two most affected trusts, King's College Hospital NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust, 53 acute outpatient appointments and 13 elective procedures had to be postponed because of the attack.
- As at 15th August
 - 1,693 elective procedures and 10,054 acute outpatient appointments have been postponed at King's College Hospital NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust since 3 June.
 - South east London pathology services provided this week increased to around 85% of normal capacity. (This is expected to further increase with three of the six boroughs in south east London being able to start moving laboratory testing services for primary care back to Synnovis in three of their six boroughs.
 - General practice appointments are going ahead as normal, however blood tests are being prioritised based on clinical need.
 - Mutual aid arrangements were put in place for out of hospital services in Lambeth on the 14th June
 - Following mutual aid arrangements being put in place to enable testing to continue during this period, transition back to Synnovis services has started with three boroughs (Lewisham, Greenwich and Bexley) transferring back following extensive testing and assurance processes.
 - Mutual aid arrangements remain in place for the remaining boroughs, which ensures that all practices have access to pathology laboratory testing.
 - Normal services are operating for histology (a diagnosis and study of the tissues which are used to diagnose infections, cancer and other diseases) and cervical smears.
- For more information, kindly visit [Information on the Synnovis cyber attack - South East London ICS \(selondonics.org\)](https://selondonics.org)

SEL ICB Synnovis Incident Update

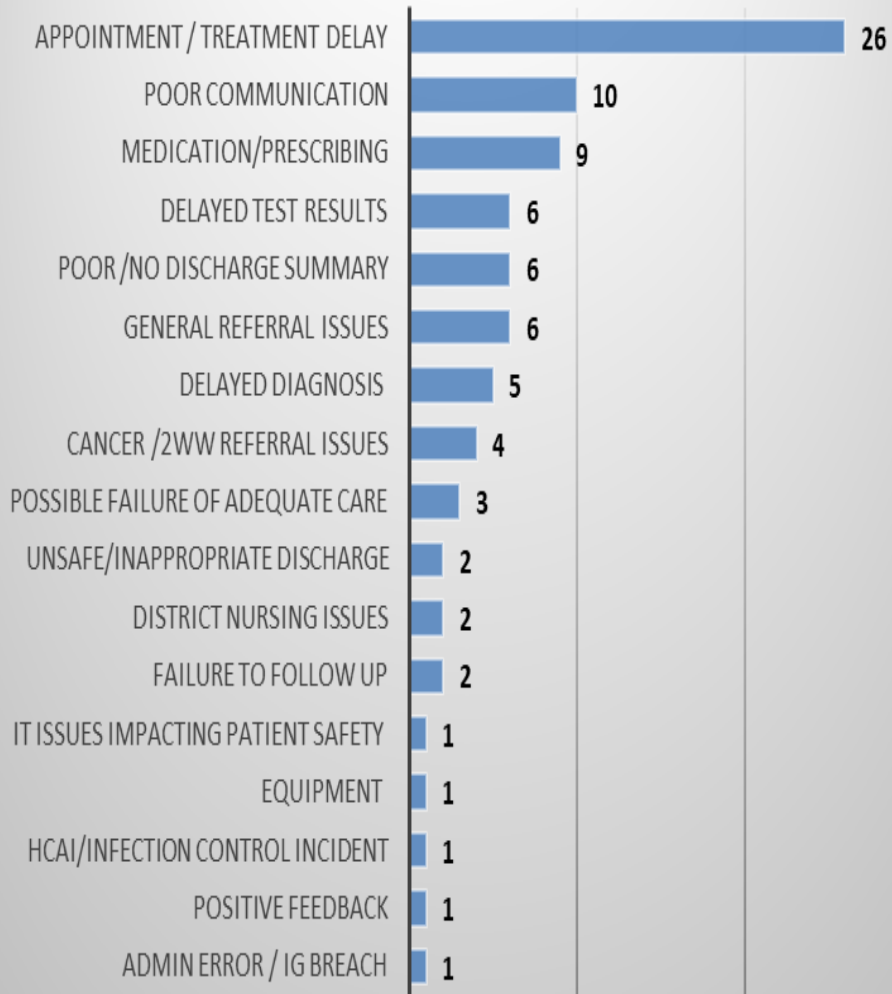


- Due to the Synnovis Cyber-attack on June 3rd the incident continues to be managed as a level 3 incident with regional support continuing for both incident management and clinical support. At SEL level the incident continues to be managed via SEL Gold Command. The focus is now moving to planning for restoration and recovery of services.
- The ICB has instigated a system harm review process across acute, mental health and primary care. This process monitors, identifies and responds to potential patient harm as a result of the ongoing service delivery impact. It does not replace individual organisation's approach to managing harm within their services but aims to give a system overview.
- A modified quality alert process has been developed for primary care to report any concerns relating to harm to a patient because of the cyber-attack.
- Two risk/harm review panels have been set up to establish whether risk of harm or actual harm, either immediate or longer term, has come to any patient in secondary, mental health or primary care, owing to the Level 3 Critical Incident.
- The panels will provide assurance that a comprehensive review of risk of harm/review of actual harm has been undertaken and confirm that, where required, the appropriate actions have been taken to mitigate/address any risk of/or actual harms and that consideration has been given to the potential of any longer-term harm.
- As at 15th August, Synnovis has confirmed that they have rebuilt their core IT systems which means that they can now resume testing services for GPs in Bexley, Lewisham and Greenwich
- Full restoration of blood transfusion services remains planned for early autumn, meaning that mutual aid will continue to be required for planned operations and transplants to minimise the ongoing impact on patients.

Quality Alerts for Lambeth April – June 24 (Q1)



Issues reported



Most frequently reported QAs:

- **Appointment/ treatment delays** – 26 incidents reported in the period, 23 were for acute trusts across 16 specialities.
- **Poor communication** – 10 incidents reported across nine specialities
- **Medication / prescribing** – 9 incidents reported, the highest number of alerts were in relation to pharmacy services.

Actions taken by the ICB

- The Quality Team ensures that each alert raised is shared with relevant parties to resolve the issue.
- Any themes and concerns are included in the bulletin / quarterly reports and shared with stakeholders with a view to learning from the alerts to improve care and service provision.
- Medicines related alerts are tracked, reviewed and discussed with Borough Medicines Teams.

Quality Alerts for Lambeth April – June 2024 (Q1)



Reporting organisation



Clapham Family Practice – raised eight QAs for appointment /treatment delays, two for general referral issues, four for individual issues and one positive feedback.

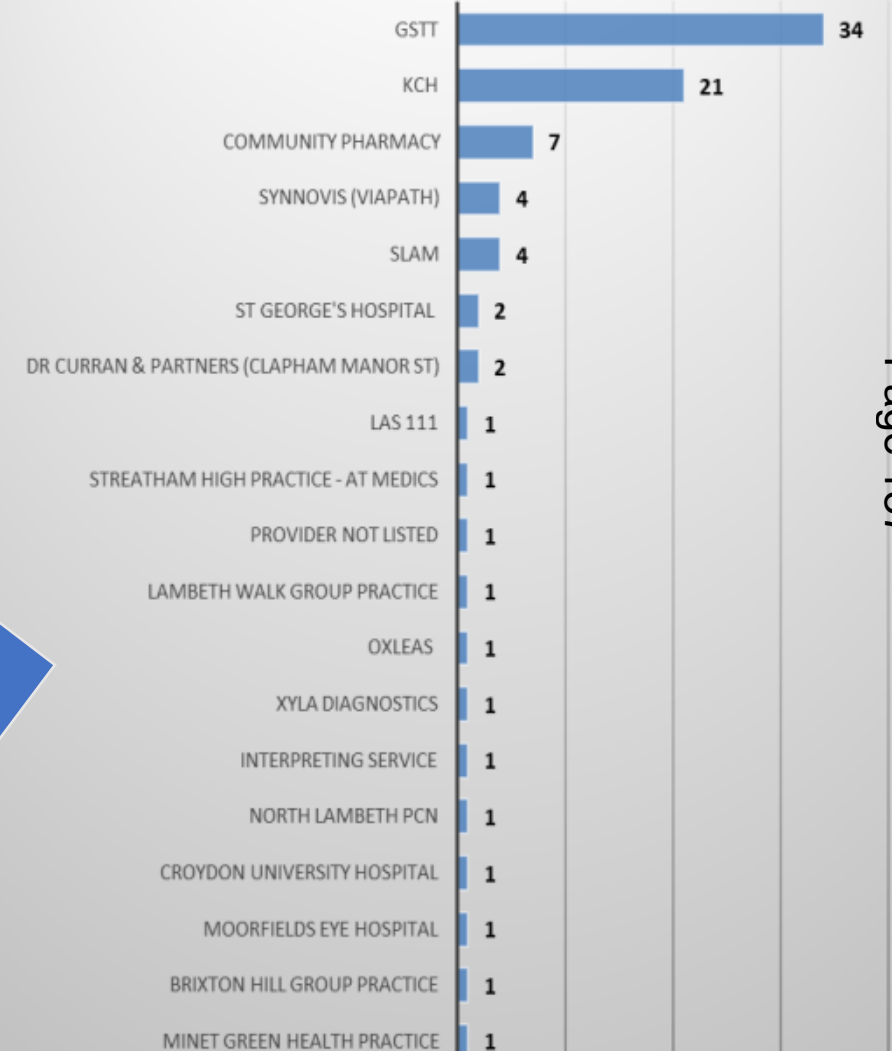
Minet Green Health Practice – raised two QAs for appointment /treatment delays, two for 2WW referral issues and five for individual issues.

Brixton Hill Group Practice – raised two QAs for appointment /treatment delays and five for individual issues.

GSTT – received 17 QAs for appointment or treatment delays, four QAs for poor communication and four QAs for delayed diagnosis issues.

KCH – received six QAs for appointment or treatment delays, five QAs for poor /no discharge summary and three QAs for poor Communication.

Receiving organisation





Lessons Learnt from Quality Alert in Lambeth

Delayed diagnosis (8135)

GP had two community paediatric referrals declined despite a recommendation from Consultant Paediatrician and PCN community paediatric clinic. Patient was seen by a private paediatrician who has raised concerns about possible underlying genetic/syndrome diagnosis and advised rapid genetics referral.

Response from the Trust

Community paediatrics were made aware of circumstances described through a representative in the PCN project and there was an immediate review of the EPIC record and referral information. The child was seen in clinic the following week and appropriate onward referrals and follow up has been arranged. An email was sent to all colleagues to highlight learning the same day. The referral documentation was reviewed which indicated some vagueness, which could have been followed up at triage. We also fed back to our colleague who brought the case to our attention, to advise the referring GP that if they are concerned about a child, or a rejection of a referral that they feel is unwarranted, they should contact us to discuss the case.

The initial referral was rejected due to no past medical risks for developmental delay and that the developmental trajectory described in the referral was not considered sufficiently delayed to warrant community paediatrician input immediately. There was a further referral received in March which was accepted and passed to speech and language therapy.

Immediate actions taken to support patient safety/the event

Appointment and appropriate onward referrals and follow-up arranged; the case has been highlighted to all colleagues in the team for learning.

Improvements or changes considered following this event

1. Exploring if notes of triage discussions can be made and saved, as currently there is a form-based system in EPIC which might not be easy for other colleagues to see the outcome.
2. Encourage GPs to contact the team about rejected referrals where they are more concerned, so the decision may be reviewed.

Any learning that has been identified and shared

Information about this case was emailed to colleagues to share the learning immediately, and there is ongoing discussion about how we can improve our referral and triage processes.

Serious incidents reported for Lambeth patients Apr to Jun 24 (Q1)

The numbers of individual SIs reported continue to decrease with the transition of providers to the PSIRF model. In Q1 there were three incidents reported for Lambeth patients for suspected self-harm, child safeguarding and a maternity/obstetric incident. Incidents are currently being investigated.

Risk Summary



Risk highlights



Director / lead	leads for the 7 priority areas, lead commissioners
Management Lead	Andrew Eyres, each of the leads for the 7 priority areas, lead commissioners
Data source / period	SEL BAF, Highlight reports x 7 / Enabler reports.

Lambeth Risk Register

- There are 13 active risks on the Lambeth Together risk register. 1 risks is pending awaiting further discussion and approval.
- The risk register has been reviewed and updated to reflect current risk assessment. This is the position as of 10th June 2024. 1 risk is overdue, awaiting review and update.
- No significant changes or variation in risk evaluations since April 2024, however 2 new finance risks have been added to the risk register.
- The issues at Lambeth Walk have subsided, but engagement is continuing with the local community and other relevant stakeholders. Mobilisation plans are in progress for relocation of Lambeth Walk scheduled for August 2024.
- All Finance risks are subject to additional oversight and review by ICB Finance.
- Safeguarding risks (adults and children) remain within the moderate risk level due to low likelihood. However safeguarding risks have potential major impact in the event of the risk occurring.
- All LT active risks (13) are currently within ICB threshold, hence no escalations to the ICB so in the current financial year.

Lambeth Risk Register

- No GP practice estates or relocation risk is anticipated in Q1 2024/25 and first half of Q2 2024/25.
- Questionnaire being finalised for circulation to LT risk managers, partnership and alliance leads to collate risks within the sub-systemic risks within Lambeth.
- The ICB's risk management framework is under review to expand framework and incorporate partner, alliance risks and network risk capture.

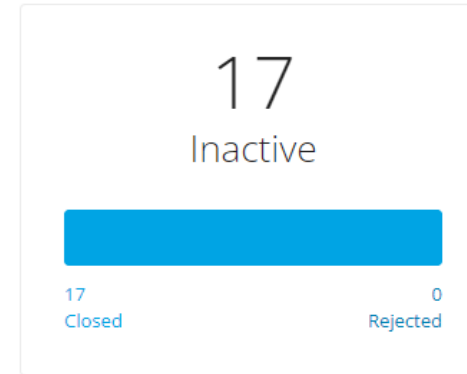
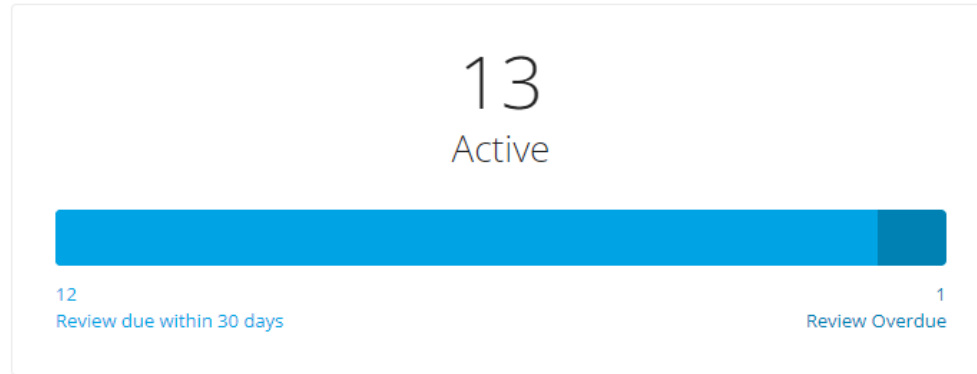
Risk highlights



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Management Lead	Andrew Eyres, each of the leads for the 7 priority areas, lead commissioners
Data source / period	SEL BAF, Highlight reports x 7 / Enabler reports.

Lambeth Place Risk Register

Filter



Likelihood ▾	Consequence				
	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain	0	0	0	0	0
Likely	0	0	2	0	0
Possible	0	5	3	1	0
Unlikely	0	0	0	1	1
Rare	0	0	0	0	0

Risk highlights



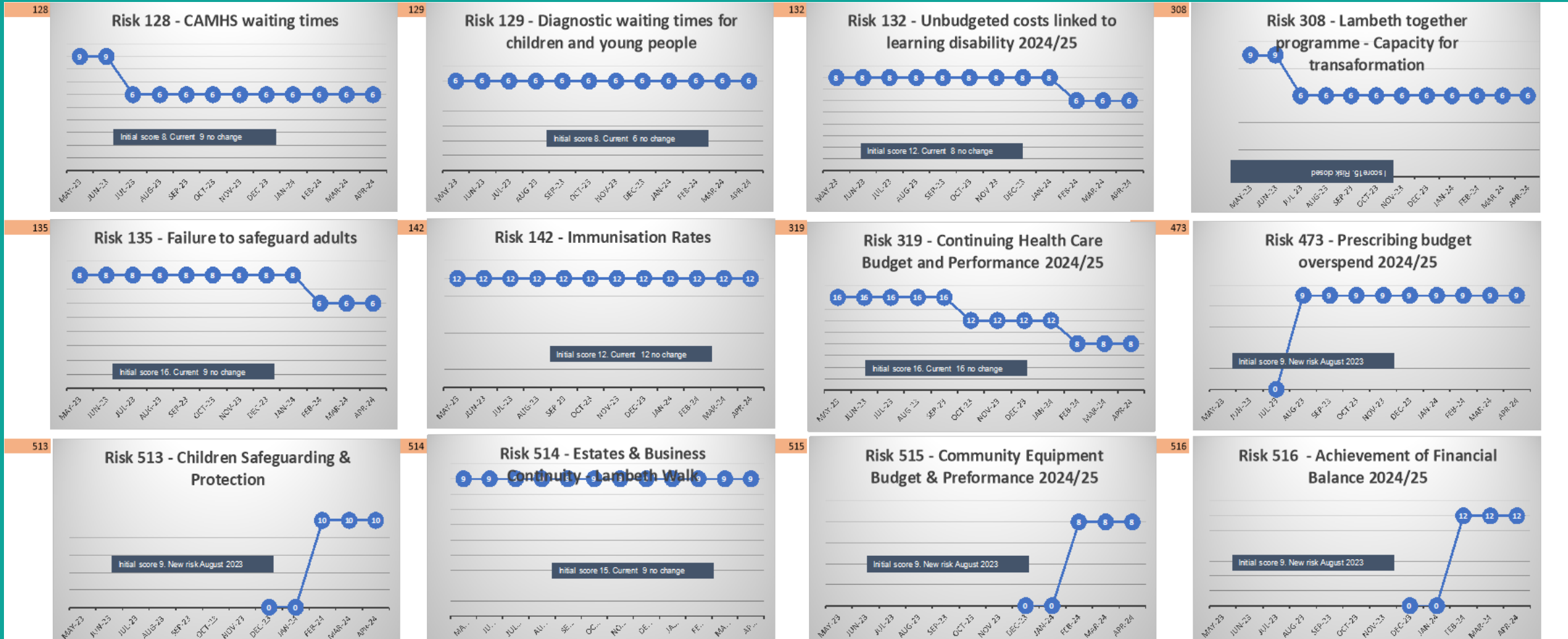
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Risk #	Title	Risk Category	Current Rating	Target Rating	Risk Threshold	Next Review
127	CAMHS waiting times	Strategic	6	3	12	08/07/2024
128	Diagnostic waiting times for children and young people	Strategic	6	4	12	08/07/2024
132	Unbudgeted costs linked to learning disability 2024/25	Finance	6	6	12	08/07/2024
135	Safeguarding of Adults	Clinical, Quality and Safety	6	6	9	08/07/2024
142	Immunisation Rates	Strategic	12	3	12	08/07/2024
308	Lambeth Together, Capacity for Transformation	Operations	6	4	15	08/07/2024
318	Continuing Healthcare Budget and Performance 2024/25	Finance	12	8	12	08/07/2024
473	Prescribing Budget and Performance 2024/25	Finance	9	6	12	08/07/2024
513	Children Safeguarding & Protection from abuse	Strategic	10	5	12	08/07/2024
514	Business Continuity & Premises risk - Lambeth Walk Medical Centre relocation	Clinical, Quality and Safety	9	9	9	08/07/2024
515	Community Equipment services Budget and Performance 2024/25	Finance	8	4	12	08/07/2024
516	Achievement of Financial Balance 2024/25	Finance	12	6	12	08/07/2024
524	Delivery of Efficiency Savings	Finance	12	9	12	09/07/2024

Risk highlights



Director / lead	leads for the 7 priority areas, lead commissioners
Management Lead	Andrew Eyres, each of the leads for the 7 priority areas, lead commissioners
Data source / period	SEL BAF, Highlight reports x 7 / Enabler reports.



Lambeth Integrated Health and Care Directorate Business Plan Update

Integrated Health and Care Business Plan 24/25



Integrated Health and Care Business Plan Actions 24/25	
[-] Adults Mental Health	
	Access: Reduce wait times for initial assessment through monitoring and reviews.
	Health Inequalities: Increase performance of SMI health checks.
[-] Adults Transformation	
	Cancer - Work collaboratively with primary care to increase the uptake of cancer screening.
[-] Adults with Learning Disabilities	
	Focus on LDA Health Inequalities.
	NHSE Learning Disability and Autism Programme.
[-] Financial Savings (IHC)	
	Financial Savings
[-] Good health & wellbeing with an improved healthy life expectancy for those with the poorest outcomes Adults Commissioning	
	Quality and safety: Improve standards and oversight through PAMMS
[-] Good health & wellbeing with an improved healthy life expectancy for those with the poorest outcomes Children and Young People	
	Design and deliver a Single Point of Access (SPA) for Children and Young People
	Pull together a comprehensive dataset for Lambeth women using maternity services.
	Recommission Domiciliary Care and CHC framework.
	Support Special Educational Needs and/or Disabilities (SEND) inspection preparation.
[-] Long Term Conditions Optimisation	
	Deliver Long Term Conditions Optimisation Priorities
[-] Medicines Optimisation	
	Deliver Medicines Optimisation Priorities
[-] People and Workforce (IHC)	
	Increase the diversity of our leadership team.
[-] Primary Care	
	Delivery Plan for recovering Access to Primary Care.
	Strengthening General Practice by integrating services to deliver joined up care to patients.
[-] Promoting independence, personalisation and best value CQC assessment	
	CQC readiness
[-] Public Health Objective	
	HDRC - Implement Lambeth HEART programme of training and research development
	Health Protection - Continue the delivery of the new childhood vaccination in new spaces pilot
	Sexual Health - Refreshed service offer
	Staying Healthy - Implement and embed approaches to improve access to health improvement services.
	Substance Misuse - Continued embedding of the Combatting Drugs Partnership.

The Integrated Health and Care (IHC) Business Plan is a process that sits one tier below the Council's Borough Plan.

The latter document details the strategic vision of the Council from 2023-26. The IHC directorate produces a plan that expresses their planned deliverables on mid to long term objectives in support of specific goals of the Borough Plan. These activities are informed by NHS Priorities and Operational Planning agenda at a national and system level, Lambeth Health and Wellbeing Strategy and other guidance documents.

The table provides a summary of the areas of focus within the 24/25 plan. The actions planned align with 23/24 objectives, some were adjusted and refined to reflect local or regional priorities in this financial year. We will update this information once quarter one updates are submitted.

South East London ICB Corporate Objectives & delegated assurance metrics

South East London ICB Corporate Objectives & delegated assurance metrics

The SEL ICB assurance team produce a report to be used by Boroughs as part of their local assurance processes. The report

- shows the position against key areas of local performance vs national targets, agreed trajectories and other comparators.
- covers a range of metrics where Local Care Partnerships either have a direct delegated responsibility for delivery, play a key role in wider SEL systems or are an agreed SEL corporate objective.

Lambeth Together has informed the SEL ICB assurance team that some of the comparators being used for 24/25 are unrealistic and/or not aligned with local planned delivery. Additionally, it was noted that local trajectories were not fully consulted on, and therefore, the targets may not be recognised by Lambeth as achievable.

In response, the SEL ICB assurance team has agreed to engage in a consultation process with local care partnerships for 25/26. This process aims to set ambitious, yet realistic and achievable targets for the year ahead

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↑	May-24	National standard	67%	76%
IAPT access	↓	Mar-24	Operating plan	1118	850
IAPT recovery rate	↑	Mar-24	National standard	50%	53%
SMI Healthchecks	↑	Q4 - 23/24	Local trajectory	3255	3509
PHBs	↑	Q4 - 23/24	Local trajectory	934	465
NHS CHC assessments in acute	↔	Q4 - 23/24	National standard	0%	0%
CHC - Percentage assessments completed in 28 days	↓	Q4 - 23/24	Local trajectory	70%	53%
CHC - Incomplete referrals over 12 weeks	↑	Q4 - 23/24	Local trajectory	0	1
Children receiving MMR1 at 24 months	↓	Q4 - 23/24	England average	89%	84%
Children receiving MMR1 at 5 years	↓	Q4 - 23/24	England average	92%	85%
Children receiving MMR2 at 5 years	↓	Q4 - 23/24	England average	85%	78%
Children receiving DTaP/IPV/Hib % at 12 months	↑	Q4 - 23/24	England average	91%	88%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q4 - 23/24	England average	93%	89%
Children receiving pre-school booster (DTaPIPV%) % at 5 years	↓	Q4 - 23/24	England average	84%	76%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q4 - 23/24	England average	93%	88%
LD and Autism - Annual health checks	-	Apr-24	Local trajectory	65.6	85
Bowel Cancer Coverage (60-74)	↑	Nov-23	Corporate Objective	67%	61%
Cervical Cancer Coverage (25-64 combined)	↑	Mar-24	Corporate Objective	69%	63%
Breast Cancer Coverage (50-70)	↓	Nov-23	Corporate Objective	57%	55%
Percentage of patients with hypertension treated to NICE guidance	↑	Q3 - 23/24	Corporate Objective	70%	66%
Flu vaccination rate over 65s	-	Feb-24	Previous year	60%	58%
Flu vaccination rate under 65s at risk	-	Feb-24	Previous year	36%	31%
Flu vaccination rate – children aged 2 and 3	-	Feb-24	Previous year	37%	39%
Appointments seen within 2 weeks	-	Apr-24	Operating plan	88%	92%
Planned number of general practice appointments	-	Apr-24	-	-	163,844

Appendix: Health and Care Plan Outcomes: Detailed assurance narrative

A. People maintain positive behaviours that keep them healthy



Alliance and Programmes **Staying Healthy (owner) with contributions from LWNA, LDA, and Sexual Health programmes**

Update Month **July 2024**

What does the data/intelligence indicate around progress against the outcome?

NHS Health Check outcomes for Q4 remained broadly in line with previous Quarters. 10% of patients who had a HC in Q4 were referred to lifestyle services or prescribed medication, including 95 prescribed statins, 64 referred to the NDPP, and 50 to weight management. 3% were diagnosed with a health condition (hypertension 61 patients, diabetes 12 patients and CKD 4 patients) and put onto appropriate registers. 87% were identified with Low 10-year CVD risk, 11% with Moderate risk, and 2% with High risk, and all given appropriate advice and support.

Latest stop smoking data from our commissioned services shows that 155 smokers set a quit date in Q4, with 86 successfully quitting which is slightly lower when compared to the same period last year, but a marked improvement on 2023/24 Q3 as the provider continues to come to terms with the implementation of its new data recording system Epic. The provider expects 2024/25 Q1 reporting to continue this upwards trajectory. The conversion rate for the Specialist service remained in the 60th percentile which is broadly in line with expectations and reached 95% of our target groups (Pregnant Mothers, Parents with children U5, Routine and Manual workers, Long Term Physical or Mental Health condition, chronic/complicated smokers).

Within substance misuse services, we have seen an increase for numbers in treatment particularly on the non-opiate and alcohol pathways. With this increase in people accessing support, the numbers exiting treatment successfully has remained consistent, but over the next 12 months, this should start to increase as those entering treatment will begin to exit. Officers will continue to work with service providers to monitor this outcome and take remedial action where it is considered that service performance is not meeting the required level.

Does the data/intelligence identify any health inequalities and whether they are reducing?

The Lambeth population eligible for an NHS Health Check is around 80,000 people. The data in 2023/24 shows uptake is largely in line with the demographics of that eligible cohort. For example, eligible patients are: 55% White (29% White British and 26% White Other), 20% Black and 7% Asian, and in terms of uptake in the last year, 54% were White (28% White British & 26% White Other), 26% Black and 6% Asian.

More of the eligible cohort falls into the younger age categories, with 51% between 40-49 years, 32% 50-59 years, 17% aged over 60. Again, uptake is largely in line with this: 53% aged between 40-50, 33% aged between 51-60 and 15% aged over 60. This demonstrates the opportunity to pick up risk factors at an earlier stage and to start prevention early.

Finally in terms of gender the eligible cohort is 45% female and 55% male; however, uptake is greater amongst women.

The data in the Tobacco Control Plan highlights that although prevalence has reduced in the borough (22% in 2012 to 13.4% in 2022), progress has stagnated from 2018 and prevalence remains high amongst certain demographics such as routine and manual workers and residents with a long-term health condition.

What are the challenges hindering any progress and are there actions which can be taken to address these?

Public Health are working towards developing a PCN-led at-scale Health Checks model to improve consistency of the offer across the borough and target underserved groups who are not accessing the service. Public Health specialist colleagues are leading a programme evaluation to understand equity of access and outcomes from the programme over the last five years. The next stage of this will focus at individual practice level to audit a select number of cases i.e. following high risk patient journeys through having a HC, referral and follow up, to understand what happened, what was the impact and where are they now?

Lambeth Tobacco Control Alliance launched 16th April 2024, where Lambeth Draft Tobacco Plan was discussed and will continually be refined for 2024-2029 to address, amongst other things, health inequalities highlighted by the recent audit, including tailored support for those groups with higher rates of smoking to remove any barriers for those who wishing to quit. Additional investment in local stop smoking services will be allocated, with the aim of reducing health inequalities in addition to reducing overall prevalence. This will include expanding eligibility of the specialist stop smoking service to groups with higher smoking prevalence and with inequitable stop smoking service access and outcomes.



B. People are connected to communities which enable them to maintain good health

Alliance and Programmes	NWDA (owner) with contributions from CYP and Staying Healthy
Update Month	July 2024

What does the data/intelligence indicate around progress against the outcome?

B1 Number of social prescribing unique contacts - Eight out of nine Lambeth PCNs have Social Prescribing Link Workers (SPLWs). Fiveways is planning on providing social prescribing support through other ARRs funded roles within the PCN.
 The demand for social prescribing continues with referrals to SPLWs continuing to increase (based on AUKL referral data only). Primary referral reasons continue to be for support for housing, financial issues and engaging with community groups and support.
 New models of social prescribing continue to develop across Lambeth with SPLWs leading and organising group social prescribing opportunities. These are often classes (i.e. yoga in North Lambeth PCN) that addresses one need whilst also building peer support networks to reduce reliance on the social prescribing service.

The percentage of people within the council’s Low Income Family Tracker identified as ‘coping financially’ has marginally increased to 78.5%, remaining above the baseline of 76.2% and increasing from 78.2% in Q4 2023/24. However, data is only available up to end of April 2024.

Does the data/intelligence identify any health inequalities and whether they are reducing?

Improving financial resilience is an important social determinant of health.

What are the challenges hindering any progress and are there actions which can be taken to address these?

B1 Number of social prescribing unique contacts - All PCNs in Lambeth are using Emis to record case notes and referrals. There is no longer a centralised CRM system. AUKL SPLWs currently provide figures to their team leader to capture monthly referral numbers and provide quarterly case studies to capture the type of referrals and support provided.

On Financial resilience, the financial wellbeing of residents continues to be challenged due to wider economic factors linked primarily to austerity, continuing high inflation for food and energy and the welfare benefits system not keeping pace with the costs of essentials (e.g. Universal Credit (allowances and two-child policy), Healthy Start Vouchers being insufficient to meet the cost of infant formula). The council completed delivery of its 2023/24 cost of living response programme and has now put in place a 2024/25 programme funded through the creation of a reserve funded from new Household Support Fund until September 2024 and re-profiled spend from 2023/24.. The government announced extension of Household Support Fund for six months from April 2024 that will enable some of the support provided to residents in 23/24 to continue. The cost of living team are looking at ways to shift from a focus on sticking plaster crisis-response to a more sustainable approach to tackling poverty. On top of the core delivery programme the council has successfully implemented an approach to maximising free school meal enrolment to entitled Lambeth households with children in Lambeth schools (900+ children) and undertaken a pilot project targeting cost of living support at residents with health conditions worsened by the cold during the winter focussing on residents with sickle-cell disease



C. People are immunised against vaccine preventable diseases

Alliance and Programmes	Staying Healthy (owner) with contributions from NWDA
Update Month	July 2024

What does the data/intelligence indicate around progress against the outcome?

Childhood vaccination uptake remains below the WHO-recommended 95% for herd immunity. There is a current rise in cases of Measles and Pertussis across London, which poses a significant risk for Lambeth, given our vaccine uptake rates. We continue to work towards improving vaccine uptake, prioritising the local goal of 90%, which is crucial for community protection. Strategic interventions, improved system processes and community engagement remain key to closing the gap, requiring continued collaboration, streamlined communication, and concerted efforts to achieve the desired vaccination coverage for robust public health outcomes. Ongoing partnership work with VCS organisations to deliver community-led initiatives which aim to raise awareness about rising VPD (vaccine preventable diseases) and encourage vaccination uptake, particularly amongst marginalised communities.

Does the data/intelligence identify any health inequalities and whether they are reducing?

National (COVER) reporting lacks insights on vaccination inequalities. UKHSA's national health equity audit revealed the presence of avoidable inequalities within the UK vaccination system. A local health equity audit was also completed. It took a systematic approach to examining the areas and extent of inequalities in Lambeth's vaccination service to enable a data driven targeted engagement programme to be designed for those most need it. Inequalities in vaccination coverage and timeliness were found in Lambeth's childhood vaccination system.

What are the challenges hindering any progress and are there actions which can be taken to address these?

Vaccination challenges stem from complex and interacting factors, including intrapersonal (such as vaccine fatigue and hesitancy, health beliefs and health literacy), community (such as religious, cultural and gender norms), and institutional elements (such as access & registration, culturally specific services, vaccination funding and delivery). Assurance on the quality of systems and processes in place to deliver the universal offer would be beneficial. A number of initiatives are in place to address vaccine inequalities, ranging from enhancing primary care call-and-recall processes to delivering community-led initiatives.

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D. People have healthy mental and emotional wellbeing

Alliance and Programmes	LWNA and CYPA (owners)
Update Month	July 2024

What does the data/intelligence indicate around progress against the outcome?

New measures against this outcome will be used 2024/25, to take better account of the contribution of the Short-Term and Focused Support services provided by LWNA's Living Well Centres (LWCs), recognising that the contribution of Lambeth Talking Therapies (LTT) is also being measured against outcome H.

Data for LTT is received a month in arrears, so contrasting the most recent quarterly data for 2023/24 Q4 with the preceding Q3 shows 14% more service users accessing the service for the first time. Recovery rates also show a 1-point improvement. This suggests steady progress is being made towards the outcome in this service. The picture for Lambeth Living Well Centres is more challenging. The number of service users accessing Short-Term Support rose (+3%) in the last quarter but fell significantly for Focused Support (-29%). Incoming referrals deemed inappropriate by both services remain high (30-40%) indicating that referring services are too often not identifying the correct pathway first time.

Does the data/intelligence identify any health inequalities and whether they are reducing?

Access to LTT services is broadly in line with the demography of Lambeth, with the ethnic breakdown of first appointments for Black service users 1.5 percentage points higher than the 21.7% of Lambeth's population, however Black-African clients remain underrepresented. Recovery for Black service users has improved, but the rate remains 2.8 percentage points below the 50% target and 4.8 points below the whole service average. The improvement program to address these issues is ongoing.

LTT report that Black service users continue to enter the service with more significant issues. This is also evident by contrasting Black service user access to the Short-Term and Focused Support services offered by the LWCs. Access to Short Term Support is roughly in line with the Lambeth population but Focused Support access is over twice what might be expected, based upon population alone. Actual demand from the Black community is not clear, but data shows that access to Focused Support grew quite sharply around January 2023, suggesting increasing demand. Prior to this time around 48% of the caseload were Black Service users but this quickly rose to about 53% where it remains to date.

What are the challenges hindering any progress and are there actions which can be taken to address these?

For LTT the challenge remains to recognise culturally specific needs, together with the effects of trauma and racism and so deliver services that keep more service users from the global majority engaged throughout the full duration of their treatment. A service improvement program has been initiated to address these challenges, including exit surveys of disengaging service users to understand their reasons and training for staff raising their sensitivity to such issues and capacity to deal with them. This has had noticeable effects, raising Black service user recovery above the 50% target for a significant period, but this effort clearly needs to be actively sustained.

The data does not provide evidence of any unequal provision, once service users are on the LWC's caseload. The inequality evident in the Short-Term Support and Focused Support caseloads lies more in social conditions and the lack of services to effectively address deteriorating mental health among service users from the Black community at a much earlier stage.

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E. People have healthy and fulfilling sexual relationships and good reproductive health

Alliance and Programmes	Sexual Health
Update Month	July 2024

What does the data/intelligence indicate around progress against the outcome?

There has been no new data for impact measures in this outcome since last report. Public Health Outcomes Framework data shows that STI rates are continuing to increase, both nationally and in Lambeth. In Lambeth, rates are now similar to pre-Covid levels.

Does the data/intelligence identify any health inequalities and whether they are reducing?

UKHSA have asked Lambeth to host a Syphilis Care Pathway Workshop for South-East London, as a collaborative process to explore variations in local syphilis epidemiology identified at each step in the care pathway.

What are the challenges hindering any progress and are there actions which can be taken to address these?

The LARC Hub tender is currently live, with a closing date at end of July. Access to PrEP continues to be varied across population groups; a new pilot exploring opportunities for online or remote access to PrEP through Q2 and Q3. Lambeth have been reviewing impact measures and outcomes against LSL Sexual Health Strategy, with a view to re-prioritising for a refreshed strategy in 2025.

Additional Comments

Due to multiple concerns about the condition of the estate at Streatham Hill (including a recent failed fire safety inspection), causing multiple closures, the Young Persons Sexual Health clinic has been moved temporarily to Minnie Kidd House; the new service opened 3rd June. GSTT will be forwarding a report shortly to inform commissioners on activity data, to enable us to identify if users have moved along with the clinic changes and to which clinic; we will be able to update in more detail in the next report.



F. People receive early diagnosis and support on physical health conditions

Alliance and Programmes

NWDA(owner) with contributions from Staying Healthy, LWNA, LDA and Sexual Health

Update Month

July 2024

What does the data/intelligence indicate around progress against the outcome?

The uptake rate for SMI health checks is 10%. This is 3% lower than July 2023 and may have been impacted by the cyber attack on Synovis. The uptake rate for LDA health checks is 14%, 1% higher than July 2023. It is expected that the number of checks will continue to increase over the next quarter at a similar rate to the previous year. The target is to achieve the same, or exceed, the 2023/24 achievement.

On cancer screening,

1. Bowel Cancer screening aged 60-74-Upward trend. Most recent data shows upward trend with 61.1% screened (November '23) compared to 49.9% in November 2019. Above national target of 60% screened.
2. Cervical Cancer screening aged 25-64-Stable in the past year with most recent data showing rate of 62.9% in March 2024 compared to 63.0% in March 2023 but down from 66.7% in April 2019. National target is 80%
3. Breast cancer screening aged 50-70-Upward trend in the past year. Most recent data shows 54.9% screened in November 2023 which is an increase from 50.8% in November 2022. Not returned to pre-covid levels which were 61% in November 2019. Below national target of 80%.

Does the data/intelligence identify any health inequalities and whether they are reducing?

Data above shows uptake for both SMI and LDA health checks is even among the ethnicities.

1. Bowel Cancer screening aged 60-74-Data shows lower screening rates for those with learning disability and severe mental illness. Lowest screening rates in those from 1st deprivation quintile, lower screening rates for those of black, mixed, Asian and "other" ethnicity compared to white population. Comparing most recent data with 2 years ago shows increased screening rates for black, mixed, Asian and "other" ethnicities and also increased screening rates for those with LD and SMI
2. Cervical Cancer screening aged 25-64-Current data shows highest screening in those with black ethnicity (70.8%), then white (68.9%) and then significantly lower for mixed (63.2%), Asian (56.9%) and other (52.3%). Significantly lower for those with LD (49.5%) compared to non-LD (65.6%). Rates have not improved in past 2 years.
3. Breast cancer screening aged 50-70-1st deprivation quintile have lowest rates. White (57.0%) and black (56.7%) ethnicity have similar rates, lower in Asian (53.2%), mixed (50.1%) and "other" (47.1%) ethnicities, Significantly lower in LD (40.1%) compared to non-LD (55.0) and SMI (41.7%) compared to non-SMI (55.3%). Compared to 2 years ago SMI rate has improved but LD has declined.

What are the challenges hindering any progress and are there actions which can be taken to address these?

On SMI and LD checks progress is historically slow at the start of the financial year as commissioning schemes are finalised and implemented. The Synovis cyber attack has caused problems accessing blood testing and getting results and has caused backlogs across the system. However, progress speeds up in the last 2-3 quarters and a significant number of health checks fall during that time.

On cancer screening there are numerous challenges. Important to raise public awareness. There are ongoing campaigns locally and nationally to raise awareness. In particular those aimed at groups with lower screening rates (eg. SELCA MMC campaign). The NWDA is funding multiple PCN cancer awareness events in the next year to raise awareness. Also put forward multiple proposals to SELCA for funding to specifically target under represented groups (Latin American community and Somali community). There have been issues with access to breast screening and local capacity. The breast screening service are working to improve this including offering appointments outside of normal working hours and also facilitating those who require extra time due to disabilities. Further increasing access could help to increase screening rates. Also access to appointments for cervical screening can be a challenge. This can be improved by offering screening outside of normal practice hours at local extended access hubs or offering different appointment booking systems to increase ease of access.

G. People who have developed long term health conditions have help to manage their condition and prevent complications



Alliance and Programmes	NWDA (Owner)
Update Month	July 2024

What does the data/intelligence indicate around progress against the outcome?

Blood pressure control measures for both age groups are cumulative measures starting from April 2024. Improvement of blood pressure control has continued whilst hypertension detection and diagnosis has increased. Improvements have been made year on year as well as in June. Continued work over the year is required to improve to the Health and Care Plan outcome of 77% blood pressure control (140mmHg/90mmHg) in people aged 79 years and under by FY2024-25.

Lambeth joined the national "May Measurement Month" campaign, promoting identification of high blood pressure and highlighting the Community Pharmacy Blood Pressure Check Service in support of more blood pressure checking in the community . Blood pressure checks were offered to members of the public by colleagues from the Lambeth Medicines Optimisation team, community pharmacists, acute and the Lambeth Health and Wellbeing bus team. 295 people were seen over the 3 days with recommendations for health and lifestyle and/or onward referral to a Community Pharmacy or general practice for further investigations, to help reduce the risks associated with hypertension

The Lambeth ambition for the proportion of people with Type 2 diabetes, who meet all 8 Care Process metrics, is to reach a minimum of 77% or improve from baseline (National Diabetes Audit 22-23 percentage) by 10 percentage points. The measuring period aligns to the National Diabetes Audit 15 month measuring period January 2024 to March 2025 and is cumulative over this period. Improvements have been made year on year as well as in June 2024.

Problematic polypharmacy (prescribing of 10 or more concurrent medicines) increases the risk of drug interactions and adverse drug reactions (ADR), impairing medication adherence and impacting on a patient's quality of life, this risk increases with the number of prescribed medicines a patient is on and when specific therapeutic combinations are concurrently prescribed. In conjunction with the patient, SMRs provide a holistic medication review to ensure prescribed medicines are safe, effective and personalised to patients' current needs. SMRs improve outcomes, reduce unnecessary or inappropriate prescribing and polypharmacy, reduce harm and improve patient outcomes. The number of coded Structured Medication Reviews (SMR) in Lambeth for patients who are 65 years or over and prescribed 10 or more medicines is being tracked to indicate progress. There is an increasing trend of people over the age of 65 who are taking 10 or more medicines received a structured medication review in the first quarter of 2024-25. 243 of the 3232 (7.5%) patients in this cohort have had a SMR since

Does the data/intelligence identify any health inequalities and whether they are reducing?

More black and minority ethnic people have blood pressure control when comparing June 2023 to 2024 data; 19.7% (19,615) and 22.2% (22,928) respectively. NWDA Hypertension Oversight group has been developed to support co-ordination of activities to improve hypertension identification and management in Lambeth, with a focus on reducing health inequalities.

Current data from the EZA Cardiovascular app shows that hypertension control in the Black African, Black Caribbean, Mixed White and Asian, Unknown or not stated ethnic groups is improving, with comparable rates of target blood pressures being reached across all ethnicities. In addition, year on year performance across target ethnicities and all ethnicities has increased.

The Diabetes app within EZ Analytics has been further updated for 24-25 to provide more detailed data on improvements of the measurement and recording of the care processes for Black African, Black Caribbean, Mixed White and Asian, Unknown or not stated ethnic groups.

Overprescribing can lead to increased harm from unnecessary or inappropriate prescribing. By ensuring medicines are being used appropriately, we can reduce adverse effects, hospitalisation and improve outcomes, which may impact on those with greater health inequalities. The data shows a continual increase in SMRs conducted since inclusion in the 2023/24 Medicines Optimisation Section (of the Lambeth GP Improvement Scheme), and we continue to work with colleagues across SEL on reducing inappropriate prescribing and polypharmacy as further evidence emerges.

G. People who have developed long term health conditions have help to manage their condition and prevent complications



Alliance and Programmes	NWDA (Owner)
Update Month	July 2024

What are the challenges hindering any progress and are there actions which can be taken to address these?

Challenges include General Practice capacity, access, patient awareness and engagement. General Practice is being supported to focus on improvements in these outcomes through the Lambeth General Practice Improvement Scheme – LTC section and Premium Specification KPIs focusing on completion of the 8 Care Processes and Enhanced Prevention. Access to the EZ Analytics apps will help practices to prioritise patient cohorts for review. Utilisation of engagement opportunity for example health and wellbeing bus and May Measurement Month, Lambeth Country Show and forthcoming Inspire event. Introduction of AnalyseRx over the coming months, a software solution integrated with EMIS Web will support General Practice to proactively identify and easily action Medicines and LTC optimisation opportunities across our a patient population

Improving awareness and utilisation of the Blood Pressure at Community Pharmacy service will improve access for patients and release capacity in General Practice to focus on complex LTC management.



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

Alliance and Programmes	LWNA and CYPA (owners)
Update Month	July 2024

What does the data/intelligence indicate around progress against the outcome?

Measures and targets for this outcome have been updated for 2024/25. Lambeth Single Point of Access (SPA) will aim to have 95% of accepted introductions processed within 3 days by the end of the financial year. Lambeth Talking Therapies (LTT) will continue to track Access and Recovery rates by ethnicity but have revised targets and added new measures to provide additional sensitivity.

In 2023/24 Lambeth SPA saw a huge increase in caseload and, hence, waiting times have also grown significantly. In the last quarter of 2023/24, only 30% of accepted introductions were processed within 72 hours and in the first quarter of 2024/25 this fell to 17% indicating movement in the wrong direction for this measure, although this is expected while Lambeth SPA reduce the waitlist and tackle the longest waiting introductions.

The first appointment measure for Black service user access to LTT services is 2.7 percentage points higher than would be suggested by Lambeth population alone and therefore better than that of the White population. Recovery for Black service users however, at 46.7%, continues to fall short of the 50% target and the 54.9% reported by White service users.

Does the data/intelligence identify any health inequalities and whether they are reducing?

There is some variation by ethnicity in achievement against the 3-day waiting target for Lambeth SPA, but the target is met for Black service users more frequently than for White service users, suggesting more severe issues for that community being dealt with greater urgency.

Access data for Lambeth Talking Therapy does not suggest any inequalities, with the specific exception of the Black African community, who are underrepresented by 1.4 percentage points compared to the Lambeth population. Recovery rates however suggest that the service is more closely aligned with the needs of White service users than with those from the global majority, who tend to start treatment with higher severity scores. Tracking this measure over multiple financial years suggests this inequality has been reduced during 2023/24 and progress continues to be made in 2024/25 first quarter when session attendance has been largely equalised across groups.

What are the challenges hindering any progress and are there actions which can be taken to address these?

Lambeth SPA is currently undergoing intensive change and close review under new a new team leader, with processes being redesigned, vacancies being filled, and additional support being drafted to cut the caseload. The excessive caseload will keep waiting times high until such time as the backlog of very long waiting introductions are addressed. Indications are however that rapid progress is now being made in the throughput of the service and its ability to select the most appropriate pathway first time.

Lambeth Talking Therapies focus in 2024/25 will be on improving overall recovery rates, maintaining the increase in session numbers for clients from a global majority and ensure that clients from all ethnic groups have 50% recovery rate and 67% reliable improvement rate.



J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs (1/2)

Alliance and Programmes	NWDA (Owner) with contribution from Substance Misuse
Update Month	July 2024

<p><i>What does the data/intelligence indicate around progress against the outcome?</i></p>	<p>A detailed Lambeth and Southwark virtual wards data dashboard is being developed, aligned with SELs ambition to create a core minimum data set across the 6 SEL boroughs – this will enable the system to monitor performance and build the evidence base to measure the impact. SitRep data submitted to NHSE on a fortnightly basis has been the main source to identify progress of capacity expansion and utilisation.</p> <p>As previously reported virtual wards in Lambeth and Southwark are achieving 80% occupancy on average, however data at a team level shows that some services are regularly utilised over their published capacity whilst others are poorly utilised. Reasons for this disparity are being explored.</p>
<p><i>Does the data/intelligence identify any health inequalities and whether they are reducing?</i></p>	<p>St Christopher's Palliative and End of Life Care Virtual Ward has been live since 1 May 2024 – they are mobilising a phased approach as they recruit to their positions, with full provision of 10 beds expected by end of July 2024.</p> <p>Kings College Hospital Integrated Respiratory Team are in process of finalising an internal business case following current financial protocols and will be sharing their mobilisation plan in due course.</p>
<p><i>What are the challenges hindering any progress and are there actions which can be taken to address these?</i></p>	<p>Programme delivery and momentum is currently at risk due to reduced programme management resource and the absence of named and dedicated clinical leadership at an ICB level to help influence and drive a collaborative approach to transformation across the Virtual Ward provider landscape. There remains considerable goodwill with clinical leadership and collaborative working with providers, but in the absence of appropriate programme resource it is difficult to maintain to facilitate discussion to support delivery of the programmes objectives. Areas of focus and priority have been identified, including:</p> <ul style="list-style-type: none"> • Progressing the delivery plan for the improved utilisation of the remote monitoring capacity <ul style="list-style-type: none"> o Extending current contract with Doccla o Integration of Doccla platform with Trust EPR system, EPIC o Building occupancy by progressing Diabetes and Heart Failure clinical pathways • Progressing data dashboard and core minimum dataset
<p><i>Additional Comments</i></p>	<p>A successful Lambeth and Southwark Virtual Wards Summit was held on 16 May 2024. The purpose of the event was to: reflect on progress to date including; How Lambeth and Southwark Virtual Wards Benchmark across SE London and Nationally, Measuring progress against our system maturity assessment ; To co-design the longer-term vision of Integration and optimisation of virtual ward provision in Lambeth and Southwark; including new ways of working and wider ambition beyond achievements to date ; Discuss and scope meaningful use of remote digital technology; opportunity for expanding remote monitoring offer and integration with EPIC</p>

J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs (2/2)



Alliance and Programmes

NWDA (Owner) with contribution from Substance Misuse

Update Month

July 2024

What does the data/intelligence indicate around progress against the outcome?

The Lambeth Pharmacy First Plus Pilot was launched in March 2023 to address and support the health inequalities in Lambeth in relation to the impact of the cost-of-living crisis on the ability of the local population to self-care and buy medicines available over the counter for minor and self-limiting conditions in line with NHS England guidance. Community Pharmacy have undertaken 1687 consultations between March 2023 and March 2024 with Lambeth residents/registered patients to provide advice and guidance on self-care and supply of medicines where appropriate. Activity data for April and May 2024 was lower due to a software issue which has now been resolved. The NHS Pharmacy First Service (previously known as GP-Community Pharmacy Consultation Service) increases GP capacity through triaging of low-acuity conditions to community pharmacy. GP referrals to NHS Pharmacy First supports the national approach to increasing GP access. Data for from service launch in January 2024 to May 2024 shows a positive increase in use. The National Pharmacy First service and local Pharmacy First Plus Service increases access to general practice, through provision of self-care advice and any necessary treatments directly via pharmacies for people at higher risk of health inequalities or higher deprivation.

Does the data/intelligence identify any health inequalities and whether they are reducing?

Data from May 2024 shows most interventions (1419) have taken place for people whose registered post code district falls within IMD decile 1 to 3 which shows the service is accessed by the target population - those with the highest deprivation. Data to date, demonstrates that if people did not have access to the Lambeth Pharmacy First Plus Service, 71.3% of patients would have visited general practice to request the medication on prescription and 26.4% would have gone without medication, as they are unable to buy the medicines over the counter to deal with minor conditions due to the current cost of living crisis. People who are receiving support through universal credit, income support, the NHS Low Income Scheme or are under the age of 16 years old, are the top social vulnerability eligibility groups accessing Lambeth Pharmacy First Plus Service in May 2024. General Practice feedback has been that the service has had a positive impact for patients and reduced GP appointments for minor conditions.

What are the challenges hindering any progress and are there actions which can be taken to address these?

Initial usage of the NHS Pharmacy First Service was slow due to IT issues and training needs. Increased promotion of both the Lambeth Pharmacy First Plus service and the NHS Pharmacy First through local bulletins, practice visits and webinars has helped to increase understanding and usage of the Services. The Medicines Optimisation Team has linked in with the Local Authority Cost of Living Programme Lead to discuss continual and increased promotion of the Lambeth Pharmacy First Plus service to residents. Community Pharmacy Neighbourhood Leads (CPNLs) have been engaging with general practice and their peers to provide clinical leadership and support the national access priority, which has supported increases in referrals.

Additional Comments

There has been a national rebranding of the GP-Community Pharmacy Consultation Service and other clinical services provided through community pharmacy to 'Pharmacy First'. This now includes 7 clinical conditions which can be assessed and treated through pharmacies, including provision of antibiotics and other treatments, hypertension checking service, contraceptive service and urgent medicines service. This is not to be confused with the local Pharmacy First Plus service, which addresses inequalities in access to medicines over the counter for a range of common conditions. The local service has been rebranded to Lambeth Pharmacy First Plus.



K. 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

Alliance and Programmes	NWDA (Owner)
Update Month	July 2024

What does the data/intelligence indicate around progress against the outcome?

The number of accepted referrals to Reablement has continued to decrease. The Reablement service have been triaging people on their waiting list by telephoning people at home. The result is that a large number of people are reporting they no longer require therapy and they have been removed from the waiting list, or they do not require therapy at this time. This has led to a significant decrease in the waiting list and the number of accepted referrals. There is also work happening in the Discharge Operational Delivery Group (DODG) working with therapists on the acute wards about the criteria for referring to reablement. This will help to reduce the number of people being referred to the service who are not appropriate.

The number of people who have a reduced need for care at the end of a period of Reablement has increased and this is positive. The percentage for people with a reduced need for care at the end of Reablement has improved and is now 88%. We are now counting those people referred for therapy only (no care needs). This has increased the number of people who have a reduced need for care at the end of the service and has improved our performance.

We have a high performance rate for the proportion of carers of service users who were offered a carer's assessment. The baseline is 98% and the latest overall position is 100%. We have also identified a member of staff in each team to be Carer's Champions and this will help to raise awareness of carers in the teams. We have a staff event on 25 July 2024 focusing on Carers and carers have been invited to the event to speak about their lived experience as a carer.

For improvement measures on palliative and end of life care, the Lambeth data for 2022-23 and 2023-24 has demonstrated steady progress against the identified outcome measures for people identified as being in their last year of life on practice registers (38% increase Q1 22-23 to Q4 23-24) and Proportion of people with Personalised Care and Support Plan(PCSP)/UCP (21% increase Q1 22-23 to Q4 23-24).

Does the data/intelligence identify any health inequalities and whether they are reducing?

The majority of reablement referrals come via the hospital discharge route. We are increasing the number of people who are offered a reablement service via our front door team in Adult Social Care in order to offer reablement to people living in the community at home. This will help to offer a more equitable service for those residents living at home who may benefit from reablement care. There is a named linked physiotherapist from GSTT Rehab and Reablement Team working closely with the ASC front door managers to help identify appropriate referrals to reablement.

What are the challenges hindering any progress and are there actions which can be taken to address these?

The Discharge Operational Delivery Group (DODG) has a dedicated workstream looking at the reablement pathway from the ward to the internal flow hub and then on to the service to try and improve the process and ensure referrals to the service are appropriate. This work has been with GSTT only to date although we are hoping to begin this work with KCH.

There has been an increase in weekend discharges as a result of this work. Since the introduction of Epic/Apollo we are yet to receive discharge data broken down by borough and pathway from the acute hospitals. This work is in progress.

For end-of-life identification and conversion to PSCP / UCP (K3 and K4) key challenges include varying levels of capacity and professional confidence within Primary Care to initiate PCSP conversations, as well as variable data across PCNs owing in part to different coding practice occurring in different practices within PCNs. SEL Ageing Well Funding secured for project resource to help address these barriers, by working with primary care to support identification of people in the last year of their life and uptake of Universal Care Plans.



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

Alliance and Programmes	CYPA (Owner)
Update Month	July 2024

*What does the data/intelligence indicate around **progress against the outcome?***

The implementation of a new Electronic Patient Record (EPR) system at Guy’s & St Thomas’ Hospital and King’s College Hospital has temporarily halted performance reporting for maternity services in South East London. The EPR is still stabilising, and service reporting is expected to recommence shortly.

Meanwhile, the Children & Young Person Alliance (CYPA) has been focused on upholding the quality and governance of maternity services through various Lambeth forums. These include Council Scrutiny, the Lambeth Together Executive Group, and more recently, the Lambeth Health and Wellbeing Board, where discussions on equality, inclusion, and diversity in maternity services have been held. Additionally, in March this year, the CYPA presented a comprehensive maternity report to the Lambeth Together Assurance Group and has planned discussions on engagement, innovation, and performance for the July and September CYP Boards.

The CYPA will continue to work closely with maternity providers in Lambeth and the Local Maternity & Neonatal System to restore essential maternity performance data for our borough.



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

Alliance and Programmes	LDA (Owner)
Update Month	July 2024

What does the data/intelligence indicate around progress against the outcome?

The uptake rate for LDA health checks is 14%, 1% higher than July 2023. It is expected that the number of checks will continue to increase over the next quarter at a similar rate to the previous year. The target is to achieve the same, or exceed, the 2023/24 achievement.

The total number of people with learning disabilities and or autism reduced from 16 (April 2023) to 14 (April 2024). There is no change between April 24 and July 24, with 3 discharges planned in the next 6 months.

The implementation of a new Electronic Patient Record (EPR) system at Guy’s & St Thomas’ Hospital has temporarily halted performance reporting for the Autism and Related Disorders (ARD) Diagnostic Service. However, provider feedback indicates high activity levels, which are expected to translate into improved waiting times in the future. Nevertheless, without the ability to accurately model this against demand, this outcome is not guaranteed. The Children & Young Person Alliance (CYPA) will continue to work closely with ARD Diagnostics and the Evelina London Communities Directorate to support the relaunch of performance reporting for this vital service.

Does the data/intelligence identify any health inequalities and whether they are reducing?

Update of LD AHCs is monitored by ethnicity and in 2023/24 showed no statistical difference between ethnicity groups:

What are the challenges hindering any progress and are there actions which can be taken to address these?

Market challenges can create barriers to people with challenging behaviour being discharged and this continues into 2024/25. Mitigation: through securing accommodation in London using capital funds released by NHSE; and proactive development work with care providers

Access to informative and consistently reported data has been a challenge and work continues to access data from EMIS, and to report across the system on key messages. We now have access to bespoke in borough as well as SEL data re LD AHC’s that allows detailed drill down including by PCN and demographic characteristics i.e. ethnicity, gender This will allow us to further target our work to those who are most disadvantaged with repost to health outcomes.

N. People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life



Alliance and Programmes

LWNA (Owner)

Update Month

July 24

What does the data/intelligence indicate around progress against the outcome?

Measures for this outcome have been adjusted for 2024/25 with some targets yet to be finalised. Data concerning support for service users with serious mental illness to live in their own home and be in paid employment will be sourced from the LWNA teams responsible for providing the relevant services (replacing data linked to now defunct CPA scheme). Measures of additional support offered, and service user feedback remain unchanged from last year. This year the number of inpatient seclusions and restrictive interventions will also be reported to LTAG, although systems issues are temporarily delaying access to this data.

The most recently available data presents a mixed picture of progress towards this outcome. LWNA's Individual Placement and Support (IPS) employment supported fewer people to find and sustain employment in Q1 (74) than in Q4 (92) but missed target by a single service user. The Community Living and Support Service (CLaSS) accepted fewer new clients in Q1 (49) than in Q4 (95) but its average weekly caseload rose (from 73.5 to 77.0). Positive friends and family survey responses were up from 82% to 85%, quarter on quarter.

Does the data/intelligence identify any health inequalities and whether they are reducing?

Not all data relating to the current measures readily support equalities analysis. IPS performance reports and friends and family survey, for example do not currently reference ethnicity, but the ethnic composition of the CLaSS caseload highlights the unequal distribution of serious mental illness between ethnicities in the borough. The proportion of CLaSS service users from the Black community fell Q4 to Q1, from 53% to 50%, which could indicate some reduction in this inequality, but could equally be noise in a relatively small set of data.

Historically, there has been concern about the disproportionate use of restrictive practices, rapid tranquilisation and seclusion with inpatients from the Black community. At present, access to this information is affected by a technical issue with the data feed between the relevant source and reporting systems. Once this is rectified these measures will be monitored closely here.

What are the challenges hindering any progress and are there actions which can be taken to address these?

The caseloads of CLaSS, Focused Support and inpatient services all include a similarly large and disproportionate number of Black service users. This is in contrast with the numbers found in the caseloads of services more tailored to the needs of those with less severe problems, which generally match more closely the proportions that would be expected given the ethnic composition of the Lambeth population. This suggests that the primary challenge is to engage with Black service users earlier in the development of their mental health problems with culturally appropriate services, that will reduce the severity of their difficulties in the future. This is obviously well known, but it bears repeating and consideration in the planning and design of every service.

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



Alliance and Programmes	Homeless Health (Owner) with contributions from LWNA and Substance Misuse
Update Month	July 2024

*What does the data/intelligence indicate around **progress against the outcome?***

2023-24 saw a significant increase in rough sleeping across London. The Greater London Authority (GLA) are yet to publish the annual Pan London figures, but analysis of the borough level data shows that Lambeth saw the highest ever number of rough sleepers recorded. The rough sleeping outreach team recorded contacts with 866 rough sleepers, compared with 623 in 2022-23 and 438 in 2021-22. Just under half of the 866 in 2023-24 were people who had never been recorded as sleeping rough before. Much of this has been attributed to the cost of living crisis and soaring accommodation costs in the capital, particularly in the private rented sector. Further analysis will be required, and commissioners will utilize the enhanced reporting now available on the CHAIN database.



Lambeth Together Care Partnership Board

Title	Integrated Neighbourhood Working update and next steps
Meeting Date	05 September 2024
Author (& role / title/s)	Josepha Reynolds, Programme Director Neighbourhood and Wellbeing Delivery Alliance (NWDA)
Lead / Presenters (& role / title/s)	Josepha Reynolds, Programme Director Neighbourhood and Wellbeing Delivery Alliance (NWDA) Alex Jackson, Lambeth Together Programme Lead

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Note the Integrated Neighbourhood working and agree the proposed prioritisation and next steps

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

Both the Lambeth Together Executive Group (LTEG) and Neighbourhood and Wellbeing Delivery Alliance (NWDA) Board have inputted into and supported the proposed approach.

Summary and Impact on Inequalities

The Primary Care proposition will focus on multi-long term conditions and frailty. Our population health data shows us that we have populations who experience worse outcomes for certain long-term conditions, with inequalities in terms of access and outcomes. The Primary Care proposition data task and finish group will support identification of these priority groups and the design task and finish group will develop an intervention to tackle the gap in these identified areas.

We know that the health inequalities in Lambeth need to be tackled in partnership with communities, and that resilient communities have better health outcomes. We will work with residents and communities to develop and implement the Integrated Neighbourhood Working approach alongside the Thriving Communities programme.

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Integrated Neighbourhood Working

Neighbourhood Wellbeing Delivery Alliance (NWDA)
Update and next steps



Working in partnership for a healthier borough

NWDA priorities



Neighbourhood and Wellbeing Delivery Alliance (NWDA) has three delivery priorities for 2024-25:

- Working with communities
- Long term conditions
- Place based working

Aligned to Our Health, Our Lambeth 2023-28:

- Outcome 1: People have access to joined-up and holistic health and care delivered in their neighbourhoods.



Context and drivers



- Significant pressure on system
- Sustainability and resilience of General Practice
- Health inequalities and access concerns in the system
- Fuller Stocktake (2022)
- SEL Primary Care proposition from framework of actions
- Aligning with the approach of Guy's and St Thomas Trust (GSTT) e.g. Neighbourhood Nursing



Examples of impact in Lambeth



Primary Care Alliance Network (PCAN)

Fortnightly meetings between PCNs, Living Well Centres and community mental health services. Shares info and advice on how to support patients in their own homes and communities, accurately refer to SPAs, prevention and earlier help to reduce demand.

Staying Well service

Supports people to 'step down' from Living Well Network Alliance services and patients to remain under GP care who might otherwise be referred to secondary care. Supports people with medication, housing, benefits, employment and other issues that might lead to them being referred (back) to secondary support or even go into crisis.

CHILDs Framework

Targeting common conditions in children, referred into by Primary Care primarily, bridge between Primary and Secondary Care.

PEACS (Pain: Equality of Care and Support in the Community)

Established to provide an alternative solution to support people living with chronic pain, particularly from Black backgrounds. The service is delivered by King's Health Partners (KHP) and StockWellBeing PCN integrating with community-based support

SEL ICS overarching primary care plan



- SEL ICS have agreed a 6-month overarching Primary Care plan:
 - To develop a shared vision for primary care across the 6 Places
 - To develop a Primary Care value proposition to be delivered through neighbourhoods
- A focus on multi-morbidity and frailty has been agreed at 2 SEL wide workshops.
- 2 x Task and Finish groups established:
 - A design group to develop how the intervention will be delivered
 - A data group to define the cohort of complete/frail/Long Term Condition (LTC) for intervention.
- The plan was endorsed by Lambeth Together Executive Group (LTEG) in August.



Integrated Neighbourhood Working Proposal



The NWDA board has agreed the proposed programme of work to prioritise 2 areas:

1. Development of SEL Primary Care Proposition on Frailty / ageing well and its implementation at Place
2. Integration and transformation of the 111 service for same day access

Enablers

- Primary / acute interface work – owned by primary care and planned care
- Fuller delivery enablers e.g. data and population health management, estates plan, workforce strategy, Strengthening General Practice programme – owned by primary care
- Thriving Communities work - owned by NWDA



Consultation and next steps



- Lambeth Together Care Partnership Board is asked to note and agree the two proposed priority areas.
- Proposed next steps:
 - Inputting into the 2 Task and Finish Groups to implement the SEL Primary Care proposition on Frailty and Ageing Well at Place
 - 111 Oversight Group is leading the service re-commissioning and associated primary care transformation
 - Primary Care Integration at Place group to be established focusing on PCN development and integration



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