

Lambeth Together Care Partnership Board

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

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

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

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

None

Summary and Impact on Inequalities

Purpose:

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

Lambeth Together Health and Care Plan Focus Points:

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

These were:

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

Outcome D - People have healthy mental and emotional wellbeing

Integrated Assurance Report

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

It was noted that the report now

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

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

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

Risk Register

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

Lambeth Together Integrated Assurance Report

16 July 2024



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Our Health, Our Lambeth
Lambeth Together health and care plan
2023-28



Impact measures performance trend (1)

Outcome	Impact measure	Target/Plan	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Comments
A	Smoking prevalence reduction	Plan							13.4%	13.3%	13.2%	13.2%	Target to reduce by 1% from 22/23 year end (13.4%). Data source is Office for Health Improvement and Disparities (OHID) Prevalence but as only annual it's proposed that we use SEL ICB Vital 5 dashboard
		Actual	4.7%	5.2%	5.8%	6.3%	6.9%	7.7%	8.4%	0.7%	1.3%	1.9%	
B	Uptake of the NHS Health Check for all eligible adults	Plan	4.5%	5.3%	6.2%	6.6%	7.3%	7.9%	8.7%	0.7%	1.8%	2.6%	monitor vs previous year
		Variance	0.1%	-0.1%	-0.3%	-0.3%	-0.4%	-0.2%	-0.2%	0.0%	-0.5%	-0.7%	
		Actual					7,746	7,604	7,418	6,104	6,020	5,899	
C	Proportion of Lambeth registered children by age 2 that have received one dose of MMR	Actual	83.3%				84.5%						Source = PH app on EZ analytics. Need to check for accuracy (sounds high volume)
		Plan	85.7%				86.2%		84.3%				
		Variance	-2.40%				-1.70%						
C	Proportion of Lambeth registered population who are over the age of 65 receiving immunisation for Flu	Actual		48.01%	54.26%	56.34%	57.28%	57.75%					Proposed trajectory submitted to SEL ICB for SEL ICB corp objective. A/W feedback. 23/24 plan was to achieve higher than 22/23
		Plan		48.83%	53.71%	57.06%	58.67%	60.21%					
		Variance		-0.82%	0.55%	-0.72%	-1.39%	-2.46%					
F	Uptake of SMI health checks	Actual	29%	34%	40%	46%	54%	60%	68%	3%	9%		National Target = 60% at year end
		Plan	30%	35%	40%	45%	50%	55%	60%				
		Variance	-1.3%	-1.4%	-0.4%	1.2%	4.1%	5.2%	8.0%				
	Uptake of LD/AHC health checks	Actual	38.9%	46.3%	55.2%	56.7%	68.5%	77.5%	84.6%	5.7%	10.3%		National Target = 75% at year end
		Plan	37.5%	43.8%	50.0%	56.3%	62.5%	68.8%	75.0%				
		Variance	1.4%	2.5%	5.2%	0.4%	6.0%	8.7%	9.6%				
F	Proportion of Bowel Cancer screening for those aged 60-74 (Coverage)	Actual	60.6%	60.7%	61.1%	60.0%	60.2%	60.4%	60.6%				Plan = same period in 22/23
		Plan	59.5%	59.8%	60.0%	60.0%	60.2%	60.4%	60.6%				
		Variance	1.1%	0.9%	1.1%								
F	Proportion of cervical Cancer Screening aged 25-64 (Coverage)	Actual	62.6%	62.7%	62.8%	62.8%	62.7%	62.8%	62.9%				Plan = same period in 22/23
		Plan	63.2%	62.9%	62.8%	62.7%	62.6%	62.8%	63.0%				
		Variance	-0.6%	-0.2%	0.0%	0.1%	0.1%	0.0%	-0.1%				
F	Proportion of breast cancer screening for women aged 47-73 (Coverage)	Actual	46%	46%	46%								Plan = same period in 22/23
		Plan	41%	42%	42%	42%	42%	42%	43%				
		Variance	4.8%	4.0%	3.5%								
G	Proportion of people with Type 2 diabetes who receive 8 checks on an annual basis	Actual	55.3%	60.8%	66.5%	70.0%	74.1%	79.2%	81.7%	15.1%	22.7%		National target = 77% by year end (set to straight line trajectory)
		Plan	38.5%	44.9%	51.3%	57.8%	64.2%	70.6%	77.0%	6.4%	12.8%	19.3%	
		Variance	16.8%	15.9%	15.2%	12.3%	9.9%	8.6%	4.7%	8.7%	9.9%		
	Cardiovascular dashboard, HYP aged 79 or under and last BP is less than or equal to 140/90 this FY	Actual	47.3%	52.6%	56.5%	58.8%	62.3%	66.4%	68.7%	10.6%	22.1%		National target = 77% by year end (set to straight line trajectory)
		Plan	38.5%	44.9%	51.3%	57.8%	64.2%	70.6%	77.0%	6.4%	12.8%	19.3%	
		Variance	8.8%	7.7%	5.2%	1.1%	-1.8%	-4.2%	-8.3%	4.2%	9.3%		
Cardiovascular dashboard, HYP aged 80 or over and last BP is less than or equal to 150/90 this FY	Actual	59.7%	65.2%	69.8%	72.4%	76.0%	79.1%	81.7%	16.1%	29.4%		National target = 77% by year end (set to straight line trajectory)	
	Plan	38.5%	44.9%	51.3%	57.8%	64.2%	70.6%	77.0%	6.4%	12.8%	19.3%		
	Variance	21.2%	20.3%	18.5%	14.6%	11.8%	8.5%	4.7%	9.7%	16.5%			
G	Proportion of people over age of 65 who are taking 10 or more medicines, having a medication review	Actual								2%	5%		Plan/target TBA
		Plan											
		Variance											
H	Proportion of referrals to the Living Well Network Alliance Single Point of Access, which were processed during the month (i.e. triaged, referred onwards or otherwise responded to) within 72 hours.	Actual	10.2	11.2	10.3	19.2	14.0	25.0	27.0				In 23/24 we were reporting on SPA WT for Urgent referrals. In 24/24 there will be a new methodology on SPA WT to better capture activity from referral to 1st contact
		Actual	24.3%			23.1%			24.4%				
		Plan	52.8%			56.4%			54.1%				
		Variance	-28.5%			-33.3%			-29.7%				
H	Access to Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents	Actual											% of black users by Ethnicity
		Plan											
H	Number of children and young people waiting longer than 52 weeks for an assessment and commencing treatment with Child and Adolescent Mental Health Services	Actual	34	32									Due to the implementation of a new Patient Electronic System (EPIC) we have been unable to report on this measure. Effort have been made to reenact this report stream and we will work with secondary partners
		Actual											

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

Impact measures performance trend (2)

Outcome	Impact measure	Target/Plan	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24		Comments	
J	Number of appointments in General Practice	Actual	168,244	155,258	165,319	133,406	171,212	166,166	159,787	166,166					
		Plan								140,251	158,393	171,023		1.5% increase vs 23/24 monthly profiled against 23/24	
		Variance									25,915				
	Improve access to healthcare professionals through increased use of community pharmacies - GPs and NHS 111 direct people to pharmacies to support people with minor ailments and advice around self-care and common clinical conditions	Actual	>200	>300	>300	>300	>400	>800	>900						No of service users access to Community Pharmacy scheme
		Actual	130	144	148	147	158	165	224	209	177	166			
		Plan	185	185	201	201	201	231	231	231	233	233			
	Capacity of virtual wards	Actual													
		Plan													
		Variance	- 55	- 41	- 53	- 54	- 43	- 66	- 7	- 22	- 56	- 67			
	Proportion of virtual wards being used	Actual	70%	78%	74%	73%	72%	71%	97%	90%	76%	71%			
Plan		80%	80%	80%	80%	80%	80%	80%	80%	80%	80%				
Variance		-10.0%	-2.0%	-6.0%	-7.0%	-8.0%	-9.0%	17.0%	10.0%	-4.0%	-9.0%				
K	Number of people with an intermediate care offer	Actual	52	62	61	46	47	68	35						
		Plan	55	64	53	65	63	56	58						
		Variance	- 3	- 2	8	- 19	- 16	12	- 23						Plan = same period previous year
	Percentage of people who have completed reablement that has resulted in no formal support or support at a reduced level	Actual	84%	76%	80%	83%	85%	81%	79%						
		Plan	81%	67%	74%	71%	73%	68%	78%						
		Variance	3%	9%	6%	12%	12%	13%	1%						Plan = same period previous year
	Proportion of carers of the users of Adult Social Care Services are offered a carers assessment	Actual	97%	98%	97%	97%	90%	93%	100%						
		Plan	94%	93%	94%	97%	94%	95%	98%						
		Variance	3%	5%	3%	0%	-4%	-2%	2%						
	No of people identified as being in their last year of life on practice registers	Actual	1,954			1,953			1,988						
Plan		1,696			1,705			1,651							
Variance		258			248			337							
Proportion of people with Personalised Care and Support Plan(PCSP)/UCP	Actual	47%			48%			48%							
	Plan	37%			40%			42%							
	Variance	10%			8%			6%							
M	Rate of uptake for an Annual Health Check and Health Action Plan for those with LDA	Actual	34.2%	40.3%	49.2%	51.9%	64.2%	74.5%	83.1%	5.2%	9.6%				
		Plan	37.5%	43.8%	50.0%	56.3%	62.5%	68.8%	75.0%	6.3%	12.5%	18.8%			
		Variance	-3.3%	-3.4%	-0.8%	-4.4%	1.7%	5.7%	8.1%						
N	Percentage of service users reporting a positive experience of using mental health services, feeling they have benefited from support and are more independent and in control of their lives,	Actual	78%	85%	76%	82%	62%	74%	73%						
		Plan													
O	Percentage of people resettled into longer-term accommodation	Actual	3%			3%			5%						
		Plan													
		Variance													
	Number of rough sleepers brought into accommodation	Actual	58			78			52						
		Plan													
		Variance													
	Proportion of people living in our supported housing that are registered with a GP	Actual	79%			90%			92%						
		Plan													
		Variance													
	Rate of residents in supported housing engaged with mental health support services.	Actual	14%			20%			25%						
Plan															
Variance															

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Health and Care Plan: Key headlines (1)

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

Health and Care Plan: Key headlines (2)



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



Health and Care Plan: Key Headlines (3)

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



Health and Care Plan: Key Headlines (4)

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

Finance



Finance: South East London ICB: Lambeth



Overall Finance Position (2024/25 M03)

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

Overall Savings Position (2024/25 M03)

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

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

Finance: Lambeth Council – ASC & Integrated Health M12 position



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

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

£6.6m overspend in ASC mitigated through the use of non-ringfenced reserves and non-recurrent funding to ensure balanced outturn position.

Budget pressures relating almost solely to third party expenditure on packages of care.

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

Main pressure areas:

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

Main mitigations:

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

Quality



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



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

SEL ICB Synnovis Incident Update

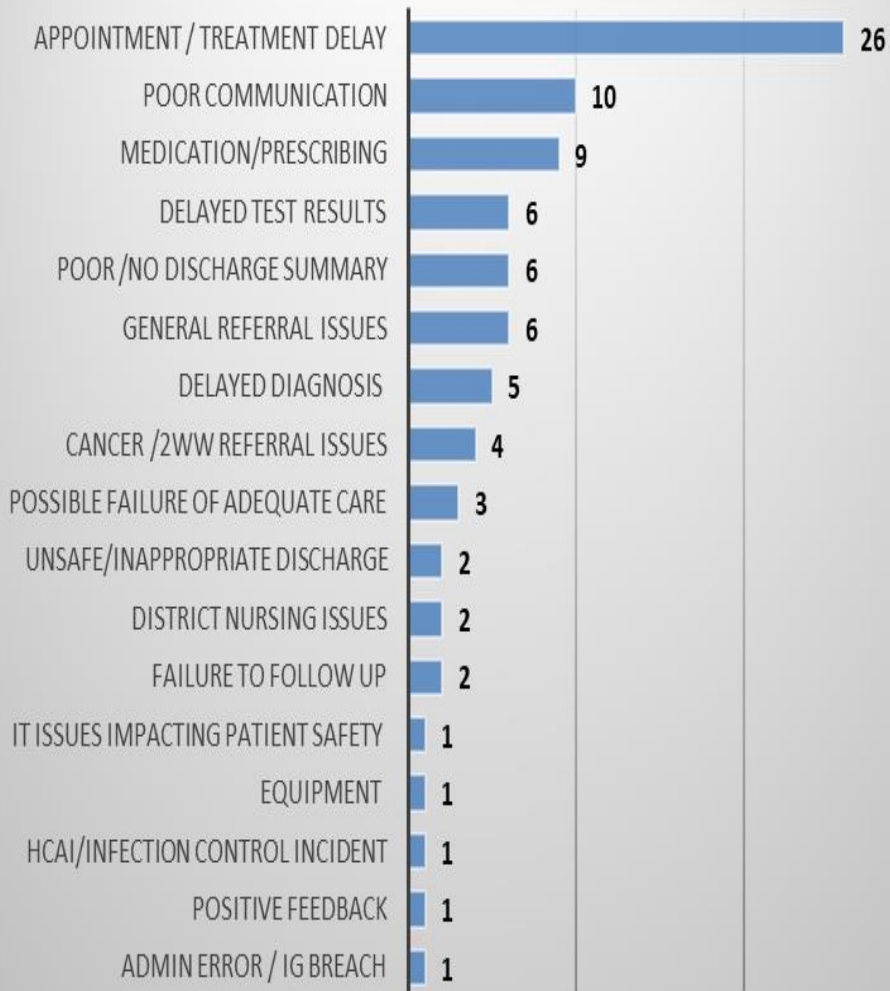


- Due to the Synnovis Cyber-attack on June 3rd the incident continues to be managed as a level 3 incident with regional support continuing for both incident management and clinical support. At SEL level the incident continues to be managed via SEL Gold Command. The focus is now moving to planning for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

Quality Alerts for Lambeth April – June 24 (Q1)



Issues reported



Most frequently reported QAs:

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

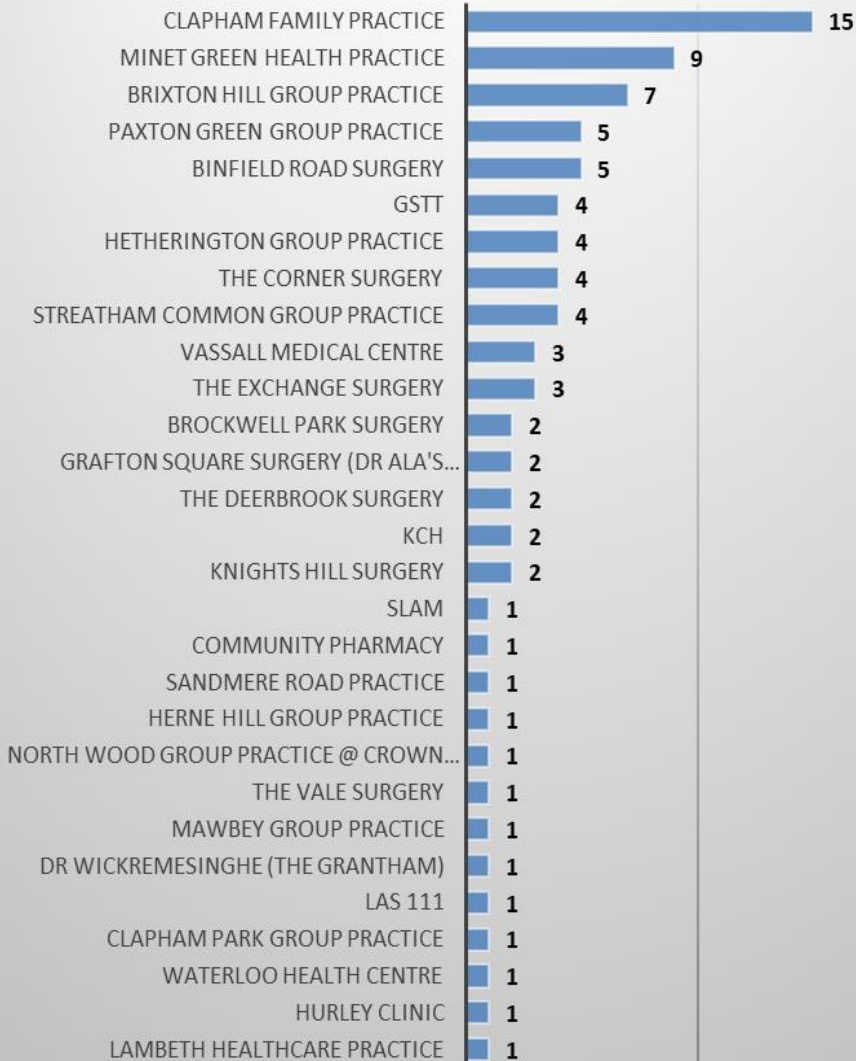
Actions taken by the ICB

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

Quality Alerts for Lambeth April – June 2024 (Q1)



Reporting organisation



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

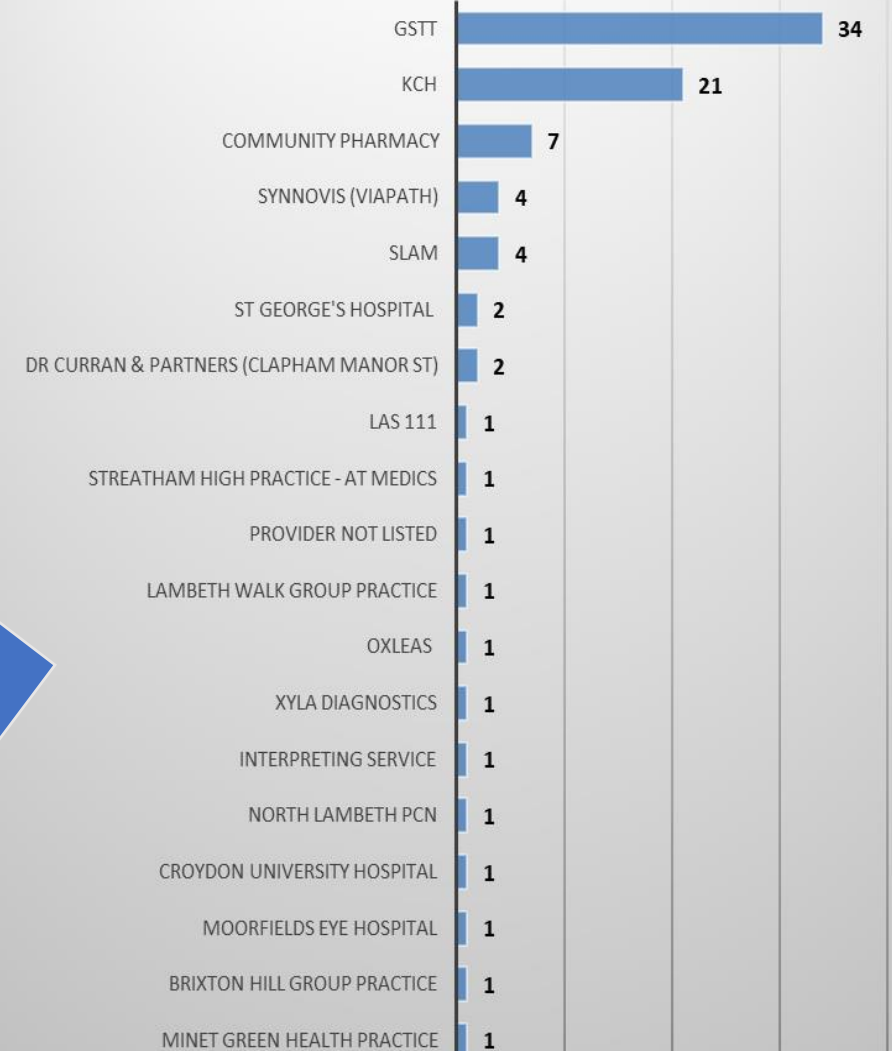
Minet Green Health Practice – raised two QAs for appointment /treatment delays, two for 2WW referral issues and five for individual issues.

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

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

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

Receiving organisation





Lessons Learnt from Quality Alert in Lambeth

Delayed diagnosis (8135)

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

Response from the Trust

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

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

Immediate actions taken to support patient safety/the event

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

Improvements or changes considered following this event

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

Any learning that has been identified and shared

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

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

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

Risk Summary



Risk highlights



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

Lambeth Risk Register

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

Lambeth Risk Register

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

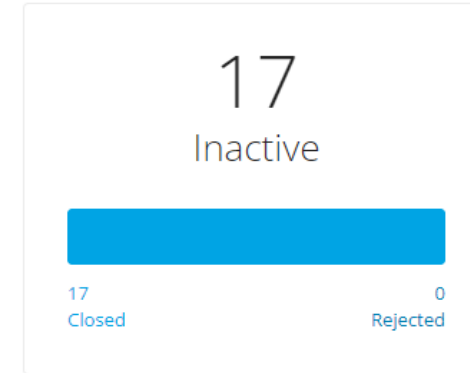
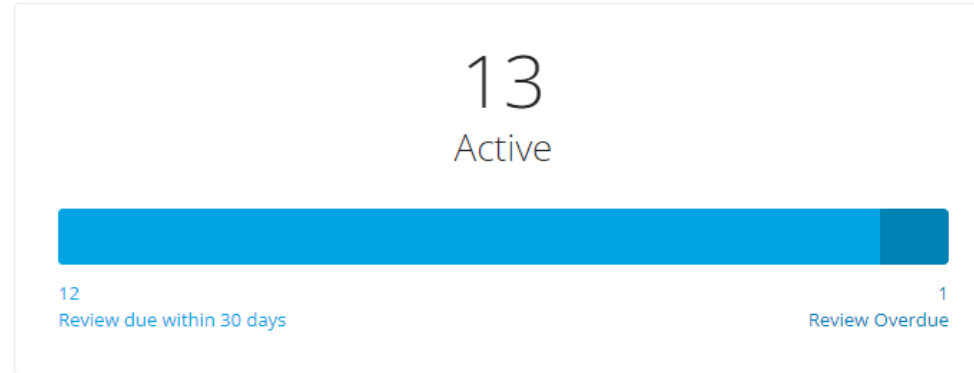
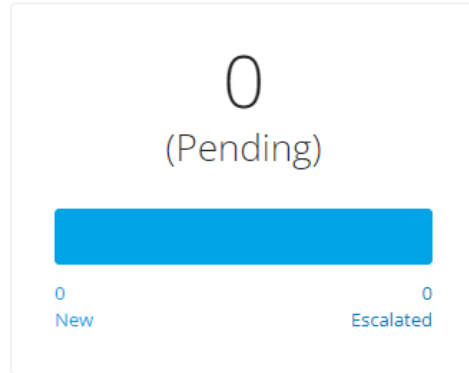
Risk highlights



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Management Lead	Andrew Eyres, each of the leads for the 7 priority areas, lead commissioners
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Lambeth Place Risk Register

Filter



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

Risk highlights



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

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

Risk highlights



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



Lambeth Integrated Health and Care Directorate Business Plan Update



Integrated Health and Care Business Plan 24/25



Integrated Health and Care Business Plan Actions 24/25	
Adults Mental Health	<ul style="list-style-type: none"> Access: Reduce wait times for initial assessment through monitoring and reviews. Health Inequalities: Increase performance of SMI health checks.
Adults Transformation	<ul style="list-style-type: none"> Cancer - Work collaboratively with primary care to increase the uptake of cancer screening.
Adults with Learning Disabilities	<ul style="list-style-type: none"> Focus on LDA Health Inequalities. NHSE Learning Disability and Autism Programme.
Financial Savings (IHC)	<ul style="list-style-type: none"> Financial Savings
Good health & wellbeing with an improved healthy life expectancy for those with the poorest outcomes Adults Commissioning	<ul style="list-style-type: none"> Quality and safety: Improve standards and oversight through PAMMS
Good health & wellbeing with an improved healthy life expectancy for those with the poorest outcomes Children and Young People	<ul style="list-style-type: none"> Design and deliver a Single Point of Access (SPA) for Children and Young People Pull together a comprehensive dataset for Lambeth women using maternity services. Recommission Domiciliary Care and CHC framework. Support Special Educational Needs and/or Disabilities (SEND) inspection preparation.
Long Term Conditions Optimisation	<ul style="list-style-type: none"> Deliver Long Term Conditions Optimisation Priorities
Medicines Optimisation	<ul style="list-style-type: none"> Deliver Medicines Optimisation Priorities
People and Workforce (IHC)	<ul style="list-style-type: none"> Increase the diversity of our leadership team.
Primary Care	<ul style="list-style-type: none"> Delivery Plan for recovering Access to Primary Care. Strengthening General Practice by integrating services to deliver joined up care to patients.
Promoting independence, personalisation and best value CQC assessment	<ul style="list-style-type: none"> CQC readiness
Public Health Objective	<ul style="list-style-type: none"> HDRC - Implement Lambeth HEART programme of training and research development Health Protection - Continue the delivery of the new childhood vaccination in new spaces pilot Sexual Health - Refreshed service offer Staying Healthy - Implement and embed approaches to improve access to health improvement services. Substance Misuse - Continued embedding of the Combatting Drugs Partnership.

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

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

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

South East London ICB Corporate Objectives & delegated assurance metrics



South East London ICB Corporate Objectives & delegated assurance metrics

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

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

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

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

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

Appendix: Health and Care Plan Outcomes: Detailed assurance narrative





A. People maintain positive behaviours that keep them healthy

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

Update Month **July 2024**

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

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

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

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

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

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

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

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

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

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

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

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



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

Alliance and Programmes NWDA (owner) with contributions from CYP and Staying Healthy

Update Month July 2024

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

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

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

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

Improving financial resilience is an important social determinant of health.

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

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

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



C. People are immunised against vaccine preventable diseases

Alliance and Programmes Staying Healthy (owner) with contributions from NWDA

Update Month July 2024

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

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

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

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

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

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

D. People have healthy mental and emotional wellbeing



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

<p><i>What does the data/intelligence indicate around progress against the outcome?</i></p>	<p>New measures against this outcome will be used 2024/25, to take better account of the contribution of the Short-Term and Focused Support services provided by LWNA's Living Well Centres (LWCs), recognising that the contribution of Lambeth Talking Therapies (LTT) is also being measured against outcome H.</p> <p>Data for LTT is received a month in arrears, so contrasting the most recent quarterly data for 2023/24 Q4 with the preceding Q3 shows 14% more service users accessing the service for the first time. Recovery rates also show a 1-point improvement. This suggests steady progress is being made towards the outcome in this service. The picture for Lambeth Living Well Centres is more challenging. The number of service users accessing Short-Term Support rose (+3%) in the last quarter but fell significantly for Focused Support (-29%). Incoming referrals deemed inappropriate by both services remain high (30-40%) indicating that referring services are too often not identifying the correct pathway first time.</p>
<p><i>Does the data/intelligence identify any health inequalities and whether they are reducing?</i></p>	<p>Access to LTT services is broadly in line with the demography of Lambeth, with the ethnic breakdown of first appointments for Black service users 1.5 percentage points higher than the 21.7% of Lambeth's population, however Black-African clients remain underrepresented. Recovery for Black service users has improved, but the rate remains 2.8 percentage points below the 50% target and 4.8 points below the whole service average. The improvement program to address these issues is ongoing.</p> <p>LTT report that Black service users continue to enter the service with more significant issues. This is also evident by contrasting Black service user access to the Short-Term and Focused Support services offered by the LWCs. Access to Short Term Support is roughly in line with the Lambeth population but Focused Support access is over twice what might be expected, based upon population alone. Actual demand from the Black community is not clear, but data shows that access to Focused Support grew quite sharply around January 2023, suggesting increasing demand. Prior to this time around 48% of the caseload were Black Service users but this quickly rose to about 53% where it remains to date.</p>
<p><i>What are the challenges hindering any progress and are there actions which can be taken to address these?</i></p>	<p>For LTT the challenge remains to recognise culturally specific needs, together with the effects of trauma and racism and so deliver services that keep more service users from the global majority engaged throughout the full duration of their treatment. A service improvement program has been initiated to address these challenges, including exit surveys of disengaging service users to understand their reasons and training for staff raising their sensitivity to such issues and capacity to deal with them. This has had noticeable effects, raising Black service user recovery above the 50% target for a significant period, but this effort clearly needs to be actively sustained.</p> <p>The data does not provide evidence of any unequal provision, once service users are on the LWC's caseload. The inequality evident in the Short-Term Support and Focused Support caseloads lies more in social conditions and the lack of services to effectively address deteriorating mental health among service users from the Black community at a much earlier stage.</p>



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

Alliance and Programmes	Sexual Health
Update Month	July 2024

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

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

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

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

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

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

Additional Comments

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



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

Alliance and Programmes	NWDA(owner) with contributions from Staying Healthy, LWNA, LDA and Sexual Health
Update Month	July 2024

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

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

On cancer screening,

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

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

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

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

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

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

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

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



Alliance and Programmes	NWDA (Owner)
Update Month	July 2024

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

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

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

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

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

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

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

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

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

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

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



Alliance and Programmes	NWDA (Owner)
Update Month	July 2024

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

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

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



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

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

<p><i>What does the data/intelligence indicate around progress against the outcome?</i></p>	<p>Measures and targets for this outcome have been updated for 2024/25. Lambeth Single Point of Access (SPA) will aim to have 95% of accepted introductions processed within 3 days by the end of the financial year. Lambeth Talking Therapies (LTT) will continue to track Access and Recovery rates by ethnicity but have revised targets and added new measures to provide additional sensitivity.</p> <p>In 2023/24 Lambeth SPA saw a huge increase in caseload and, hence, waiting times have also grown significantly. In the last quarter of 2023/24, only 30% of accepted introductions were processed within 72 hours and in the first quarter of 2024/25 this fell to 17% indicating movement in the wrong direction for this measure, although this is expected while Lambeth SPA reduce the waitlist and tackle the longest waiting introductions.</p> <p>The first appointment measure for Black service user access to LTT services is 2.7 percentage points higher than would be suggested by Lambeth population alone and therefore better than that of the White population. Recovery for Black service users however, at 46.7%, continues to fall short of the 50% target and the 54.9% reported by White service users.</p>
<p><i>Does the data/intelligence identify any health inequalities and whether they are reducing?</i></p>	<p>The is some variation by ethnicity in achievement against the 3-day waiting target for Lambeth SPA, but the target is met for Black service users more frequently than for White service users, suggesting more severe issues for that community being dealt with greater urgency.</p> <p>Access data for Lambeth Talking Therapy does not suggest any inequalities, with the specific exception of the Black African community, who are underrepresented by 1.4 percentage points compared to the Lambeth population. Recovery rates however suggest that the service is more closely aligned with the needs of White service users than with those from the global majority, who tend to start treatment with higher severity scores. Tracking this measure over multiple financial years suggests this inequality has been reduced during 2023/24 and progress continues to be made in 2024/45 first quarter when session attendance has been largely equalised across groups.</p>
<p><i>What are the challenges hindering any progress and are there actions which can be taken to address these?</i></p>	<p>Lambeth SPA is currently undergoing intensive change and close review under new a new team leader, with processes being redesigned, vacancies being filled, and additional support being drafted to cut the caseload. The excessive caseload will keep waiting times high until such time as the backlog of very long waiting introductions are addressed. Indications are however that rapid progress is now being made in the throughput of the service and its ability to select the most appropriate pathway first time.</p> <p>Lambeth Talking Therapies focus in 2024/25 will be on improving overall recovery rates, maintaining the increase in session numbers for clients from a global majority and ensure that clients from all ethnic groups have 50% recovery rate and 67% reliable improvement rate.</p>



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

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

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

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



Alliance and Programmes

NWDA (Owner) with contribution from Substance Misuse

Update Month

July 2024

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

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

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

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

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

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

Additional Comments

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



K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well

Alliance and Programmes	NWDA (Owner)
Update Month	July 2024

<p><i>What does the data/intelligence indicate around progress against the outcome?</i></p>	<p>The number of accepted referrals to Reablement has continued to decrease. The Reablement service have been triaging people on their waiting list by telephoning people at home. The result is that a large number of people are reporting they no longer require therapy and they have been removed from the waiting list, or they do not require therapy at this time. This has led to a significant decrease in the waiting list and the number of accepted referrals. There is also work happening in the Discharge Operational Delivery Group (DODG) working with therapists on the acute wards about the criteria for referring to reablement. This will help to reduce the number of people being referred to the service who are not appropriate.</p> <p>The number of people who have a reduced need for care at the end of a period of Reablement has increased and this is positive. The percentage for people with a reduced need for care at the end of Reablement has improved and is now 88%. We are now counting those people referred for therapy only (no care needs). This has increased the number of people who have a reduced need for care at the end of the service and has improved our performance.</p> <p>We have a high performance rate for the proportion of carers of service users who were offered a carer’s assessment. The baseline is 98% and the latest overall position is 100%. We have also identified a member of staff in each team to be Carer’s Champions and this will help to raise awareness of carers in the teams. We have a staff event on 25 July 2024 focusing on Carers and carers have been invited to the event to speak about their lived experience as a carer.</p> <p>For improvement measures on palliative and end of life care, the Lambeth data for 2022-23 and 2023-24 has demonstrated steady progress against the identified outcome measures for people identified as being in their last year of life on practice registers (38% increase Q1 22-23 to Q4 23-24) and Proportion of people with Personalised Care and Support Plan(PCSP)/UCP (21% increase Q1 22-23 to Q4 23-24).</p>
<p><i>Does the data/intelligence identify any health inequalities and whether they are reducing?</i></p>	<p>The majority of reablement referrals come via the hospital discharge route. We are increasing the number of people who are offered a reablement service via our front door team in Adult Social Care in order to offer reablement to people living in the community at home. This will help to offer a more equitable service for those residents living at home who may benefit from reablement care. There is a named linked physiotherapist from GSTT Rehab and Reablement Team working closely with the ASC front door managers to help identify appropriate referrals to reablement.</p>
<p><i>What are the challenges hindering any progress and are there actions which can be taken to address these?</i></p>	<p>The Discharge Operational Delivery Group (DODG) has a dedicated workstream looking at the reablement pathway from the ward to the internal flow hub and then on to the service to try and improve the process and ensure referrals to the service are appropriate. This work has been with GSTT only to date although we are hoping to begin this work with KCH.</p> <p>There has been an increase in weekend discharges as a result of this work. Since the introduction of Epic/Apollo we are yet to receive discharge data broken down by borough and pathway from the acute hospitals. This work is in progress.</p> <p>For end-of-life identification and conversion to PSCP / UCP (K3 and K4) key challenges include varying levels of capacity and professional confidence within Primary Care to initiate PCSP conversations, as well as variable data across PCNs owing in part to different coding practice occurring in different practices within PCNs. SEL Ageing Well Funding secured for project resource to help address these barriers, by working with primary care to support identification of people in the last year of their life and uptake of Universal Care Plans.</p>



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

Alliance and Programmes	CYPA (Owner)
Update Month	July 2024

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

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

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

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



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

Alliance and Programmes LDA (Owner)

Update Month July 2024

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

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

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

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

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

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

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

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

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

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



Alliance and Programmes

LWNA (Owner)

Update Month

July 24

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

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

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

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

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

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

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

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

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



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

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

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