

## **Our Health, Our Lambeth**

Lambeth Together health  
and care plan 2023-28

# **Year 1: Annual Review and Action Plan for 24/25**



# Foreword

**A year ago, as Lambeth Together Care Partnership, we embarked on an ambitious health and care plan ‘[Our Health, Our Lambeth 2023-2028](#)’ to outline and chart our commitment to improving the health and well-being of every individual living within our borough.**

As we now reflect on the first year, we are filled with a sense of both pride and determination. Lambeth stands as a beacon of immense diversity and resilience, yet it is also one marked by stark inequalities. The lasting impact of the COVID-19 pandemic and deepening living costs have exacerbated long-standing disparities in health outcomes; poverty, racism, and inequality continue to cast long shadows over the lives of many in our community.

However, we refuse to be defined solely by these challenges. Instead, we see them as catalysts for bold and transformative action. Our resolve to do things differently, to challenge the status quo and dismantle systemic barriers is unwavering. Through our innovative Delivery Alliances and strengthened partnerships with the voluntary sector, we are pioneering new approaches to address the diverse needs of our residents.

Central to our ambition is the commitment to tackling the unfair and avoidable differences in health outcomes that persist among different groups. We recognise the imperative of supporting healthier lifestyles, preventing illness, and delivering care that is responsive, respectful, and culturally competent.

Crucially, our plan transcends mere rhetoric - it is a living, breathing testament to the voices and aspirations of our community. Grounded in the priorities outlined in the [Lambeth Health and Wellbeing Strategy](#), [The Lambeth Borough Plan](#) and aligned with [The South East London Integrated Care System’s Strategic Priorities](#), it reflects the wisdom gleaned from our partners and the lived experiences of our residents.

One year on, we are we are delighted to share with you the journey of our progress to date and unveil our forthcoming plans the for the year

## Lambeth Together Care Partnership Board Co-chairs



**Cllr Jim Dickson**

Cabinet Member for  
Healthier Communities,  
Lambeth Council



**Dr Dianne Aitken**

Lambeth GP

ahead. We acknowledge the ambitious nature of our aspiration and the need for adaptability in an everchanging landscape. Through ongoing research, evidence-based practice, and a commitment to continuous learning, we pledge to evolve our plans in the pursuit of health equity for all Lambeth residents.

Together, we strive towards a future where every individual, regardless of race, income, or background, can thrive. Our journey has only just begun, but with the steadfast support and collaboration of our community, we’re confident in enhancing outcomes for all.





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**About this document**

**Title:** Our Health, Our Lambeth - Lambeth Together health and care plan – year 1 annual review

**Purpose:** First of our annual reviews for ‘Our Health Our Lambeth 2023/2025. An outline of how health and care services in Lambeth have worked together to improve health and wellbeing outcomes in 2023/2024 and our action plan for 2024/2025

**Approved by:** Lambeth Together Care Partnership Board

**Date:** 09 May 2024



# Lambeth Together

## Why Lambeth Together?

Established in 2017, Lambeth Together is a partnership of the voluntary and community sector, the NHS, Lambeth Council, and others, focused on improving health and wellbeing and reducing inequalities for people in Lambeth through an integrated health and care system.

In the past, divisions between hospitals and family doctors, between physical and mental health and between NHS and Council services have meant that many experience disjointed care. Furthermore, these impacts are not felt equally - with poverty, racism and inequality contributing to worsened health outcomes for many.

Lambeth Together coordinate health and care across our borough to remove unhelpful divides, making services easier to access and better suited to people's needs. This helps people get the right care and support in the right place, as early as possible and will benefit our population in achieving better health in the decades to come.



# 'Our Health, Our Lambeth'

## Lambeth Together health and care plan 2023-28

**Informed by our partner organisations, our Delivery Alliances and Programmes, wider consultation and engagement with the public and a range of voluntary, community, faith and social enterprise organisations, our Lambeth Together Health and Care Plan was developed for the wellbeing of our patients, residents and those who care for them.**

In May 2023, the Lambeth Together Care Partnership Board formally agreed and committed to 'Our Health, Our Lambeth', a comprehensive and ambitious Health and Care plan for 2023-2028.

Our plan set out how health and care services in Lambeth will work together to improve outcomes and set out our aspirations including what we want to happen, the principles of how we will work, what we need to deliver the plan and how we will know if we are making a difference.

This is a five-year plan with a dynamic annual action plan.



## Our Priorities

We prioritised eight population groups and health issues where we will work together to improve health and wellbeing - we call these our 'Delivery Alliances' and our Programmes. They are responsible for bringing together our partners and people with lived experience to plan and manage initiatives that will join-up services, improve outcomes and address inequalities.

### Children and Young People Delivery Alliance

Supporting children and young people in Lambeth to grow up healthy and happy.



### Staying Healthy Programme

Promoting the health of the Lambeth population and supporting communities to maintain good health and wellbeing.

### Homeless Health Programme

Improving health outcomes for people who are homeless or at risk of becoming homeless, (including rough sleepers and refugees).

### Neighbourhood and Wellbeing Delivery Alliance

Improving the health and wellbeing of adults by working together in local neighbourhoods.



### Living Well Network Delivery Alliance

Supporting adults in Lambeth who are experiencing mental illness or distress.



### Learning Disabilities and Autism Programme

Improving outcomes and support for people who are autistic or have a learning disability.

### Sexual Health Programme

Improving people's sexual and reproductive health and enabling people with HIV to live and age well, across Lambeth, Southwark and Lewisham.

### Substance Misuse Programme

Reducing the harms caused by substance misuse and supporting those using substances to access the right help to meet their needs.



## Our Aspirations and Outcomes

Lambeth Together focuses on supporting people to lead healthy lives, improving prevention and early intervention, and making sure that people have access to and positive experiences of health and care services that they trust and meet their needs.

Supported by a positive and action-focused approach to equity for all protected characteristics including taking an anti-racist approach, to build trust and confidence with our communities.

### Aspiration

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

### Outcomes

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



## Aspiration

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

## Outcomes

- People receive **early diagnosis and support** for physical health conditions
- People who have developed **long term health conditions** have help to manage their condition and prevent complications
- When **emotional and mental health issues** are identified, the right help, support and diagnosis is offered early and in a timely way



## Aspiration

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

## Outcomes

- People have access to joined-up and holistic health and care delivered in their **neighbourhoods**
- People know where to go to get the **right help**, and are treated at the **right time**, in the **right place**, for their needs
- **Older adults** are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well
- Women have positive experiences of maternal healthcare and there are no disproportionate **maternal mortality rates** among women
- 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
- People using **mental health** support services can **recover and stay well**, with the right support, and can participate on equal terms in daily life
- People who are **homeless**, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health



## VITAL

5

The Vital 5 are five factors that have a major impact on health at an individual and population level. These are blood pressure, obesity, mental health, smoking status and alcohol intake.

We know that focusing on prevention and early detection in these five areas is an effective way of improving outcomes for our population. Our plan has included the Vital 5 throughout as

we know that identifying, recording, and sharing the Vital 5 data between all health partners and our patients, and acting on the results across our population, would make the biggest difference to people's health and to the sustainability of health and social care.

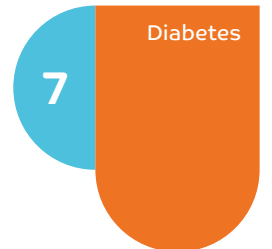
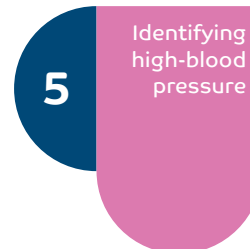
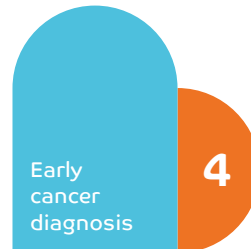
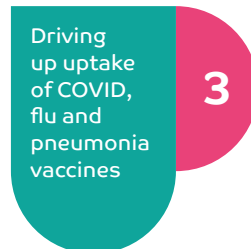
(Credit King's Health Partners

<https://www.kingshealthpartners.org/our-work/value/vital-5>)



## THE SEVEN

NHS England has set out five clinical areas that need rapid improvement, in order to tackle health inequalities. These are:



In Lambeth, we have identified two further clinical areas that need rapid improvement in order to tackle health inequalities, based on our local population. These are:

## A Commitment to Equality, Diversity, and Inclusion

**Recognising that certain groups experience disparities in health and care - Equality, Diversity, and Inclusion (EDI) are paramount principles upheld by Lambeth Together to ensure fairness, dignity, and respect for all.**

Our EDI agenda is dedicated to addressing concerns, dismantling barriers, and fostering a healthier borough where every individual has equitable access to health and care services. It also seeks to achieve fair treatment within these services, and equal opportunities for everyone to attain optimal health.

The EDI subgroup of the Lambeth Together Care Partnership plays a crucial role in overseeing projects and programs within Lambeth Together Alliances and Programme Areas. Through rigorous scrutiny, we ensure that our initiatives are inclusive and accountable, providing recommendations and feedback to continually improve support for our residents.

Within the EDI subgroup, there are further subgroups dedicated to specific areas of inequality, such as LGBTQ+ disparities, and a working group managing the South East London (SEL) Health Inequalities funding.





## Investing to reduce health inequalities

Since 2022, South East London Integrated Care Board (SEL ICB) have been awarding funding to address our cross-system priorities for improving health and care:

- 1 Prevention and wellbeing:** Avoiding ill health and helping people in South East London to live healthier lives
- 2 Early years:** Making sure that parents, children and families receive the most effective support before and during childbirth and in each child's early years
- 3 Children's and young people's mental health:** Making sure that children and young people receive early and effective support for common mental health challenges

Lambeth Together Delivery Alliances, and Primary Care Networks have used this funding to initiate nine projects or services, each with a different Health Inequality focus. Lambeth will use the funding in 2024/2025 to further address the health inequalities identified in our borough. We will continue to focus on groups known to experience health inequalities, including those impacted by some of the risk factors, such as food poverty and poor housing. The health inequalities investment presents an exciting opportunity to significantly contribute to our overarching aspirations outlined in 'Our Health, Our Lambeth'. Through our collaborative efforts and targeted interventions, we are creating a more inclusive and supportive environment where everyone can lead a healthy and fulfilling life.



# What will help us deliver our Plan

**In developing our plan, we have reflected on and agreed the ways we need to work and what our staff, Partners and residents need, to help us meet our outcomes.**

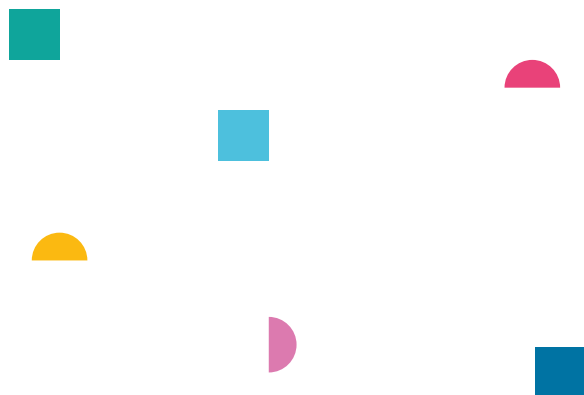
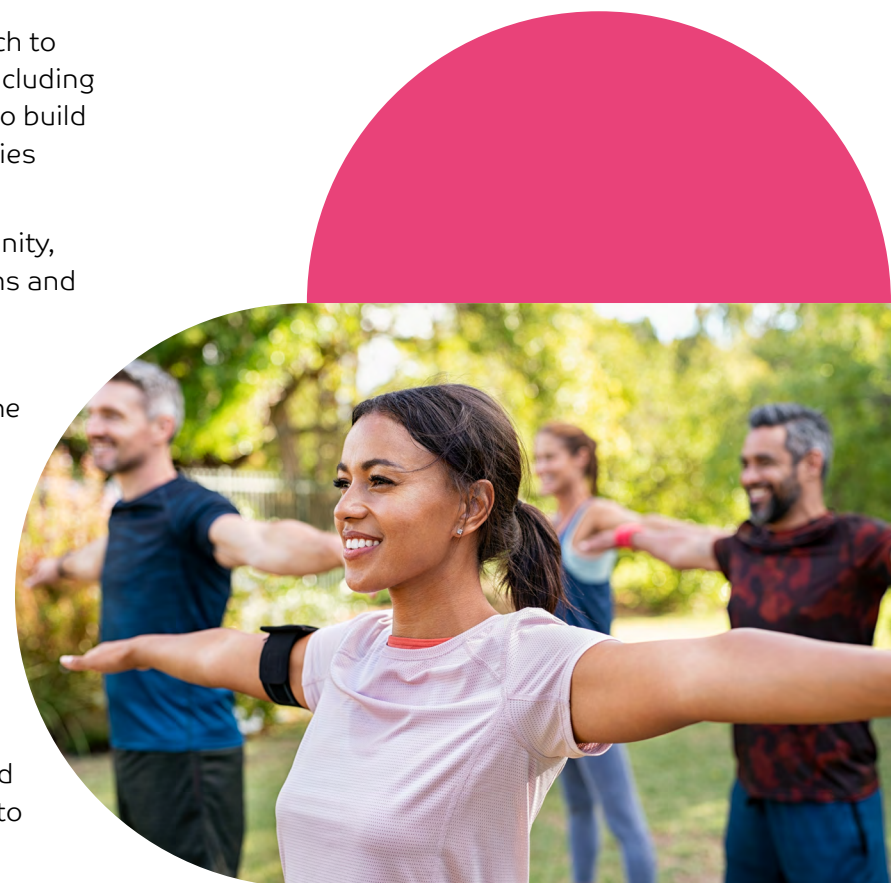
## Our principles

To deliver these outcomes, we need to operate differently. By working together and reflecting on our ongoing engagement with patients and service users, we have developed a set of principles which will guide our work in delivering this plan.

Without these principles being brought to life, it is unlikely we will be able to fulfil the ambition we have outlined. We will pay attention not only to what we want to achieve, but also to what we do and how we change to genuinely live these principles.

## We commit to

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

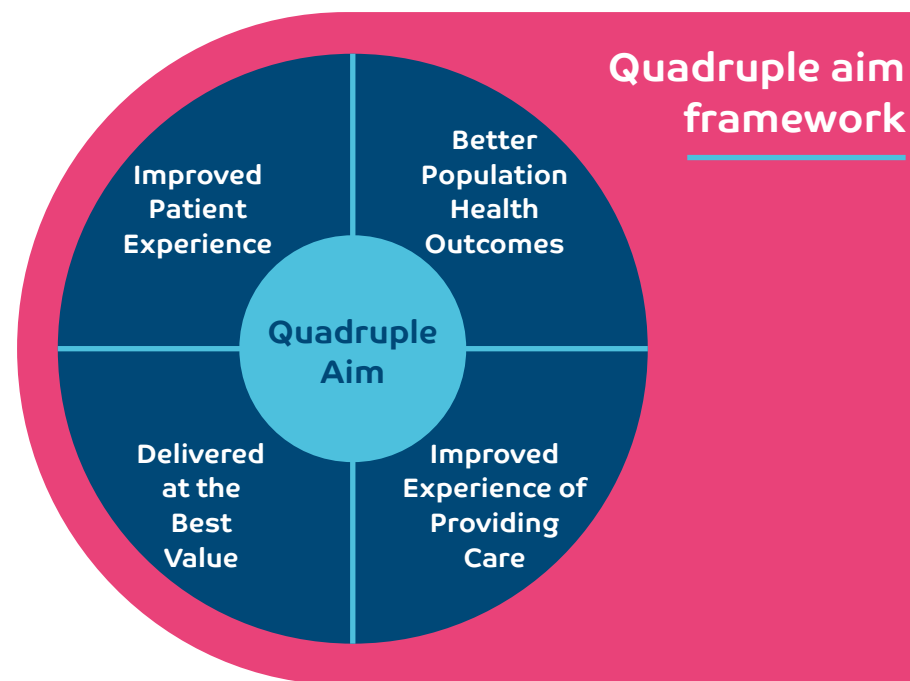


## Our ways of working

- Measure and understand the experience of people accessing our services and use this information to reduce inequalities.
- Commit to and embed equality, diversity and inclusion across all levels of our system with a focus on reducing health inequalities throughout all our work.
- Work together as an effective, well-governed, and transparent Local Care Partnership within an Integrated Care System and in collaboration with other Local Care Partnerships.
- Deliver through our Delivery Alliances and Programmes, with strategic oversight, effective assurance and risk management functions.
- Maintain a whole system approach to providing health and care by focusing on our quadruple aims: improved patient experience; better population health outcomes; improved experience of providing care; and care delivered at best value.

## Our workforce

- Have a workforce that, at all levels, can relate to people’s lived experience, is representative of and supports our diverse and intersectional communities.
- Have a workforce that has capacity, is trusted and supported so communities receive a consistent and reliable service.
- Enable our workforce to work together, across organisational boundaries, in an integrated way, including through our Clinical and Care Professional Network.



## Digital

- Make sure residents have access to digitally enabled care across health and care settings that are easily accessed, consistent and ensures the right service for their needs.
- Make sure those residents who do not wish to use digital tools and/or are digitally excluded, can still access health and care services at the same level and standard.
- Work with partners across South East London Integrated Care System and beyond to enable sharing of information to support planning and care delivery.

## Our communities

- Communicate and engage with our patients and residents using a range of methods, ensuring information is accessible and easy to understand, and listen to patients, residents and community voices, ensuring those voices actively influence improvement.
- Work collaboratively to reduce health inequalities and support healthy neighbourhoods, recognising and supporting our assets in the community including residents, carers, grassroots organisations, volunteers, voluntary and community sector (VCS) organisations and community groups.
- Have ‘anchor institutions’ that serve the wellbeing of our population by strategically and intentionally managing their resources to help address local social, economic, and environmental priorities to reduce health inequalities.

## Buildings

- Encourage all health and care partners to work together in the same buildings to transform service delivery and improve access to care, delivered from high quality premises.

## Intelligence

- Develop a culture and infrastructure that prioritises data-driven decision-making and approaches to understanding the unique needs of Lambeth residents, especially those who are facing health inequalities. Our goal is to make a positive impact on specific populations within our community, such as those from different ethnic backgrounds, sexual orientations, and those living in deprived areas.
- Identify opportunities to improve services, provide proactive care, and understand the impact of what we do on our populations. This will involve improving how we collect and analyse information and learn from best practice, research, and quality reviews to continuously improve our efforts.

## Finances

- Provide a stable financial environment that supports continued improvement in health and care services and outcomes for people, to ensure a robust and effective delivery of core responsibilities, by using approaches that improve productivity, efficiency and value through making the best possible use of the money we have.



Two examples of our data-driven approach are **Lambeth HEART** and **Lambeth DataNet**.

**Lambeth HEART** is a research and evaluation network developed by Lambeth Council’s Public Health Team in collaboration with local stakeholders, including Black Thrive, King’s College London, and Applied Research Collaboration South London.

**Lambeth DataNet** is a data resource that links anonymised information to enable us to plan and provide better health care to everyone in the area.

To learn more, visit [LINK](https://lambethtogether.net/our-ways-of-working/)  
<https://lambethtogether.net/our-ways-of-working/>.



# What we achieved together in 2023-24

Reflecting on the inaugural year of our health and care plan is a testament to our collective commitment to wellness and progress. Over the past twelve months, we have witnessed significant achievements that have reshaped the landscape of our healthcare initiatives. From implementing preventative measures to tackling chronic conditions with resilience, each milestone reached represents a triumph of dedication and collaboration. As we embark on this review, it is with pride and gratitude that we celebrate the strides made in enhancing the quality of care and fostering a culture of holistic well-being within our community.

## Supporting our residents to manage the rising cost of living

Our residents have expressed to us their growing concerns around the cost of living and in response, through strategic initiatives and partnerships, we have successfully implemented programmes aimed at providing financial relief and support to individuals and families facing economic challenges.

For example, the independent Good Food for All Londoners report, supported by Trust for London and the Mayor of London, reviews council action on food under two key themes:

- Tackling the root causes of food poverty; and
- Supporting residents to buy and eat affordable, healthy and climate-friendly food.

Pressing issues measured in the report include how London's councils are tackling household food insecurity, promoting healthy diets, supporting a flourishing local food economy, and addressing climate change through food. All of these affect the way we eat, our health and the communities we live in.

From the 28 councils who took part in this year's survey (out of a total of 33 councils in London), Lambeth council is delighted to have achieved recognition in the report for their Cross Cutting Leadership work on food poverty alliances, food

poverty action plans, cash-first responses to food security, food access for older and disabled people, food access for people from black and ethnic minority backgrounds, no recourse to public funds, Healthy Start, holiday activities and food as well as food growing, climate and nature emergency and food.

In addition, at the end of September 2023, 79.2% of low-income residents reported that they were coping financially. An increase of 3% compared to the percentage reported in March 2023. Since the last reporting period, the council has successfully implemented an approach to auto-awarding free school meals to eligible Lambeth households with children in Lambeth schools – this has resulted in 340 young people being awarded a free school meal, saving an individual an estimated £740 per year) and providing Lambeth schools with an additional £750,000 per year.

# Our Alliances - a selection of achievements

## Living Well Network Alliance

In November 2023, the Alliance held an open space engagement event alongside the Lambeth Collaborative. The free event at St Matthew's Church in Brixton was a great opportunity for people across diverse Lambeth communities to share and hear experiences and perspectives of mental health and services with an aim to see change, come together to find solutions to the question 'How can we work together to enable people who experience mental unwellness in Lambeth to live full lives?' The event saw more than 80 people in attendance, including Local MP Helen Hayes, previous colleagues who helped shape the Living Well Network Alliance, grassroots organisations and colleagues spanning across Lambeth. Importantly, lived experience was represented - an estimated 43% of attendees were carers or have used mental health services in Lambeth.

The Alliance also funded the Culturally Appropriate Peer Support and Advocacy Project (CAPSA), with Black Thrive, which won a Health Service Journal (HSJ) Award for 'Best Not for Profit Working in Partnership with the NHS' for their work. They have continued to develop the CAPSA service and the Staying Well approach with GPs and other 'primary care' colleagues, such as the new mental health practitioners and social prescribing link workers.

Through partnership working, the alliance managed to increase the number of people it supported by 9% (an additional 5,926 single point of access instructions more than the previous year). The Alliance also increased its inpatient support (having a 3% higher bed utilisation than the year before). In particular, 681 users of our Evening Sanctuary said that they would have gone to a local emergency department had the service not been in place. Finally, in the first 12 months of service (up to June 2023), the Individual Placement and Support (IPS) service has worked with 247 people with serious mental illness to seek employment. IPS has successfully supported 47 of these people into paid employment, in roles ranging from nursing, marketing, and engineering.

**+9%**  
increase in the number  
of people supported

**681**  
Evening Sanctuary users  
said they would have  
gone in local emergency  
department

**247**  
people with  
serious mental  
illness helped  
by IPS to seek  
employment

**47**  
of them were  
supported into paid  
employment

## Neighbourhood and Wellbeing Delivery Alliance

### Health Inequalities work with Link Workers

Since April 2023, Social Prescribing Link Workers have run six health and wellbeing events, from North Lambeth to Streatham, engaging with hundreds of residents. There were general health and wellbeing events with a specific focus in mind. The Black Health and Wellbeing event held in May 2023 in Streatham (jointly organised by Streatham Primary Care Network (PCN) and Streatham AT Medics PCN), was attended by over 300 people. There were also events focusing on women's health, chronic pain, an LGBTQ+ lunch and a wellbeing event for the Latin community. These events were possible thanks to funding from the Alliance's Health Inequalities fund, allocated to each PCN and used by the Social Prescribing Link Workers to organise the events.

### Addressing High Blood Pressure

Focused work on hypertension prioritises those groups of patients whose high blood pressure is not well controlled and who are from Black and multi-ethnic populations. Promotion of the measure for reducing health inequality in hypertension was discussed and promoted to General Practice at the recent Long Term Conditions Clinical Update Webinar delivered by the Medicines Optimisation team.

Lambeth Together joined the national 'Know Your Numbers Week public campaign' where 117 staff took up the opportunity in Brixton Civic Centre to measure blood pressures.

Hypertension has been a priority of the newly appointed PCN Health Equity Champions – a number of initiatives have been run across the Borough including blood pressure clinics in surgery waiting rooms, outreach events and targeted call recall.

Community research to understand the experience of black communities in having their blood pressure checked and being diagnosed with high blood pressure.

The recommendations from this research have been fed back to Clinical Cabinet which will enable the Alliance to develop their 2024 hypertension priorities so that they can reach their target of 77% hypertension control in <79's.

Provision of support to non-clinical staff to raise the importance of hypertension, the pathways and raising the local initiatives.

## Managing Chronic Pain

The Chronic Pain Patient Advisory Group (PAG) has continued to run, and the insights and feedback from patients have continued to feed into the development of services.

In July the Alliance ran a Chronic Pain Study Day which was a well-attended event with representation of Clinicians across all 9 Lambeth PCN's – the Chair of the Chronic Pain PAG also attended and said: *"The number of doctors and pharmacists who were in the packed room was phenomenal. Some really interesting research, too, on the predominance of chronic pain sufferers occupying a large portion of surgery facilities. It was an honour to be part of this event."*

### Access to General Practice

In January 2024, Lambeth GPs carried out over 170,000 appointments which equates to over 7,700 appointments per working day. Of those appointments, 56.2% were carried out on same day or the following day after the booking being made.

In the 2023 national GP survey, 62% of residents gave a positive response when being asked how easy it is to get through to someone at your GP practice on the phone. Whilst there is room for improvement, this percentage was the highest within all the South East London Boroughs. (Lambeth was 8% higher than the 2nd best performing borough and 20% higher than the lowest performing borough). Additionally, over 95% of residents stated that they were satisfied with the appointment which they were offered.



## Managing waiting times

This year, we have tried to work on waiting times for outpatient appointments. We have set up a waiting times website where clinicians can check how long waiting times are for specialties at different sites. We have also been working with local dermatology teams to ensure where possible referrals are seen in community clinics, which have shorter waiting times, and that GP practices are aware of how to contact dermatology teams using photographs for quicker answers, where appropriate. We have also enabled access to an online resource called “GetUBetter” which is available to all Lambeth GP practices and their patient population, for self-care with joint complaints, preventing unnecessary referrals and outpatient waits.

## Identifying cancer early

We are currently working to increase the uptake of the national cancer screening programmes while also focusing on reducing inequalities in cancer. A local initiative has been funded to contact those who have not responded to bowel cancer screening. We are currently focusing on those due breast cancer screening and are arranging training for local GP practice staff in conjunction with the Kings College Hospital breast cancer screening team. We have also been working closely with local community groups and Prostate Cancer UK to promote awareness of prostate cancer and encourage men at higher risk to contact their GPs to discuss this further. We have regular meetings

with representatives from local health and council teams along with community groups and the charity sector to encourage communication and a joined-up approach towards cancer in Lambeth.

In March 2023, Lambeth achieved the National standard of 60% of those eligible for bowel cancer screening receiving a screening test. The Catch 22 non-responder calling project will further support the increased uptake with the Catch 22 multi-lingual facilitations contacting many thousands of Lambeth patients who have not participated in bowel screening. The project has been extended to support all 41 Lambeth practices and should see the full impact of this with a further increase in uptake by Nov/Dec 2023.

## Supporting the independence of our residents with Virtual Wards

A Virtual Ward enables people who have an acute condition that would normally require hospital-level care, to receive this care in the place they call ‘home’. Each Integrated Care System (ICS) has been requested to develop and extend its virtual ward capacity in line with a national ambition of developing 40 – 50 virtual ward ‘beds’ per 100,000 population by December 2023, as outlined in the 2022/23 Priorities and Operational Planning Guidance. The target service users are adult patients, resident in the London Boroughs of Lambeth and Southwark, who require acute clinical care which includes components of hospital admissions avoidance and early supported discharge.

The intended impact is to improve patient experience and outcomes, as evidence shows that they recover better when staying in a familiar environment. Technology will also allow acute hospitals to dedicate their increasingly pressured capacity for patients in need of complex acute care whilst addressing inequalities and barriers of access by providing care closer to home. Since April 2023, the Alliance has delivered:

- Identification and recognition across Lambeth and Southwark Integrated Care System (ICS) of Virtual Wards already in place and expansion plans to deliver additional capacity by December 2023.
- A contract with Doccla using remote monitoring technology implemented in July 2023 to augment and support traditional community face to face services with a technological option providing safe monitoring and care for patients in their own homes.
- Working on new opportunities to develop a coordinated approach to extend virtual wards to support those with sickle cell), , patients in receipt of oncology care who need blood glucose monitoring and patients in need of post-surgical recovery.

## Children and Young People's Alliance

The new Alliance Lead for the Children & Young People (CYP) Alliance assumed their position in August 2023, bringing a strong background in NHS partnership and programme management. This appointment marks a significant step in our continuous commitment to enhancing the welfare and development of children and young people in Lambeth. One of the initial actions taken by our new director was to focus on the reestablishment and ongoing review of the CYP Alliance Board, ensuring that our governance structures are well-suited for effective collaboration and decision-making.

Following this, a thorough review of our operations was undertaken to ensure alignment with the community's evolving needs. This review has spurred the development of an alliance work plan designed to sustain current initiatives and introduce new ones that contribute to the Our Health, Our Lambeth Health and Care Plan.

Supported by funding targeted at reducing health inequalities, the alliance has successfully integrated two clinical roles with our provider partners. The first role, a clinical psychologist, supports unaccompanied asylum-seeking children and has significantly impacted and enriched the lives of some of our most vulnerable community members, reinforcing Lambeth's credentials as a sanctuary borough. The second role, a nurse who supports children and young people educated outside mainstream schools, has extended our support to these Lambeth children, enhancing their educational and social outcomes. Both roles highlight the effectiveness of system working, the strategic use of funding to address health inequalities, and the alliance's capacity to unite stakeholders and partners for a common cause.

There has also been a specific focus on Lambeth Maternity Services earlier this year, spearheaded by the Alliance. The alliance has collaborated with system partners on a detailed report focusing on governance and equality, diversity, and inclusion in maternity care, which was reviewed at the Lambeth Council Scrutiny. They have worked with data analysts to integrate various data platforms, providing a deeper understanding of the factors affecting maternity and early childhood development. The evolving landscape of maternity services was also examined at the Children and Young People's Alliance Board. Moreover, in partnership with the Local Maternity and Neonatal System, they have helped develop a borough-level data dashboard that tracks key performance metrics of maternity services. Lastly, the operational performance of maternity services has been reviewed by the Lambeth Together Executive Group to ensure ongoing support and improvement. These efforts aim to maintain innovative, inclusive, and comprehensive maternity care for Lambeth's diverse community.



# Our Programme Achievements

## Learning Disabilities and Autism

In early 2023, Lambeth launched its consultation for the new All Age Autism Strategy with autistic people, carers, community organisations and professionals across the system. The consultation programme included a survey with over 130 responses, four online engagement sessions, focused meetings with relevant teams across the council and statutory partners, several in-person consultation events in partnership with local organisations, and in-reach sessions at a range of locations.

The programme is expected to exceed the national target for uptake of Annual Health Checks by people with learning disabilities in 2023/24. In year 8 adults with learning disabilities and/or autism were discharged from specialist inpatient facilities, using one-system planning approach. Wide engagement has occurred to support the development of the all-age autism strategy with the final strategy due for approval in early 2024. The all-age autism strategy has been developed in partnership with key stakeholders.

The programme has taken steps to understand the local population of people with autism with data and mapping exercise undertaken in April 2023. Working with SEL ICB and health partners to ensure accurate capture of information for patients with learning disability and autism to ensure they get the right access to health provision; support performance and quality monitoring and underpin effective population health planning.

## Sexual Health

A refreshed HIV Care and Support Service was procured and relaunched in 2023/24 for residents in Lambeth, Southwark and Lewisham. This service was re-launched following engagement with residents and users of the previous services and other stakeholders. This was welcomed by service users who either hadn't previously had face-to-face contact with local government officers or hadn't since the pandemic. At the meetings, service users were encouraged to give their suggestions and feedback to the current provider, as well as provided with contact details for their local public health commissioners if they have grave concerns.

Throughout the whole process, an independent consultant with lived experience facilitated the workshops, reviewed papers and was a part of the moderation panel (including interviewing potential providers).

Sexual Health Commissioners procured Medical Foundation for AIDS & Sexual Health to deliver Sexual Health IN Practice (SHIP) training to nurses and clinicians across LSL. This is an interactive, peer-led training session in sexual health.

This year, 4 training sessions were delivered:

- **Practice Nurse 1:** STI update for practice nurses and physician associates
- **Key issues in Sexual Health for GPs**
- **Practice Nurse 2:** Talking to patients about sex
- **Blood borne virus update for primary care**

In November, Lambeth commissioners led a stakeholder engagement event for LSL (Lambeth, Southwark, and Lewisham) to unite local commissioners, clinicians, and VCSE organisations in the creation of a sexual health outreach model.



## Staying Healthy

The Age Friendly Festival happened in September at the Oval and in a week in which Age UK reported that just 13% of Londoners over the age of 60 believe the capital is “a place where older people are valued - see London’s over 60s feel undervalued, Age UK research finds, partners were delighted that we had over 325 residents and 70 volunteers from the Council and local organisations attend a really great event, despite the rail strikes on the day. The day featured 20 stalls across the eight Age Friendly domain areas and many different activities including crafts, memory cartography, spinach planting, dominoes, keep fit sessions, a choir, and a tea dance. The Health and Wellbeing bus delivered 35 flu and 25 covid jabs and had very many conversations on the health and wellbeing with those attending. Many people were keen to share their views and wanted to stay in contact after the event, including as part of an Older People Panel. The event even made the BBC London Tonight news.

Over the last year Lambeth has continued to deliver and develop our local stop smoking offer. The Specialist Stop Smoking service successfully piloted the use of nicotine vapes as a tool to support pregnant smokers and smokers with COPD to quit. Following the local pilot which engaged 36 smokers, Lambeth is now taking part in the national Swap to Stop scheme and is expanding this offer to any smoker seeking to quit. In the first 3 months of the scheme, 30 smokers have already taken up the offer with 12 having successfully quit and 8 others currently on their journey towards stopping smoking. By the end of Phase 1 Lambeth will provide vapes to 625 smokers to support them to quit. From May 2024, nicotine vapes will also be available in the community pharmacy stop smoking service. Incorporating this approach within Lambeth’s core service offer is helping to tackle misconceptions around vaping and provides a wider range of options for smokers who struggle to quit.



## Homeless Health

Lambeth was awarded Rough Sleeping Initiative funding of £6 million between 2022 –2025 from the Department for Levelling Up, Housing and Communities.

This funding, plus Lambeth’s commissioned rough sleeping outreach team, aims to support ALL rough sleepers away from the street and to ensure they do not return.

The Vulnerable Adults Pathway has accommodated 751 people between April 2019 and March 2023. 283 were referred via the rough sleeping outreach team. 468 were referred by the Lambeth Housing Options team. 483 people have moved on in a planned way between April 2019 and March 2023.



Lambeth set up an emergency rest centre in January 2024, during Severe Weather Emergency Planning (SWEP). The rest centre was provision above and beyond our normal SWEP offer due to high demand. It was set up in two days with help from colleagues across the Council, to support our efforts in ensuring people rough sleeping do not die on the streets of Lambeth in freezing temperatures. The model of rest centres and how we implemented ours in Lambeth will be shared London wide as best practice.

Lambeth were successfully awarded £2 million from the Single Homeless Accommodation Programme (SHAP) via the Greater London Authority (GLA), for a Housing First service for rough sleepers/single homeless people with support needs. This will involve 37 people being given social housing units and wrap around support to sustain their tenancies using the “housing first” approach.

As part of a comprehensive needs assessment, we have completed a series of service user engagement events, focus groups and stakeholder sessions. This feedback is now being used in conjunction with our data collection, benchmarking and knowledge/best practice across the sector to develop an options appraisal for re-commissioning the Vulnerable Adults Pathway.

## Substance Misuse

The establishment of an on-street engagement team operational across the borough that seeks to engage with people engaged in drug or alcohol misuse within our communities and then signpost them into treatment or other support services as appropriate.

Lambeth have led on pulling together a multi-agency forum to tackle the harms caused by using chemsex drugs – a piece of work carried out in partnership with Southwark, the Met Police and provider services.

Lambeth led on the establishment of a new project called Individual Placement Support – a project that enables people in recovery from drug and alcohol addiction to access gainful employment opportunities within their local community. This has been completed in partnership with colleagues in Lewisham and Southwark.

This year has been a journey of dedication, collaboration, and unwavering commitment to enhancing the well-being of the residents of Lambeth. In just twelve months, we’ve witnessed remarkable strides in improving access to quality healthcare, fostering a culture of compassion and understanding, and implementing innovative solutions to address the evolving needs of our community. The team are committed to continuing the work that has begun in many areas, addressing health inequalities amongst our treatment population and supporting people to enjoy sustained and meaningful recovery.

## Estates

The NHS and Lambeth Council teams have worked in partnership and agreed use of the former library site on Lower Marsh for the temporary relocation of Waterloo Health Centre. Planning permission has been granted and works are well underway to install a modular building which will be open to the public in the new year.

It is truly inspiring to witness the positive impact our collective efforts have had on the health and well-being of our population. Feedback, stories, and experiences serve as a testament to the tangible difference we've made together.

Through our health and care initiatives, we've strived to listen, understand, and respond to your needs with empathy and compassion. Whether it's been through improved access to healthcare services, enhanced support networks, or innovative wellness programs, our aim has always been to empower and uplift each member of our community.

From the heartwarming testimonials of individuals who have received life-changing treatments to the expressions of gratitude from families who have found solace in our support networks, your voices echo the profound impact of our collective endeavours.

Together, we've not only addressed immediate health concerns but also fostered a culture of proactive self-care and resilience. By working collaboratively, we've created a healthier, more vibrant community where every individual feels valued, supported, and empowered to lead fulfilling lives.





# How we know that we have made a difference

## Assurance of Our Progress

In our original [five-year plan](#), we stated our intention to continuously assess, learn from, reflect on, and refine our health and care plan as we progress. To facilitate this, starting in 2023/24, we improved how we run our Lambeth Together Assurance group (the group we used to monitor progress against our planned deliverables) by implementing the following changes:

We revamped our Integrated Assurance reporting to focus on the 15 delivery outcomes outlined in our plan. Each outcome is assessed based on:

- Progress indicated by data and intelligence
- Reduction of identified health inequalities
- Challenges impeding progress and potential actions to overcome them

We also established a rota of deep dives into each outcome where areas would be given greater focus and scrutiny.

Subsequently, the assurance group updates the Lambeth Together Partnership Board during public meetings.

This platform enables residents to review our progress and hold us accountable, especially in areas where improvements are needed.

The table on the next pages summarises some of the key findings documented within our Lambeth Together Integrated Assurance Report over the past year. You can find examples of the Lambeth Together Assurance Group updates and the assurance report in the [public board meeting papers](#).



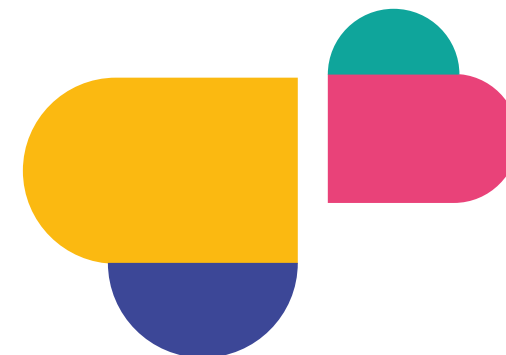
ID	Outcome	Highlights
A	<b>People maintain positive behaviours that keep them healthy</b>	The intelligence suggests year end local target (1,890) on the number of people accessing and engaging in structured treatment programmes in 23/24 with Substance Misuse services has been exceed.
B	<b>People are connected to communities which enable them to maintain good health</b>	We've increased the percentage of low-income residents coping financially from 76% in 22/23 Q4 to 79% as of Jan 2024, expecting reaching 80% by year end.
C	<b>People are immunised against vaccine preventable diseases</b>	Data from Q3 Cover reports suggest the local target of 90% for MMR vaccination uptake was not met, prioritizing this local goal is crucial for community protection.
D	<b>People have healthy mental and emotional wellbeing</b>	Talking Therapies data suggests we will meet national access and waiting times for treatment targets in 23/24. We increased the number of community organisations and volunteers undertaking mental health awareness and suicide prevention training in 23/24.
E	<b>People have healthy and fulfilling sexual relationships and good reproductive health</b>	Despite not seeing a reduction in STI diagnoses in 23/24, Lambeth has a significantly higher diagnostic rate of STI's compared to London and England's average.
F	<b>People receive early diagnosis and support on physical health conditions</b>	We are on course to meet the national SMI and LD annual health checks standard. On cancer screening, Lambeth have achieved above the national standard of 60% for Bowel Cancer screening. For Breast and Cervical screening Lambeth is below national standard.
G	<b>People who have developed long term health conditions have help to manage their condition and prevent complications</b>	We are on course to meet the year end target on Type 2 Diabetes 8 Care Processes and Cardiovascular blood pressure targets for people on hypertension register. Both workstreams had a focus on reducing health inequalities.

ID	Outcome	Highlights
H	<b>When emotional and mental health issues are identified; the right help and support is offered early and in a timely way</b>	Access to Lambeth Talking Therapy for Black residents has historically been lower than expected given Lambeth demographics. The latest available data shows that IAPT has made significant progress in advancing access for Black services users, but recovery rates remain a challenge, with Black service users starting with more serious problems than the all-service average.
I	<b>People have access to joined-up and holistic health and care delivered in their neighbourhoods</b>	Social prescribing, or community referrals, allow health professionals like GPs to refer individuals to local non-clinical services. These referrals aim to address people's needs holistically and empower them to manage their health better. Over the 11 month period between April 2023 and February 2024 there have been nearly 5,500 social prescribing contacts for Lambeth residents.
J	<b>People know where to go to get the right help, and are treated at the right time, in the right place, for their needs</b>	In 23/24 data shows circa 90% of Lambeth registered patients can get an appointment in less than 2 weeks. The Lambeth Pharmacy First Plus Service showed most interventions have taken place for most deprived people (IMD decile 1 to 3), which shows the service is accessed by the target population. In the absence of this service, 46% of patients would have gone without medication and 52% would have visited general practice to request the medication on prescription.
K	<b>Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well</b>	On care offer the number accepted referrals to Reablement increased since last year and 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.
L	<b>Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate</b>	Despite challenges with data reports mainly due to EPIC implementation and changes to national guidance the priorities for the alliance are to continue to work with SEL Local Maternity & Neonatal System (LMNS) to develop a borough-level dashboard, deliver recommendations via the LEAP Data-Advisory Group and continue conversations with Lambeth HEART around opportunities for research and data-linkage.



ID	Outcome	Highlights
M	<b>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</b>	<p>The waiting times for ASD diagnosis in children and young people remain lengthy.</p> <p>On discharges from specialist inpatient units, the proportion of those in most restrictive inpatient settings from BAME backgrounds has reduced from 54% in 2020/21 to 43% in 2023/24 showing a positive move away from using restrictive environments.</p>
N	<b>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</b>	<p>Data on 30 days readmission on Q2 and Q3 of 23/24 evidence improvement in performance against Q1. LWNA referrals teams make for other support routes beyond mental health support show increased activity when compared with 22/23</p>
O	<b>People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health</b>	<p>Since 22/23 demand for Homeless services has increased over 40%, supported housing in 23/24 is at full capacity and 70-80% of people living in supported housing are registered with a GP.</p>

For further detail on impact measures performance across Health and Care plan Outcomes, please refer to Lambeth Together (LT) Assurance update section included in LT Partnership Public meeting papers. Considering the activities in 24/25, we will be reviewing how we will measure success as part of LT Assurance group governance arrangements.



## What you have told us - Listening to and engaging with our residents

We have worked hard to make life better for residents within Lambeth. We've improved access to important services like healthcare and education. We've also made neighbourhoods nicer and given a voice to those who were overlooked before. People feel more included and connected now. Our efforts are making Lambeth a better place to live, and we're excited to keep working towards an even brighter future for everyone.

### Neighbourhood and Wellbeing Delivery Alliance

#### Urgent and Emergency Care (Virtual Wards) Case Study

Robyn Heron, 36 benefited from our services at the beginning of January 2024 when she had an asthma attack just weeks after the birth of her baby.

*"I was told when I was a teenager I had asthma, but I've never had to use pumps or had an asthma attack."* Believing it was a common cold, Robyn tried treating the symptoms at home. After experiencing coughing episodes, wheezing, a tightening chest, and struggling to breathe she decided to go to A&E.

Robyn said: *"At A&E they said my peak flow was about 100, which meant only about a quarter of the lung capacity was working."* Peak flow is a measure of how quickly you can blow air out of your lungs.

After numerous tests, Robyn was prescribed a nebuliser for an asthma attack and her condition began to improve. *"Because of my baby they asked if I would be interested in being monitored at home. I was glad because I'd rather be at home and have everything, I need around me, especially during the midnight feed."*

Robyn took readings, including heart rate, respiratory rate and peak flow, 3 times a day at home and sent these through an app to analyse the results.

*"Most of the time my blood pressure was quite low, so I'd quickly get a call back from the team asking me to check my results or redo my blood pressure."*

A nurse or a doctor from the @home team visited Robyn once a day for 3 days to take blood tests and to carry out further checks.

*"I felt so incredibly well looked after. The @home team was absolutely wonderful – the nurses and the doctors. And every person who phoned to check on me was so kind and considerate, and aware of everything. It was such an amazing experience."*

*"The monitoring is so quick and easy to do. It puts you at ease seeing your results, and knowing you are getting better every day. It made me feel I was a little bit more in control of things."*



## Chronic Pain Patient Advisory Group Case Study

### Dianna, Black African female, 55-64 years

Diana's chronic pain journey started in the 1990s when she was diagnosed with Lupus. Although she didn't particularly find the pain clinic helpful, the supplementary treatments of acupuncture, physio, and hydrotherapy did help her pain management. She has a strong conviction and belief in God. This would seem to allow her to 'smile through her pain' and keep her strong.

At first Diana was uncertain about joining the Patient Advisory Group, being sceptical of what she might gain. However, she has found it helpful to understand other people's experiences of chronic pain, especially those who share similar health concerns. She felt that supporting each other with suggestions or just listening has helped her develop a deeper understanding and with her mental well-being. Diane expressed the importance of just giving it a go, as we could all learn from each other by having a safe space to talk in similar situations.

On whether she'd recommend the group to others, Diana says: *"I would say just to get involved. Let's go because, like me, they could learn a little, but they could learn a lot. They could also give others in the group the benefit of their experience."*

### Ben, male, 65-74 years

Ben fell from a ladder about seven years ago which has resulted in constant pain in his left shoulder, which limits certain everyday activities. This shoulder pain makes it difficult for him to perform simple tasks such as putting on a jacket or threading loops on his belt. He has sought support from his GP and tried physiotherapy, but unfortunately, he felt that it didn't help much.

The group provided a safe space for people to talk about their pain when they cannot discuss it with their families. The PAG's WhatsApp group also acts as a good support network and facilitates communication among the group members. This has helped Ben maintain a positive outlook by continuing to listen and broaden his awareness at a suitable pace for him.

Ben had an overall positive experience being a part of the Patient Advisory Group. He expressed that being in the group helped him gain knowledge and motivated his understanding through interacting with fellow chronic pain sufferers. As a result, he has now tried to follow up on his chronic pain issues further with his GP.

In his own words, Ben describes his feelings about what he learnt from the group: *"What I learned from it was that a collective sense of solidarity is a great comfort to many people, and I think that shows up in our WhatsApp group and the meetings; I think people do derive a great deal of comfort just from sharing with others who do understand where they're coming from. They're not alone, and that's a great help. I think it's an extraordinarily worthwhile project. I really do. I highly commend it."*





## Living Well Network Alliance

### Mental Health Carers Peer Support Group Case Study

Unpaid carers play an essential role in the lives of many people supported by the Living Well Network Alliance. An important link between the Alliance and local unpaid carers, is the monthly Mental Health Carers Peer Support Group, run by the Carers' Hub Lambeth.

The Mental Health Peer Support Group offers Lambeth based carers space to connect and share with fellow carers and to keep abreast of latest mental health developments. And during 2022-3 over 50 carers attended the group and benefitted from the support provided. Alongside valuable and insightful information from speakers, the peer support element of the group ensures that carers' own wellbeing is supported. The group creates a space to share experiences with others in similar positions and helps carers build new friendships and feel less isolated.

*"I feel less alone and more accepting of our situation. It's wonderful to be able to talk about mental illness without shame because the group understands"*

**Mo, Streatham**

*"Attending the group is helping enormously. Listening and sharing with other carers helps broaden insight and understanding"*

**Lara, Stockwell**

The Carers' Hub Lambeth also supports many carers who experience their own mental health difficulties, which can be exacerbated by the fallout from their caring role. They regularly connect carers to the support offered by the Single Point of Access, 24-hour crisis line, Solidarity in a Crisis and Lambeth Talking Therapies.

The Living Well Network Alliance are active participants in the Carers Collaborative and Carers Collaborative Strategy Group through their representatives Lee Roach and Nigel Boyd. We will continue to partner with Carers Hub Lambeth to support occupational therapy student placements, provide carer awareness training for professionals across the Borough and help Lambeth Carers to navigate the complex health and social care system.

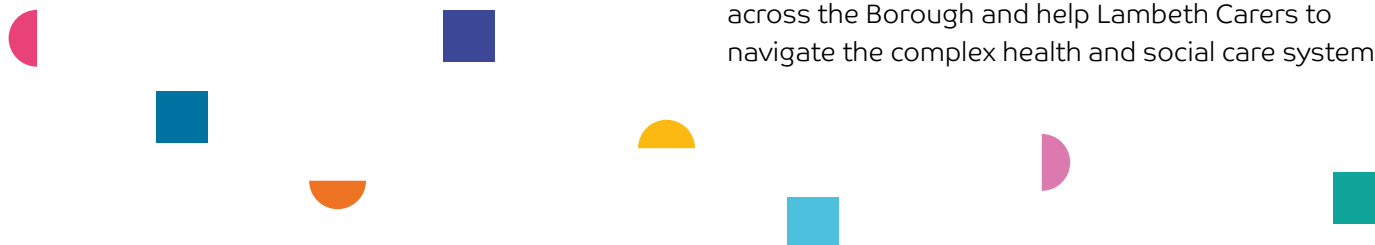
## Children and Young Person's Alliance

### The Educated Other Than at School (EOTAS) Service Case Study

Established in Lambeth since July 2019, ensures vulnerable children and young people not in mainstream education can access equitable school nurse services, addressing the gap in health outcomes compared to their peers.

Recent health inequalities funding from Lambeth Together has enabled the hiring of an additional nurse, enhancing the service by:

- Extending health service offers to children educated at home.
- Setting up a drop-in service for students at Lambeth College, initially targeting KS4 provision with potential for expansion.
- Increasing health support access for 16-19-year-olds, especially those not in education, employment, or training (NEET).



**Partner Testimonies:**

Youth services have highlighted the *“...EOTAS nurse’s role in reaching hard-to-reach young people, offering crucial health services and becoming a key part of the professional network for young people in Lambeth”*.

Education partners acknowledged the *“...positive relationship-building and comprehensive support for students’ health and well-being, noting the valuable communication and the critical role of the EOTAS nurse in supporting learners’ needs within the school environment”*.

### The Unaccompanied Asylum-Seeking Children (UASC) Service Case Study

Provides specialised care for vulnerable children arriving in the UK without guardians. Recognising their unique needs, this service delivers risk monitoring, diagnostic evaluation, joint assessment, and culturally sensitive interventions. Initially, UASC referrals were managed by the Child and Adolescent Mental Health Services (CLAMHS), but it became apparent that a more tailored approach was necessary, leading to the development of a dedicated UASC clinical specialist role.

Thanks to health inequalities funding from Lambeth Together, our support for these children has been significantly enhanced by the recruitment of a lead psychologist. This addition has markedly improved our service and led to the following:

- Significant increase in UASC mental health engagement, with a 75% rise in assessments and interventions.
- Diagnostic screenings are timely, with all referrals screened at the point of referral.
- Maximum wait time for assessment and intervention is 4-weeks.
- Reduction in wait times for UASC care by 66.7% over six months, compared to CLAMHS data.
- Cultural sensitivity reported by 100% of UASC and carers post-assessment.
- Timely and integrated management of comorbidities.
- Multi-agency collaboration led to significant risk reduction in UASC.
- 40% of referrals are around 17.7 years old, addressing critical transitional age for post-18 care.
- The service has provided consultations for non-allocated and out-of-borough cases.

**Partner Testimonies:**

*“The project has worked well in making mental health screenings and interventions available earlier, which young people have really welcomed. Getting involved early has been vital for getting past the hesitations young people have about using mental health services, hesitations often rooted in cultural and trauma-related issues.*

*“The service has played a key role in protecting and advancing Children’s Rights, and we’ve been particularly impressed by the stronger teamwork between social care and CLAMHS as a standout success”*.

*“The support we’ve been able to offer UASC has been incredibly important, especially when you consider the traumatic experiences these young people have been through. My colleagues and I emphasise how critical the project has been in helping these young individuals work through and heal from their past experiences”*.



## Learning Disabilities and Autism

Autistic people, families and their carers gave us rich and honest feedback about living with autism during the Autism Strategy engagement exercises.

They told us of struggles to access a diagnosis for both children and adults **“enhancing access to diagnosis is paramount”** **“and finding health and care services are not tailored to their needs”** **“ask GPs to offer appointments during quieter times”**

We heard about a lack of understanding amongst professionals and the community **“efforts must be intensified to combat prejudice against autistic individuals”**, there is **“lack of understanding about the barriers”** faced by autistic individuals.

There is a need for **“improved training for health and social care professionals”** that respects the individuality of autistic people.

## Home Care Commissioning

In order to better meet the needs of residents who receive home care, Lambeth Council is recommissioning this service under a new neighbourhood model of care with eight individual geographically based contracts and one boroughwide reserve providers list. The new model of care is designed to bring home care workers into closer alignment with primary care and community health at a local level, to provide a more joined-up, consistent service to residents within eight neighbourhood areas. It will also allow better co-operation with housing neighbourhood teams. This approach will mean that carers can respond more quickly to an individual’s changing needs and minimise time spent on travel. Lambeth Council recently signed UNISON’s Ethical Care Charter, meaning that all home care workers will be paid the London Living Wage for both travel time and hours of care. This will provide an immediate sizeable pay increase to our excellent, predominantly female, minority ethnic and locally based contracted staff. We are confident that this alongside the new patch-based configuration for contracts will improve the care quality outcomes for residents.

As part of this arrangement, the Council has been working closely with NHS trusts to align the design of the home care neighbourhood model with the existing neighbourhood nursing locality teams. Regular meetings will be held with the neighbourhood nursing team, social care, and care providers to consider ways to further co-ordinate and collaborate. This will drive better relationships between front line workers across health and social care and will lead to improved outcomes for individuals. Neighbourhood teams will aim to use resources more creatively and effectively in a more preventative way.

The new system will be rolled out from April 2024. This is a significant change in how we commission home care, but we have robust governance arrangements and a dedicated mobilisation team to mitigate any risks and ensure that residents receive a safe and supportive transfer.



## Thriving Communities

In July, with funding from Lambeth Together and Lambeth Council's Community Connections Fund, Thriving Stockwell launched Community Living Room health and wellbeing activities.

The Living Rooms, in Stockwell Park Estate and at a community arts space, host health and wellbeing sessions designed and run by local people. Activities include yoga and tai-chi wellbeing groups, rumba classes, coffee and chat sessions for people living with chronic pain, a Safe Space group for women from multi-ethnic communities and a creative sewing club. Community leaders, local councillors, practitioners, partner organisations, and residents leading the sessions came together to officially launch the programme and celebrate the impact of thinking differently; of sharing 'power' with the local community through co-production and co-design as a tool to improve people's lives and health outcomes. This Community Living Room initiative is an example of how we are working to ensure people in Lambeth have access to tailored and culturally appropriate advice and support in community settings to help them stay independent and well.

## Refugee Week

Lambeth celebrated the first Refugee Week in June as a new Borough of Sanctuary and Lambeth Council co-hosted an event welcoming 22 London boroughs who have started the process to receive the Borough of Sanctuary award. Also attended by colleagues from the Lambeth Sanctuary Forum, alongside sanctuary-seeking residents who are part of our resettled refugees, guests from Ukraine, residents living in asylum-hotels and others affected by forced migration.





## Blood Pressure

AT Medics made the news in May with their work to address hypertension, and in particular that they have eliminated the inequalities in the control of hypertension between different communities in their practice population. High blood pressure is a key cause of strokes and heart attack and has a much higher prevalence in black, Asian and multiethnic populations and in deprived communities. The AT Medics Streatham Primary Care Networks' two Practices, Edith Cavell Surgery and Streatham High Practice, in total care for 45,000 patients of whom around 7% have been diagnosed with hypertension.

## Diagnostics

This year, we have been liaising closely with the hospital trusts to improve access to diagnostic tests in Lambeth, in particular facilitating the rollout of new, less invasive endoscopy technologies which can provide patients with a quicker route to diagnosis.

## Electronic Patient Records (EPIC)

On 5th October 2023, both Guy's and St Thomas' hospital and King's College Hospital implemented a new electronic patient record, EPIC. This has impacted how primary care request radiology and blood tests, and we have been closely working with practices to troubleshoot issues and ensure a smooth changeover, whilst maintaining diagnostic pathway access for Lambeth patients.



# Our Plan for the Year Ahead - 2024/2025

## Reviewing 'Our Health, Our Lambeth'

In developing our plan, we reflected on and agreed the ways we would work and what our staff, Partners and residents need, to help us deliver on our outcomes and the activities achieve this.

We recognised that over the course of this five-year plan things would change. National health and care directives would evolve, and the amount and quality of data, intelligence and insights would improve. To be able to adapt to these changes, we built a governance process to regularly review the measures we use to monitor success and to adjust, enhance, and refine them as necessary so that they continue to be fit for purpose. Where things are working well, we may increase our ambition and build upon the success. Where our work is not having the results we expected, we will learn from this and adjust our approach so that we get back on track.

Lambeth Together have collectively committed to 'Our Health, Our Lambeth' and have a transparent process for agreeing change through regular reporting to the Lambeth Together

Care Partnership Board in Public. We have also committed to publishing an annual review that will share our year-to-date progress and plans for the coming year - ensuring that this is accessible, easy to understand and contains lived experience.

The Lambeth Together Care Partnership Board will reflect on how well we are doing at meeting our outcomes and our plans for the year ahead.

The Board will consider:

- Is this working?
- Can we do more?
- Do we need to change course?
- Where we have delivered what we said we would, what's next?
- Where we have met our target, should we aim higher?
- Where we have different data, should we review this measure or target?
- What are patients and residents telling us?
- What lessons have we learned?
- What is research evidence telling us about the causes of health inequalities in Lambeth and how can we impact these?

Reflecting on the first year of the Lambeth Together 'Our Health, Our Lambeth' health and care plan we have began the necessary strides to improving health and well-being across our community. Through the implementation of Our Health, Our Lambeth, we have diligently addressed health inequalities, fostered inclusivity and advocated for positive outcomes for all residents. Our efforts, guided by a commitment to equality, diversity, and inclusion, have reshaped service delivery and driven meaningful change in Lambeth.

As we conclude our annual review, we extend our deepest appreciation to all who have contributed to our collective progress. Your dedication, insights, and collaboration have been instrumental in shaping the transformative work of Lambeth Together. As we look ahead, let us remain steadfast in our commitment to building a healthier, more inclusive Lambeth. Together, we have laid the foundation for continued growth and success, and we are confident that by staying true to our values and principles, we will achieve our collective aspirations.

# Appendix 1 - 2024/2025 plan

## Our Plan for 2024/25

Looking ahead to the upcoming year, our Health and Care Plan is poised to embark on an exciting array of activities aimed at further enhancing the well-being of our community. In 2024/25, we are committed to expanding access to essential healthcare services and we will be focusing on preventative health measures, launching community-wide wellness campaigns aimed at promoting healthy lifestyles and disease prevention. Furthermore, we plan to strengthen our partnerships with local organisations and stakeholders to address social determinants of health, such as housing and food insecurity, to create a more holistic approach to care. Through these initiatives and more, we are dedicated to building a healthier, more resilient community for all.

Outcome	ID	Activity	Status
<b>A. People maintain positive behaviours that keep them healthy:</b>	<b>1</b>	Work with local communities, voluntary sector, Primary Care Networks (PCNs) and other partners to ensure residents have access to advice and support in community settings to stay well, which is tailored and culturally appropriate	Continuing activity from 2023/24
<b>A. People maintain positive behaviours that keep them healthy:</b>	<b>2</b>	Use a combination of 'Vital 5' and NHS Health Check approach to improve routine identification of smokers and those at greatest risk of obesity, providing brief advice and referral to the stop smoking service and to weight management support	Continuing activity from 2023/24
<b>A. People maintain positive behaviours that keep them healthy:</b>	<b>3</b>	Deliver stop smoking services and support including specialist services and community pharmacy provision and strengthen links with hospital and pharmacy stop smoking pathways	Continuing activity from 2023/24
<b>A. People maintain positive behaviours that keep them healthy:</b>	<b>4</b>	Set up a new weight management service with better links into communities that have the highest need and are likely to benefit most	Continuing activity from 2023/24

Outcome	ID	Activity	Status
<b>A. People maintain positive behaviours that keep them healthy:</b>	<b>5</b>	Work across the Council and ICB to support a holistic needs-led approach across the whole weight management care pathway to increase access to the most appropriate weight management support for residents	Continuing activity from 2023/24
<b>A. People maintain positive behaviours that keep them healthy:</b>	<b>6</b>	Enhanced outreach and engagement, (including outreach for people with disabilities and for new parents) including targeted street outreach for: people experiencing rough sleeping and homelessness (aligned with and complementing rough sleeping grant initiatives where relevant), targeted vulnerable/priority groups including sex workers, crack, heroin users and alcohol users who are not in contact with treatment, and young people not accessing services	Continuing activity from 2023/24
<b>A. People maintain positive behaviours that keep them healthy:</b>	<b>12</b>	Improve identification of those with high risk drinking through use of the 'Vital 5' tool and implementing brief intervention and onward referral	Continuing activity from 2023/24
<b>A. People maintain positive behaviours that keep them healthy:</b>	<b>14</b>	Strengthen referral pathways for risky and dependent alcohol drinkers from primary care and acute trust-embedded addiction care teams to treatment services	Activity due to commence in 2024/25
<b>B. People are connected to communities that enable them to maintain good health:</b>	<b>17</b>	Age UK Lambeth, Lambeth Training Hub and primary care to support recruitment and retention of social prescribing link workers	Continuing activity from 2023/24
<b>B. People are connected to communities that enable them to maintain good health:</b>	<b>18</b>	Developing stronger links between PCNs and local communities through PCN Equity Champions, the Thriving Communities programme and Health and Wellbeing Hubs	Continuing activity from 2023/24
<b>B. People are connected to communities that enable them to maintain good health:</b>	<b>20</b>	Providing capacity building support to community and voluntary organisations to further assist their promotion of health and wellbeing and to continue to develop in our Black and diverse communities, trust and confidence in the health and care system	Activity due to commence in 2024/25



Outcome	ID	Activity	Status
<b>B. People are connected to communities that enable them to maintain good health:</b>	<b>22</b>	Support residents through targeted interventions to maximise their incomes, reduce costs and build financial resilience	Continuing activity from 2023/24
<b>B. People are connected to communities that enable them to maintain good health:</b>	<b>23</b>	Engage communities through Lambeth Health Determinants Research & Evaluation Network (HEART) to develop research priorities	Activity due to commence in 2024/25
<b>B. People are connected to communities that enable them to maintain good health:</b>	<b>26</b>	We will review cases of infant deaths and identify common wider determinants of infant mortality in Lambeth. We will use these findings to create a clear programme of work to address this, using community and neighbourhood resources.	Activity due to commence in 2024/25
<b>C. People are immunised against vaccine preventable diseases:</b>	<b>27</b>	Complete a Joint Strategic Needs Assessment Health Profile of Childhood Immunisations in Lambeth using different data sources to better understand our population, collaboratively working with partners and local communities to investigate and identify the current and future health and service needs of our population	Continuing activity from 2023/24
<b>C. People are immunised against vaccine preventable diseases:</b>	<b>28</b>	Review local incentivisation schemes for General Practices (GPs) and explore how they are routinely inviting residents for vaccinations, with the aim to improve vaccination uptake in specific cohorts (such as high-risk groups, over 65s, and children), focusing on those who have previously not responded or declined a vaccination appointment FLU ONLY	Continuing activity from 2023/24
<b>C. People are immunised against vaccine preventable diseases:</b>	<b>31</b>	Health Visitors to continue to actively check immunisation status of new-borns' and infants during routine health reviews and refer parents to GPs for vaccination where required	Continuing activity from 2023/24
<b>C. People are immunised against vaccine preventable diseases:</b>	<b>33</b>	Midwifery teams to promote the UK vaccination programme at antenatal appointments with expectant mothers to increase awareness of the programme and encourage uptake when baby is born	Continuing activity from 2023/24

Outcome	ID	Activity	Status
<b>C. People are immunised against vaccine preventable diseases:</b>	39	Immunisation records of families with under 5-year-olds are routinely checked by health visiting with referrals made to GPs as required	Activity due to commence in 2024/25
<b>C. People are immunised against vaccine preventable diseases:</b>	40	Vaccinations are opportunistically discussed with all families of children who have missing immunisations.	Activity due to commence in 2024/25
<b>D. People have healthy mental and emotional wellbeing:</b>	43	Working as part of South London Listens, increase the number of Wellbeing Hubs and Community Mental Health Champions	Activity due to commence in 2024/25
<b>D. People have healthy mental and emotional wellbeing:</b>	44	SLAM mental health promotion team to develop and implement more needs-led mental health promotion initiatives	Activity due to commence in 2024/25
<b>D. People have healthy mental and emotional wellbeing:</b>	46	Develop and expand Living Well Network Alliance's Culturally Appropriate Peer Support and Advocacy (CAPSA) - this service employs people from Lambeth's Black communities with lived experience of mental health issues to work with and advocate (speak up) for those we support. They work and train with staff in our Living Well Centres and other Alliance teams to improve our support for people from Black communities. Improving our cultural awareness also helps to improve our support to all those from 'minority' communities	Continuing activity from 2023/24
<b>D. People have healthy mental and emotional wellbeing:</b>	51	Implement changes as part of the Patient and Carer Race Equality Framework (PCREF) programme to improve the access, experience and outcomes of the people we support from our Black, LGBTQ+ and other 'minority' communities - the South London and Maudsley NHS Trust, a core member of the Living Well Network Alliance, is one of four national pilots for PCREF which aims to eliminate differences in access, experience and outcomes in mental health for those from Black and Minority Ethnic communities	Continuing activity from 2023/24

Outcome	ID	Activity	Status
<b>D. People have healthy mental and emotional wellbeing:</b>	52	In line with the Children and Young People’s Mental Health and Emotional Wellbeing Plan, design and deliver a multi-agency Single Point of Access (SPA) to mental health support, drawing together a range of services seeking to support children and young people and their families	Activity due to commence in 2024/25
<b>D. People have healthy mental and emotional wellbeing:</b>	53	Offer varied emotional wellbeing provision for children and young people that is a cohesive and joined-up offer, that is well-communicated and enables improved access - develop a standardised approach to measuring outcomes across providers	Activity due to commence in 2024/25
<b>D. People have healthy mental and emotional wellbeing:</b>	54	As part of the Suicide Prevention Action Plan and feeding into the Autism strategy work with mental health services to improve the experience of people with autism - relevant recommendations from the evidence review on autism and suicide are considered and adopted	Activity due to commence in 2024/25
<b>E. People have healthy and fulfilling sexual relationships and good reproductive health:</b>	57	Open access integrated STI and contraception clinical services will have a refreshed service offer	Activity due to commence in 2024/25
<b>E. People have healthy and fulfilling sexual relationships and good reproductive health:</b>	58	We’ll work with the London Sexual Health Programme to plan for the future of the London e-service which includes STI and Contraception pathways	Activity due to commence in 2024/25
<b>E. People have healthy and fulfilling sexual relationships and good reproductive health:</b>	59	Increase accuracy of partner notification and reporting across all services that perform STI testing	Activity due to commence in 2024/25
<b>E. People have healthy and fulfilling sexual relationships and good reproductive health:</b>	60	Increase and improve outreach and education to underserved groups on all aspects of sexual and reproductive health. Promote condom distribution services and benefits of condom use.	Activity due to commence in 2024/25

Outcome	ID	Activity	Status
<b>E. People have healthy and fulfilling sexual relationships and good reproductive health:</b>	61	We'll work with pharmacies to consolidate a sexual and reproductive health service offer	Activity due to commence in 2024/25
<b>E. People have healthy and fulfilling sexual relationships and good reproductive health:</b>	63	We'll work with the NHS and independent providers to refresh the abortion service offer across SEL and London	Activity due to commence in 2024/25
<b>E. People have healthy and fulfilling sexual relationships and good reproductive health:</b>	64	We'll monitor and analyse what our services are delivering and who is accessing them across our clinical provision for abortion, integrated sexual and reproductive health services, GP and other service providers, educational and promotional services and peer support services both in clinic, online and out of clinic.	Activity due to commence in 2024/25
<b>E. People have healthy and fulfilling sexual relationships and good reproductive health:</b>	66	Redesign Long-Acting Reversible Contraception (LARC) training and delivery across primary and secondary Care	Activity due to commence in 2024/25
<b>E. People have healthy and fulfilling sexual relationships and good reproductive health:</b>	68	Continue to develop online booking across providers to support access and gain 'live' system oversight of capacity, of all service access	Activity due to commence in 2024/25
<b>E. People have healthy and fulfilling sexual relationships and good reproductive health:</b>	78	Continue to develop online booking across providers to support access and gain 'live' system oversight of capacity, of all service access	Activity due to commence in 2024/25
<b>E. People have healthy and fulfilling sexual relationships and good reproductive health:</b>	79	Maximise opportunities to co-create improved HIV pathways.	Activity due to commence in 2024/25
<b>F. People receive early diagnosis and support for physical health conditions:</b>	80	Re-design the NHS Health Checks programme in Lambeth to ensure a focus on improving uptake for those at most risk, by focusing on outreach and delivery in community settings	Activity due to commence in 2024/25



Outcome	ID	Activity	Status
<b>F. People receive early diagnosis and support for physical health conditions:</b>	<b>81</b>	We will target health inequalities by increasing invites and uptake of NHS Health Checks and improving referral/diagnosis rates for those with highest risk	Continuing activity from 2023/24
<b>F. People receive early diagnosis and support for physical health conditions:</b>	<b>82</b>	Embed population health management approaches making better use of data	Activity due to commence in 2024/25
<b>F. People receive early diagnosis and support for physical health conditions:</b>	<b>83</b>	Align to the Vital 5 prevention work in community settings	Activity due to commence in 2024/25
<b>F. People receive early diagnosis and support for physical health conditions:</b>	<b>84</b>	Evaluate and review new programme delivery.	Activity due to commence in 2024/25
<b>F. People receive early diagnosis and support for physical health conditions:</b>	<b>85</b>	Primary care to implement a quality improvement plan with Living Well Network Alliance support to ensure delivery of SMI Health check in line with national targets and quality metrics	Continuing activity from 2023/24
<b>F. People receive early diagnosis and support for physical health conditions:</b>	<b>88</b>	Personalised care-improve % of people with an agreed Health Action Plan following identified risk as result of AHC	Continuing activity from 2023/24
<b>F. People receive early diagnosis and support for physical health conditions:</b>	<b>89</b>	Promotion of AHC amongst target population especially those from black minority groups i.e., Big Health week.	Continuing activity from 2023/24
<b>F. People receive early diagnosis and support for physical health conditions:</b>	<b>90</b>	Increase the uptake of all cancer screening across our diverse communities particularly for those whom English is not their first language including local Portuguese and Spanish speaking community	Continuing activity from 2023/24

Outcome	ID	Activity	Status
<b>F. People receive early diagnosis and support for physical health conditions:</b>	91	Deliver the Catch 22 Bowel Cancer Screening initiative, involving targeted work to increase the uptake of bowel cancer screening in Lambeth where 26 General Practices identified with the lowest uptake have been invited to take part in the bowel cancer screening calling initiative and non-responders will be contacted by Catch 22 multilingual facilitators and encouraged to complete the FIT kit on behalf of practices who opt-in	Continuing activity from 2023/24
<b>F. People receive early diagnosis and support for physical health conditions:</b>	94	Development of data dashboard of HIV testing and diagnoses across the system including acute setting, primary care and community services	Activity due to commence in 2024/25
<b>F. People receive early diagnosis and support for physical health conditions:</b>	98	Sexual Health and HIV training commissioned for primary care staff	Activity due to commence in 2024/25
<b>G. People who have developed long term health conditions have help to manage their condition and prevent complications:</b>	101	The Lambeth Community Diabetes Service will work very closely in partnership with General Practices, Primary Care Networks, Guy's and St Thomas' Hospital (GSTT), King's College Hospital (KCH), The South London and Maudsley Hospital (SLAM), Community Pharmacies and other partners, to improve population health and reduce inequalities	Continuing activity from 2023/24
<b>G. People who have developed long term health conditions have help to manage their condition and prevent complications:</b>	107	Improve the information that the GP has to advise those with Chronic pain to access treatment	Continuing activity from 2023/24
<b>G. People who have developed long term health conditions have help to manage their condition and prevent complications:</b>	108	Work with a group of patients who have chronic pain to improve the provision & information to access pain services in the community and from their GP	Activity due to commence in 2024/25
<b>G. People who have developed long term health conditions have help to manage their condition and prevent complications:</b>	109	Hypertension workstream to coordinate all Lambeth hypertension activity with a focus on reducing health inequalities	Continuing activity from 2023/24

Outcome	ID	Activity	Status
<b>G. People who have developed long term health conditions have help to manage their condition and prevent complications:</b>	<b>114</b>	We have implemented a community diagnostics service for cardiovascular disease, which helps us identify hypertension.	Continuing activity from 2023/24
<b>H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:</b>	<b>119</b>	Monitor and review Living Well Network Alliance Single Point of Access capacity and performance to agree service model	Continuing activity from 2023/24
<b>H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:</b>	<b>121</b>	Undertake regular outreach sessions at community events within Lambeth to promote the Lambeth Talking Therapies service, audit service user experience to feedback into service development and pilot model of culturally appropriate group therapy with Black Thrive	Activity due to commence in 2024/25
<b>H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:</b>	<b>125</b>	Extend capacity for Living Well Network Alliance Home Treatment Team to support more people experiencing mental health crisis in the community	Continuing activity from 2023/24
<b>H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:</b>	<b>128</b>	Develop specialist eating disorder and complex psychological and behavioural needs pathway to enable more people to be supported in the community and reduce unplanned admission due to crisis	Activity due to commence in 2024/25
<b>H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:</b>	<b>129</b>	Improve the diversity in ethnicity of children and young people accessing Mental Health School Teams - agree baseline from 22/23 annual report, set target for 23/24 with regular monitoring and establish task and finish group to consider how this can be improved	Continuing activity from 2023/24
<b>H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:</b>	<b>131</b>	Working with a voluntary sector provider to consult with children and young people in schools, to better understand emotional health and wellbeing needs relating to our LGBTQ+ community	Continuing activity from 2023/24

Outcome	ID	Activity	Status
I. <b>People have access to joined-up and holistic health and care delivered in their neighbourhoods:</b>	133	Lambeth Together Delivery Alliances support the development of equitable provision of integrated care in the borough - the Neighbourhood and Wellbeing Delivery Alliance (NWDA) supports the creation of health and care community networks (called Thriving communities) to inform neighbourhood service development with a particular focus on providing an equitable offer of health and social care and development of localised health solutions for all our residents	Activity due to commence in 2024/25
I. <b>People have access to joined-up and holistic health and care delivered in their neighbourhoods:</b>	135	Primary Care Networks (PCN) and community-based partners will explore opportunities to evolve integrated neighbourhood provision and models using insight from residents and service users to inform localised provision such as neighbourhood teams for mental health and workforce development to support flexible multi-disciplinary teams	Activity due to commence in 2024/25
I. <b>People have access to joined-up and holistic health and care delivered in their neighbourhoods:</b>	136	Use our wide range of existing estates for the delivery of integrated services from a range of partners including community groups	Activity due to commence in 2024/25
I. <b>People have access to joined-up and holistic health and care delivered in their neighbourhoods:</b>	137	Each PCN to have a social prescribing team which is expanding and recruiting to specialist posts in recognition of local need, including dedicated children and young people posts and mental health	Activity due to commence in 2024/25
I. <b>People have access to joined-up and holistic health and care delivered in their neighbourhoods:</b>	140	Refine and develop the approach to Population Health Management around the Core20	Activity due to commence in 2024/25
I. <b>People have access to joined-up and holistic health and care delivered in their neighbourhoods:</b>	143	Development of the London Care Record that supports the delivery of holistic care to patients and can be used from across health and care services	Activity due to commence in 2024/25
I. <b>People have access to joined-up and holistic health and care delivered in their neighbourhoods:</b>	144	Ensure there are tailored ways to support groups who often find it difficult to access healthcare, such as asylum seekers and traveller communities.	Continuing activity from 2023/24



Outcome	ID	Activity	Status
<b>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:</b>	146	Demand management including review of access routes and alternative appointment slots in community/primary care and access to these and the potential benefits of digital access in emergency departments to support direct appointment bookings	Activity due to commence in 2024/25
<b>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:</b>	150	Increase the use of digital tools including the NHS app so that patients may more easily be equipped to take greater control over their health and care and to access care at the right time and place	Continuing activity from 2023/24
<b>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:</b>	152	Use digital software (Apex) to support GP practices to understand their population needs and provide and redeploy workforce accordingly across Primary Care Networks	Continuing activity from 2023/24
<b>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:</b>	154	Development of the London Care Record that supports the delivery of holistic care to patients and can be used from across health and care services	Activity due to commence in 2024/25
<b>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:</b>	160	People with mental ill-health have the right support at the right time to avoid unnecessary periods in ED including by being discharged appropriately and in a timely way from ED and inpatient beds	Continuing activity from 2023/24
<b>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:</b>	161	Engage in the development and deployment of a London Care Record that supports Advanced Care Planning.	Activity due to commence in 2024/25
<b>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:</b>	168	Review delivery model of reablement across the partnership; integrating clinicians, ensuring access to the service is equitable in general and between the community pathway and the discharge pathway	Activity due to commence in 2024/25

Outcome	ID	Activity	Status
<b>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:</b>	169	Review of pilot on Adult Social Care ‘front door’ with Age UK Lambeth and design future model of delivery, ensuring an inclusive and equitable service, with an interface with community health and primary care	Activity due to commence in 2024/25
<b>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:</b>	170	Work collaboratively within SEL ICS to implement and embed a ‘core offer’ for community Specialist Palliative Care providers	Activity due to commence in 2024/25
<b>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:</b>	171	Prioritise integration of Palliative and End of Life Care into frailty pathways and ‘virtual wards’ models	Activity due to commence in 2024/25
<b>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:</b>	172	Work collaboratively with the Lambeth Carers Service to ensure carers are supported in their caring role, have access to the information and resources they need, and feel recognised locally for their contribution	Continuing activity from 2023/24
<b>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:</b>	173	Review, launch and implement new Carer’s Strategy and review the support and information available for carers	Activity due to commence in 2024/25
<b>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:</b>	174	Carers to receive health and wellbeing interventions, including vaccinations, from the right workforce in their general practice Primary Care Network	Activity due to commence in 2024/25

Outcome	ID	Activity	Status
<b>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:</b>	175	Carers can access support through their practice Personalised Care team including Social Prescribing Link Workers	Activity due to commence in 2024/25
<b>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:</b>	176	Enable primary care providers to develop Advanced Care Planning in their practices and around them - linking with local system providers to share ideas and collaborate	Activity due to commence in 2024/25
<b>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:</b>	177	Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long term nursing or residential care. To reduce emergency admissions due to falls in people aged 65 and over we will carry out a falls prevention campaign which will include Lambeth based falls prevention leaflets, e-training to non-health care staff and increased provision of strength and balancing classes	Activity due to commence in 2024/25
<b>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:</b>	178	We will make dementia friendly training available to help ensure that people with dementia feel understood, valued and able to contribute to their community	Activity due to commence in 2024/25
<b>L. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate:</b>	182	Work with colleagues across the system to pull together a comprehensive dataset for Lambeth women using maternity services to counter significant inequalities in experience. This includes partnership working through Local Maternity and Neonatal Systems (LMNS) consolidating maternity metrics across providers and utilisation of analytic resources produced by SEL BI team, such as, Core20PLUS5. This will allow us to create a localised action plan to meet the specific needs of Lambeth women	Activity due to commence in 2024/25

Outcome	ID	Activity	Status
<b>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:</b>	188	Review crisis intervention/admission prevention services to agree improved borough offer	Activity due to commence in 2024/25
<b>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:</b>	191	People with learning disabilities are less likely to be in employment than the overall population. We will monitor and report on how many people with learning disabilities are in work and how many opportunities for supported employment we are able to create	Activity due to commence in 2024/25
<b>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:</b>	192	Developing new supported employment and internship opportunities through our health and care partners.	Continuing activity from 2023/24
<b>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:</b>	193	Develop the Lambeth All-Age Autism Strategy with users, carers and partners	Continuing activity from 2023/24
<b>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:</b>	198	Contribute to the South East London Integrated Care Board Learning Disability and Autism Programme and support the development of integrated, workforce plans for the learning disability and autism workforce	Continuing activity from 2023/24
<b>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</b>	205	Deliver on the reprovision of the Lambeth Hospital together with SLaM, including the mobilisation of a redesigned inpatient care model to provide better quality and more culturally appropriate clinical service	Activity due to commence in 2024/25



Outcome	ID	Activity	Status
<b>O. People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health:</b>	207	A specialist team will support single households in Temporary Accommodation to secure offers of long term settled accommodation	Continuing activity from 2023/24
<b>O. People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health:</b>	209	The Lambeth Rough Sleeping Outreach Team will continue to target all rough sleepers found in Lambeth to ensure everyone is offered a route off the streets. Long term entrenched rough sleepers will continue being case worked by specialist roles within the team such as a Living On The Streets worker, and embedded roles such as a Public Protection Officer and an Approved Mental Health Professional.	Continuing activity from 2023/24
<b>O. People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health:</b>	211	Develop model to allow cross referencing GP registration for those in supported housing, with engagement with GP	Activity due to commence in 2024/25
<b>O. People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health:</b>	212	Develop intelligence to review how long rough sleepers brought into accommodation, have sustained tenancy.	Activity due to commence in 2024/25

# Appendix 2 - Managing risks

The matrix below represents the possible combined risk scores based on a measurement of both the likelihood (probability) and severity (impact) of risk issues. A combination of likelihood and severity score provides the combine risk score. Risk score is form 1-25 (1= rare and negligible severity and 25 = Almost certain and catastrophic).

Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
Data and intelligence	Insufficient or poor-quality data results in an inability to track the progress and evaluate our interventions and impact. Incomplete, outdated, or inaccurate data hinders the effectiveness of our decision-making and analysis.	8	6	<p>Continue to invest in how we collect and record data to improve the richness of our data, making information more timely, accurate and complete, building on existing relationships between the analytical teams across the partnership.</p> <p>Develop an assurance mechanism through the assurance group to review monitor and evaluate progress and to enable scrutiny of the validity of data and intelligence.</p> <p>Build into our governance process the mechanism to periodically review the plan and to adjust, improve, and refine how we monitor delivery and adjust performance indicators as data quality improves.</p>
Financial savings/ pressures	Lambeth Together partner organisations need to make financial savings and/or face significant budget pressures.	16	8	Partner organisations continue to provide a stable financial environment that supports improvement and investment in healthcare and outcomes. The commitment to financial sustainability will be vital to ensuring a robust and effective delivering of core responsibilities, secured through approaches that demonstrably improve productivity, efficiency, and value through making the best possible use of funding available.

Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
Wider economic impact on inequalities	We know that our focus as a health and care system must be on tackling unfair and avoidable differences in health between different groups of people, that were exacerbated through the Covid-19 pandemic. A national cost of living crisis, high inflation and rising costs, threatens to worsen living standards and increase poverty, which could lead to a widening of inequalities.	12	9	Work in partnership with Lambeth Council’s Cost of Living programme to provide extra support for residents most impacted by the cost of living crisis, including ensuring offers of support for residents are communicated throughout the health and care system.
Rise of infectious disease(s)	Future pandemic or epidemic of an infectious disease such as flu or Covid-19. Managing a pandemic may inhibit our collective ability to deliver this plan.	12	6	Infectious disease prevention measures to remain in place and promoted to the public. Public Health pandemic planning to be in place.
Workforce	Reduced ability to recruit, retain and support staff.	9	6	<p>Software (“Apex”) rolled out to support General Practices to effectively plan their workforce requirements, based on healthcare needs in the borough.</p> <p>The Lambeth Together &amp; Development Hub to develop Peer support groups for the workforce to encourage resilience and personal development.</p> <p>The Lambeth Together &amp; Development Hub is working with practices to develop apprenticeships for healthcare workers in Lambeth.</p>

Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
				<p>Lambeth will pilot the Automation of Patient Registration to facilitate administration function in General Practice, which will benefit both the patient and General Practice Workforce.</p> <p>Commit to supporting the workforce to relate to our communities' lived experience, is representative of and supports our diverse and intersectional communities.</p> <p>Support carers pay, as part of Lambeth's Ethical Care Charter.</p> <p>Engage with, and across, our workforce including through our Clinical and Care Professional Network.</p>
<p>Immunisations Fatigue</p>	<p>Vaccine hesitancy, fatigue and reluctance in the population following the Covid-19 pandemic.</p>	<p>12</p>	<p>3</p>	<p>As part of our childhood immunisation strategy for 2023-2025, regular engagement activities will be held at trusted community sites to develop a greater understanding of underserved and marginalised communities. These sessions will be held in person, and online, and provide a forum where residents can ask questions related to vaccine preventable diseases, along with other common childhood illnesses. In addition to this, a targeted communication strategy will be co-developed with key stakeholders and be carried out in community languages on various platforms. A robust training package is also being developed for clinical and non-clinical staff working with children and their families to strengthen Making Every Contact Count and ensure a consistent approach to building vaccine confidence within Lambeth.</p> <p>Each general practice will produce and implement their protocol and systems to promote uptake of vaccinations and immunisations including a robust process to invite people to be vaccinated in accordance with the national schedule. This should include routine monthly searches on the clinical system to identify outstanding eligible cohorts and look ahead reports where appropriate.</p>

Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
System-wide demand	Demand on the health and care system impacts Lambeth Together to the extent that it constrains partner ability to prioritise transformation.	16	12	Executive group to review system pressures regularly and consistently, alongside transformation work, and encourage operational information sharing and solution-focused partnership working.
Changes to national priorities	Legislative changes or changes in national priorities impacts upon local priorities.	8	4	Ensure <i>Our Health, Our Lambeth</i> remains flexible and adaptable by building into our governance a process to periodically review the plan and to adjust, improve, and refine as necessary so that the plan continues to be fit for purpose. Formally review the plan annually and propose changes to be agreed by the Lambeth Together Care Partnership Board.
Enablers are not present	In developing our plan, we have reflected on and agreed the ways we need to work and what conditions we need to succeed. If these enabling factors are not present, this will impact our ability to meet our outcomes.	12	6	Ensure existing working groups are aligned to and delivering on our Enablers Where our Enablers need dedicated improvement, we will bring together the right people to do this. We will pay attention to the Enablers in the same way we do our outcomes and build oversight of these enablers into our governance and ways of working.



# Appendix 3 - Financial Context

**At the outset of our five year plan, we recognised that both the economy and public sector funding is expected to be constrained.**

As we enter financial year 2024/25, South East London ICB continues to work in a significantly financially challenged environment, exacerbated by wider system operational pressures, South East London ICB requires each Place to achieve a minimum 4% cash releasing efficiency savings, plus manage further cost pressures and proposed investments.

Lambeth Council faces a similarly challenging environment. Over the past 6 months the Council has refreshed its 2024/25 financial planning assumptions, including savings proposals across its activities. The Council's overall savings target for 2024/25 is £28.9m, of which £5.6m relates to Adult Social Care and Children's Services.

NHS providers face a challenging financial context with the need to deliver significant savings to secure financial sustainability as well as address service recovery expectations.

Within the NHS, we will need to continue be realistic in our resource assumptions and combine the need to deliver improved effectiveness and outcomes through transformation and prevention. With our first year of our plan, and for the years ahead, we will seek to prioritise those interventions that address inequality in outcomes.

<b>SouthEast London Integrated Care Board Budget - Lambeth</b>	<b>Total Budget £000</b>
Hospital Services	375,072
Community Health Services	95,217
Mental Health Services	122,968
NHS Continuing Care Services	34,616
Prescribing	42,472
Other Primary Care Services	2,990
Primary Care Services delegated from NHS England	82,751
Corporate Cost	3,564
<b>Total</b>	<b>759,650</b>

<b>2024/25 Council Revenue Budgets</b>	<b>£000</b>
Integrated Commissioning / Integrated Health & Care	1,720
Public Health	£36,844*
Adult Social Care	107,355
Children's Services	110,464
<b>Total</b>	<b>£256,383</b>

\*Public Health grant funding



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