

LAMBETH TOGETHER CARE PARTNERSHIP (FORMERLY LAMBETH TOGETHER STRATEGIC BOARD)

Date: **Thursday 7 November 2024**

Time: **1.00 pm**

Venue: **Microsoft Teams**

Members of the Committee

Dr Dianne Aitken (Co-Chair)	Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead
Dr Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead Psychiatrist, South London, and Maudsley NHS Foundation Trust
Andrew Carter	Corporate Director of Children`s Services, Lambeth Council
Councillor Judith Cavanagh	Young People`s Champion, Lambeth Council
Paul Coles	Chief Executive, Age UK, Lambeth
Eugenie Dadie	Patient and Public Voice Member
Louise Dark	Chief Executive Integrated and Specialist Medicine, Guy`s and St. Thomas` NHS Foundation Trust
Councillor Jacqui Dyer	Lambeth Together Care Partnership Board Co-Chair, Cabinet Member for Healthier Comminites (Job-Share), Lambeth Council
Andrew Eyres	Place Executive Lead Lambeth, Corporate Director, Integrated Health and Care, Lambeth Council
Sarah Flanagan	Patient and Public Voice Member
Therese Fletcher	Managing Director, Lambeth GP Federation
Penelope Jarrett	Chair, Lambeth Local Medical Committee, GP
Lilian Latinwo-Olajide	Programme Director, Black Thrive, Lambeth
Jasmina Lijesevic	Lambeth Together Care Partnership Board Lay Member
Julie Lowe	Site Chief Executive, Kings College Hospital NHS

	Foundation Trust
Raj Mitra	Children and Young People` Alliance Clinical and Care Professional Lead, GP
Bimpe Oki	Acting Director of Public Health, Lambeth Council
Richard Outram	Director of Adult Social Care, Lambeth Council
Folake Segun	Chief Executive Healthwatch Lambeth
George Verghese	Co-Chair of Lambeth Primary Care Clinical Cabinet, GP
Councillor Timothy Windle	Cabinet Member for Healthier Communities (Job-Share), Lambeth Council
Nathalie Zacharias	Director of Therapies, South London and Maudsley NHS Foundation Trust

Further Information

If you require any further information or have any queries please contact:

lambethbusinesssupport@selondonics.nhs.uk

AGENDA

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Lambeth Together Care Partnership Public Forum and Board Meeting in Public

Thursday 7 November 2024 | Brixton (Tate) Library | 1:00pm – 4:00pm

AGENDA

THIS MEETING IS IN PERSON ONLY

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

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

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
5. 2.20pm (30 mins)	Hospital @Home (Virtual Wards) <ul style="list-style-type: none"> ▫ Members of the Board are asked to consider the following recommendations: <ul style="list-style-type: none"> - That wider partners, putting the patient voice at the centre, support Hospital @home become synonymous with hospital quality care, associated with A&E, delivered closer to home in the minds of our population - Assist by helping establish and promote the model of 'Virtual Wards' as 'Hospital @ home' - Enable expansion of Hospital @home services to ensure we deliver more care in peoples' homes when that is the right thing to do 	Paper enc.	Avril Satchwell <i>Associate Director Planned and Urgent Care, Lambeth and Southwark Place</i> Mark Tearle <i>Project Manager, Integrated Care Transformation Team</i> Ele Baker <i>Service Development Manager, Evelina @home</i> Claire Wade Matron <i>Children's Community Nursing Service (CCNS), Evelina @home, GSTT</i> Kirsty Deda <i>@Home service Matron GSTT & UEC CCPL ICB</i> Helen King <i>Nurse Consultant, St Christopher's Hospice</i> Amanda Mayo <i>Care Director, St Christopher's Hospice</i>
6. 2.50pm (5 mins)	Lambeth Together Primary Care Commissioning Committee (PCCC) <ul style="list-style-type: none"> ▫ Members of the Board are asked to note the report on discussions held at the Primary Care Commissioning Committee on 11 September 2024 and ratify decisions made 	Paper enc.	Oge Chesa <i>Director of Primary Care and Transformation</i> On behalf of Jasmina Lijesevic <i>Lambeth Together Board Lay Member</i>
7. 2.55pm (5 mins)	Lambeth Together Assurance Group (LTAG) Update <ul style="list-style-type: none"> ▫ Members of the Board are asked to note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 10th September 2024. 	Paper attached	Oge Chesa <i>Director of Primary Care and Transformation</i> On behalf of Jasmina Lijesevic <i>Lambeth Together Board Lay Member</i>
8. 3:00pm (30 mins)	Children & Young Person Alliance Deep Dive: Good to Outstanding, Evelina London Maternity Strategy <ul style="list-style-type: none"> ▫ Members of the Board are asked to; <ul style="list-style-type: none"> - receive an update from Evelina London on their agreed priorities prior to publication of their maternity strategy, 	Paper enc.	Simon Boote <i>Children & Young Person Alliance Lead</i> Karen Plews <i>Deputy Chief Midwife, Evelina Women's Services</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	<ul style="list-style-type: none"> - acknowledge the collaborative working in maternity services to date and discuss how agreed maternity priorities support the agreed activities for maternity as outlined in the <i>Our Health, Our Lambeth - Health and Care Plan</i> and - discuss how elements of the agreed maternity priorities can be best supported through the alliances and Lambeth Together 		
9. 3.30pm (30 mins)	Lambeth Living Well Network Delivery Alliance (LWNA) – Progress Report <ul style="list-style-type: none"> ▫ Members of the Board are asked to receive the report of the Lambeth Living Well Network Delivery Alliance, as set out in its 2023/24 Progress Report 	Paper enc.	Guy Swindle <i>Deputy Director, LWNA</i> Lorraine Gordon <i>Interim Director, LWNA</i>
10. 4.00pm	AOB Close Date of next meeting: 9 January 2025 (virtual) Public forum: 1pm-2pm Board meeting in Public: 2pm-5pm		Dr Di Aitken <i>Co-Chair</i>

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LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

Thursday 5 September 2024 at 1.00 pm
Microsoft Minutes

[Part 1 Meeting Recording - Public Forum](#) (please note, the Public Forum does not have formal minutes taken).

[Part 2 Meeting Recording - Item 1 to 5 \(Inclusive\)](#)

[Part 3 Meeting Recording - Item 6 to 11 \(Inclusive\)](#)

[Board Meeting Papers](#)

Members Present:

Cllr Jacqui Dyer	Lambeth Together Care Partnership Board Co-Chair. Cabinet Member for Healthier Communities (job-share), Lambeth Council
Dr Di Aitken	Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead
Andrew Eyres	Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
Alice Jarvis	Director of Operations and Partnerships, Guy's and St Thomas' NHS Foundation Trust, (deputising for Louise Dark, Chief Executive, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust)
Bimpe Oki	Acting Director of Public Health, Lambeth Council
Cllr Judith Cavanagh	Young People's Champion, Lambeth Council
Cllr Tim Windle	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Dr George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead
Folake Segun	Interim Chief Executive, Healthwatch Lambeth
Jasmina Lijesevic	Lay Member
Paul Coles	Chief Executive, Age UK, Lambeth
Richard Outram	Director Adult Social Care, Adults Social Care and Housing, Lambeth Council
Sarah Flanagan	Patient and Public Voice Member

In attendance:

Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Dr Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Dr Penelope Jarrett	Chair, Lambeth Local Medical Committee
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust
Lilian Latinwo-Olajide	Programme Director, Black Thrive, Lambeth
Louise Dark	Chief Executive, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust



Nathalie Zacharias	Director of Therapies, South London and Maudsley NHS Foundation Trust
Therese Fletcher	Managing Director, Lambeth GP Federation

Apologies:

Edward Odoi	Associate Director of Finance, Lambeth, Southeast London Integrated Care Board
Ese Iyasere	Public Health Consultant, Lambeth Council
Guy Swindle	Deputy Director, Living Well Network Alliance
Josepha Reynolds	Programme Director, Neighbourhood and Wellbeing Delivery Alliance
Lorraine Gordon	Interim Director, Living Well Network Alliance
Oge Chesa	Director of Primary Care and Transformation, Southeast London Integrated Care Board
Ruth Hutt	Acting Corporate Director of Housing and Adult Social Care, Lambeth Council
Simon Boote	Children and Young People Alliance Lead
Warren Beresford	Associate Director, Health and Care Planning and Intelligence, South East London Integrated Care Board
Dr Nandini Mukhopadhyay	GP and Clinical and Care Professional Lead for Mental Health, Learning Disabilities and Autism
Jamie Shovlin	Lead Manager, Lambeth Street Engagement Team, Thames Reach
Michael Corbishley	Homewards Head of Local Delivery
Rob Carrick	Lead Commissioner, Substance Misuse, Lambeth Council
Vanessa Cottrell	Senior Commissioning Officer, Public Health, Lambeth Council

1 Agenda and introductions

Board Members present introduced themselves. Apologies were noted from Julie Lowe, Nathalie Zacharias and Dr Penelope Jarrett.

A welcome was given to new Board members, Jasmina Lijesevic, the new Lay Member on the Board, Cllr Tim Windle, Sarah Flanagan, who is returning as Patient and Public Voice Member and Folake Segun, the Interim Chief Executive of Healthwatch, Lambeth, who will take Mairead Healy's place on the Board while Healthwatch are recruiting a new Chief Executive.

Reporting back from the Public Forum

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

- Sarah Flanagan gave an overview of work she has been completing as Patient and Public Voice Member and wanted to note she attended the Lambeth Country Show in June, which was a great day for all partners involved. Sarah has also attended Chronic Pain Support Groups and has spoken at Group meetings mainly about Mosaic Clubhouse and services they offer.

The following topics were also discussed:



- Synnovis and the reduced pathology services over the last few months, as well as measures that could be taken to prevent a future cyber-attack from happening.
- Blood testing via Swiftqueue.
- The impact of a Kent patient transport going into administration and mitigating actions.
- Training for GPs around Myalgic Encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS) and Long Covid.
- Houses of multiple-occupancy (HMO) and the impact of mould in an HMO in West Norwood.
- MPox, measles, whooping cough, and vaccinations.
- The Ageing Well Festival taking place on Saturday 5th October at The Oval for residents over fifty, along with their relatives and carers.

Action: Provide a written response regarding Synnovis and blood testing questions. and arrange a focused meeting to develop solutions to ensure we remain a borough of equity and justice. Action: Alice Jarvis to link Lorraine Gordon with colleagues regarding the mental health impact Synnovis may have had on patients.

Action: Andrew Eyres to follow up with King's regarding the Trust's stance on the Ambulance Service.

Action: Andrew Eyres to follow up with Ruth Hutt regarding addressing mould.

Action: Nicola Kingston to contact Odilon Couzin regarding the Lambeth Housing Group.

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

2 Declarations of interest

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

None were declared.

3 Review of the minutes

The [minutes](#) of the meeting of Thursday 11 July 2024 were agreed as an accurate record of the meeting.

Rich Wiltshire, the previous Patient and Public Voice Member, sent some comments via email regarding the July minutes. These amendments will be added to the July minutes and updated on the relevant websites

4 Lambeth Together Care Partnership - Place Executive Lead Report

Andrew Eyres gave an overview of the key highlights in the Place Executive Lead report. The following discussions took place:

- Dr Raj Mitra asked, with the new government coming in, had any senior meetings been held about what the current priorities are for the year ahead? Andrew confirmed that system-wide sessions were underway. Dr Di Aitken mentioned that she had an invitation to join a meeting to give their views around out of hospital care



and primary care. Richard Outram confirmed invitations were beginning to come in from the new minister for social care.

- Richard explained that he had been in a meeting earlier this morning with King's College Hospital (KCH) and Guy's and St Thomas' Hospital (GSTT) around wanting to frame Lambeth Together, determine what the ask was in the short term around managing the immediate demands on our population systems and making sure that's a coordinated response, and also forming a longer term ask around how do we move things towards a prevention agenda, rather than responding to an immediate crisis.
- Dr Aitken confirmed it would be good to coordinate what is coming out of Lambeth in terms of our narrative when we meet people who have national influence. Dr Aitken asked if this topic could be built onto the agenda for the Board Seminar in October.

Action: Add item to Seminar agenda in October.

RESOLVED

1. Board members noted the update on key developments since the formal Lambeth Together Care Partnership Board meeting in public on 11th July 2024.

To view the report accompanying this item, refer to pages 17 to 26 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 03:20 – 14:08.

5 Substance Misuse - A Deep Dive

Rob Carrick, Ese Iyasere, Vanessa Cottrell, and Jamie Shovlin presented a deep dive into the Substance Misuse Programme and Combating Drugs Partnership (CDP). The following was discussed:

- Dr Di Aitken was pleased to hear about the Street Engagement team working with the Metropolitan Police to find out about the locations within Brixton where there is the most drug use.
- Dr Aitken asked about the uptake of GP training and whether the team was happy with the uptake or if there was anything the Board could do to assist in getting more GPs trained in Level One and Level Two.
- Dr Aitken also asked about a street death she had recently heard about in Brixton and asked if that was outside of the norm for the Substance Misuse team or if that was something the team are seeing more frequently.
- Cllr Judith Cavanagh asked if the Substance Misuse team are part of the Homewards Project initiative.
- Paul Coles wanted to thank Jamie for his support with the new offices for Age UK. Paul asked how long the team's interventions with a single person are before they are committed to taking on treatment. Paul also asked if the team are doing a cost benefit analysis as part of the assessment to see how well the project has done.
- Andrew Eyres asked about the residential figures and the difficulties in hitting the targets and asked if that was due to people being unwilling to go into residential support, or if there was no need for it, or because there is no capacity to deliver the care. Andrew also asked about overall numbers and asked if we are making an impact on a significant proportion of the population.
- Dr Nandini Mukhopadhyay explained there was a drug and alcohol worker within general practice, and it made a huge difference, so wondered if there is a rollout for more of those workers. Dr Nandini also explained not all GPs are aware of



what happens at Lorraine Hewitt House and wondered if there was any digital process that could help GPs support the team and the patient, such as around prescribing.

- Sarah Flanagan asked if individuals are choosing not to be involved in treatment and would like a clearer picture of what is happening.
- Ese and Rob explained the organisation and management of the training has recently moved over to Lorraine Hewitt House so Rob will link Dr Aitken to the manager via email to get an understanding of what is happening with the training uptake.
- Ese explained the Street Engagement team is a support team and not an immediate response team but as a system teams work together for a response. For example, the teams worked across Lambeth and South East London (SEL) to train those most likely to be present at incidents, to administer Naloxone, and have advocated for Police colleagues to carry Naloxone. The Police are fully engaged in public protection regarding this matter.
- Dr Aitken explained it may be worth approaching the Business Improvement District to see what the appetite is for businesses to assist in these matters. Ese confirmed the District has been approached to recruit businesses into a Harmonisation Programme and Commercial Licensing Officers have been offered Naloxone training, for example, and that offer will continue to rollout.
- Rob went on to answer Cllr Cavanagh's point around the Homewards Project and explained the Substance Misuse team work very closely with the rough sleeping pathways and those at risk of rough sleeping. The team are in receipt of the Rough Sleeping Drug and Alcohol Treatment Grant, and it is due to come to an end in March 2025, but that funds a team across the integrated health network across Lambeth for those rough sleeping and those at risk of rough sleeping. Rob confirmed Jamie works for Thamesreach who offer the On Street Engagement team and offer outreach for those who are homeless or at risk of homelessness and work is being done to look at how the team can better support those in hostels who are subject to drug and alcohol addiction, so there are a lot of crossovers between the teams.
- In terms of Paul's question around team interventions, Ese and Jamie explained that time spent is fluid and is anchored on building trust. The team are committed to dedicating time with service users. Jamie explained the team get someone into treatment after their first engagement but depending on what individual circumstances are, they will get assessed and depending on what their needs are, it will depend on the treatment programme they get and how long it takes to get them onto a programme. Jamie confirmed there is no one-size-fits-all approach and sometimes, the team are limited on how much time they can spend with someone, dependant on circumstances, but the commitment is for treatment to be continuous.
- Due to the uncertainty of the continuation of the grant, the team are looking to work with partners and service users to identify areas of the grant where significant impact has been made and will continue to sustain those areas.
- Ese explained that over a number of years, there has been a cut to funding for the Substance Misuse programme and that made the system react by firming up inclusion criteria, which affected a residential rehab. The team are aware that the inclusion criteria for referral into residential rehab was tightened in the past three supplemental grants. Ese explained there is an issue of capacity across London as all the same services are being used for residential rehab, but Lambeth ranks amongst the highest of users in residential rehab. The team are continuing to keep on top of who is due for referral. Rob went on to explain the assessment process for residential rehab takes time and it is unusual to have someone in the

residential rehab without having an inpatient detox first.

- Ese noted that in response to Andrew's question around numbers in treatment, within the presentation, it shows the team are in the right direction of travel across the various areas they are monitoring. Lorraine Hewitt House is working with practices to ensure that service continues within the main treatment services. Rob confirmed the team are looking to have more of an open access route for GPs in Lambeth to support this. Dr Aitken confirmed she can see activities from Lorraine Hewitt House and Ese confirmed the team would pull together some communications as to how GPs can access the data.
- Ese explained about substance users on the street and explained it is a challenging situation as treatment isn't mandatory and the support team try to engage, learn what the issues are and encourage the service user. The team find some people choose to engage then they fall off and rejoin the services at another time, so it isn't a one-size-fits-all approach, but the Outreach team is committed to engaging and reengaging those users. The team recognises it is a public safety issue where people are taking and supplying drugs on the street and the team are working with the Public Protection team and Police. Ese explained the key point here is reactivating the required assessment programme where the Police engages with the substance user rather than arresting them straight away. They will refer to the Substance Misuse Treatment Service and actively follow up referrals, giving the users chances to engage with the service before legal, punitive action is taken.

Action: Rob Carrick to link Dr Di Aitken with the Manager at Lorraine Hewitt House to discuss Level One and Two training for GPs to get an understanding of what is happening with training uptake.

Action: Ese Iyasere and Rob Carrick to contact Lorraine Hewitt House to send communication to GPs about how to access their data systems to GPs have an overview of treatment service users are receiving.

RESOLVED

1. Board members noted and discussed the deep dive into the Substance Misuse Programme, supplementary grant and Combatting Drugs Partnership and offered feedback to promote development and facilitate strategic measures to improve outcomes.

To view the presentation accompanying this item, refer to pages 27 to 52 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 14:10 – 1:14:40.

6 Homewards - Progress Update

Michael Corbishley gave an overview of the Homewards Project in Lambeth. The following discussions took place:

- Cllr Judith Cavanagh explained that there are many young women in temporary accommodation, raising young children. Cllr Cavanagh explained there isn't usually much investment into helping these women so was happy to see the Homewards Project was considering more funding for this area.
- Cllr Cavanagh also explained, if the project wanted to get in touch with single parent families, she could identify families that could assist with the project, if they needed that type of resource.
- Sarah Flanagan asked if the project was going to be involved in building houses or if



that was to be left to other agencies to do.

- Michael explained the project will not develop and own houses as it is not in the skill set as an organisation. The project has a role to bring the right partners in place to get as much housing underway as possible. Small brownfield sites are often unattractive to developers, but the project has a broad range of developers who can deliver on those sites. Michael confirmed the organisation are not interested in building or owning housing, but they can bring people together to get that going.

RESOLVED

1. Board members considered and fed back on the possible synergies with areas of work.

To view the presentation accompanying this item, refer to pages 53 to 105 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 00:07 – 13:35.

7 Primary Care Commissioning Committee (PCCC)

Oge Chesa gave an update on the PCCC meeting from 17th July 2024. All decisions made at the PCCC meeting were ratified by the Lambeth Together Care Partnership Board.

RATIFIED

1. Board members noted the update on discussions held at the Primary Care Commissioning Committee on 17th July 2024.
2. Board members ratified decisions made at the Primary Care Commissioning Committee on 17th July 2024.

To view the presentation accompanying this item, refer to pages 107 to 118 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 13:45 – 23:15.

8 Lambeth Together Assurance Group Update

Warren Beresford gave an update on the Assurance Group meeting from 16th July 2024. The following was discussed:

- Andrew Eyres flagged a risk that has changed over time regarding primary care and the position around the Lambeth Walk surgery. Andrew confirmed there are now measures in place to address this. Andrew highlighted the good work with Practices, the Primary Care team and Estates team who came up with solutions in difficult territory. Andrew confirmed work is continuing on a permanent solution for the Lambeth Walk Surgery and Waterloo Health Centre.
- Dr Di Aitken explained that earlier today, she had to present to the SEL Inequalities Committee on Population Health work and Dr Aitken used the Assurance Group method around the driven change in culture and confirmed the Committee were so impressed that they want to discuss it at the next Place Executive Leads meeting for other boroughs.

RESOLVED

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



To view the presentation accompanying this item, refer to pages 119 to 164 of the Board pack.
To view the recording accompanying this item, refer to part 3 of the meeting recording from 23:15 – 35:55.

9 Developing Integrated Neighbourhood Working

Oge Chesa and Josepha Reynolds presented on the Neighbourhood and Wellbeing Delivery Alliance's plans around integrated neighbourhood working. The following discussions took place:

- Cllr Jacqui Dyer asked about how the two priority areas of frailty and multimorbidity (the presence of two or more long-term health conditions) are recognising mental health challenges and the recommendations in the Patient and Carer Race Equality Framework (PCREF). Cllr Dyer explained that part of the NWDA is about early intervention and prevention, and using demographic data to support this e.g. Black communities suffer more multimorbidity's and are overrepresented in detention under the Mental Health Act.
- Cllr Dyer explained that when she is in a mental health space at SLaM and talking about primary care, it does not always reflect these conversations. Lorraine Gordon and Josepha explained that Alliances are working together and will ensure that Alliances communicate more about how this is happening. This will be done through future presentations to the Board, including around Mind and Body and PCREF.
- Dr Raj Mitra explained that over the last ten years, Lambeth has done work around frailty and multimorbidity which showed that tackling mild to moderate frailty had the biggest impact, particularly with social determinants. Previous learning should be used to inform this work. Dr Mitra mentioned networking with local teams. He noted that in the Health and Social Care Act it was important to meet with local colleagues, including primary care, mental health, paediatrics, district nurses, health visitors, and social workers in our practices.
- Dr George Verghese explained that Lambeth is in a good place with neighbourhood teams around mental health compared to the wider SEL community. There are mental health practitioners in six of the nine neighbourhoods, and three people have just been recruited to the mental health practitioners' team. They will be able to join a holistic offer in primary care. Dr Verghese reiterated that Lambeth are in a good place, however, we must keep pushing.
- Dr Nandini Mukhopadhyay explained that Lambeth is working across primary and secondary care. In Lambeth 60% to 80% of patients with severe mental illness have a physical health check, the only borough reaching national targets in SEL. Lambeth are also undertaking physical reviews for those under mental health review, and started a pilot eighteen months ago with South London and Maudsley NHS Trust (SLAM) using community teams to help look at people more holistically.
- Josepha explained there are broader pieces of work linked into integration. This includes early work around technology enabled care supporting people at risk of falls, building on a successful pilot in Norfolk. This will be shared as it is developed.
- Dr Mitra explained that 9% of the population in Lambeth take up about 40% of our appointments and it is important to focus on access. When thinking about the projects, Dr Mitra noted it might be good to focus on one and that 9% population. Dr Di Aitken responded and noted the current Local Quality Improvement Scheme works with this population, for example offering patients a chronic pain review if they are on more than ten different types of medication, have fibromyalgia, or if they appear on a frequent attenders search long-term. It has been rolled out across four Primary Care Networks (PCNs).
- Andrew Eyres explained that integrated neighbourhood working is a moving piece of



work over a local and national level. The priorities have identified locally and so represent a good starting point. This work is bringing together a range of initiatives in a coherent framework. The physical and mental health interface is important, and Alliances need to work together.

Action: Reshare the work of Primary Care and Alliance Network (PCAN) with Board Members.

Action: NWDA and LWNA to continue to present at Board meeting about how Alliances are aligning with mind and body work and engagement around PCREF.

Action: To discuss Cllr Dyer's point regarding evidence of what we are doing in response to our demographic data/racialised experiences in the Board meeting de-brief with the Co-Chairs and Place Executive Lead of the Board.

RESOLVED

1. Board members noted the Integrated Neighbourhood Working and agreed the proposed prioritisation and next steps.

To view the presentation accompanying this item, refer to pages 165 to 173 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 36:37 – 01:18:12.

10 Questions from public attendees

Wendy Horler asked a question regarding the Assurance Report, around the SEL Integrated Care Board (ICB) corporate objectives and delegated assurance metrics, namely that they are unrealistic and not aligned with local delivery, local trajectories are not consulted on, and Lambeth do not recognise these as achievable. Wendy asked, are there consequences for this and are there penalties for failure to commit to something you were not consulted about and cannot do?

- Warren Beresford explained that SEL have to report certain measures to NHS England and provide their own objectives based on these measures, so they have their own joint forward plan that Lambeth contribute to and have good working relationships with. However, they were comparing Lambeth to national benchmarks, and Lambeth have more deprived areas than other areas of the country, we have different demographics, we have a young population, a high population of Black and Ethnic Minorities and much more deprived areas in some of the reporting that went to SEL committees. Therefore, it was not right to compare us to national targets as we have different benchmarks. We came up with a trajectory that was more meaningful and engagement on this has been stronger in this financial year. Warren confirmed, in terms of any penalties, there was no penalty.
- Andrew Eyres thanked Wendy and explained SEL was trying to move quickly to a new system and confirmed they are listening and starting to respond to local differences.
- Sarah Flanagan explained, if we cannot reach those targets, she did not like the idea of changing them just because we will not meet them and explained we need to be trying to go for the best and not readjust. Andrew explained that we do not want to set ourselves unambitious targets but equally targets do have to be achievable to incentivise us to do better.

11 Date of the next meeting

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed



as Thursday 7th November 2024, in person, venue to be confirmed.

The meeting ended at 16:59

CHAIR
LAMBETH TOGETHER CARE PARTNERSHIP
(FORMERLY LAMBETH TOGETHER
STRATEGIC BOARD)
Thursday 7 November 2024





Lambeth Together Care Partnership Board

Title	Lambeth Together Place Executive Lead Update
Meeting Date	07 November 2024
Author	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
Lead	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board

This item is for:

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

The Lambeth Together Care Partnership Board is asked to:

1. Note an update on key developments since the formal Lambeth Together Care Partnership (LTCP) Board meeting in public on 05 September 2024

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

N/A. Individual items addressed at various fora.

Summary and Impact on Inequalities

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

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Lambeth Together Care Partnership

Place Executive Lead Report 7th November 2024

Andrew Eyres – Corporate Director, Integrated Health and Care

‘Our Health Our Lambeth’



We are now 6 months on from the launch of our first [Our Health, Our Lambeth annual review](#) and 18 months into our 5 year Health and Care Plan. We have made important strides in reshaping health and care services across the borough with the aim of improving outcomes for residents and the experience of service users and carers. We have sought to expand our community-led initiatives, enhancing preventative care, and strengthening partnerships through our Delivery Alliances. Key efforts have been directed at tackling health inequalities by ensuring services are responsive and accessible to all residents, showcased in our work such as the Lambeth Carers Strategy, the launch of our new All-Age Autism Strategy in September, a second successful Lambeth Ageing Well Festival and commencing with another year of Health Inequality funded initiatives. Elsewhere on today’s agenda you will also see the launch of the 5th Annual Lambeth Living Well Network Delivery Alliance Progress Report.

As part of our assurance process, we have a comprehensive range of metrics to demonstrate progress against our plan and at the halfway point in year 2, I am pleased to see our assurance group reporting good progress in a number of key areas. We can report that nationally published data shows that from April to August this year, Lambeth’s General Practices conducted nearly 812,000 appointments for our residents—around 25,000 (3%) more than in the same period last year. As with last year, we also remain on track to exceed the national target that 77% of patients have their blood pressure managed and treated to the recommended level.

Looking ahead, the next phase of our plan will emphasize building on this foundation by deepening integrated partnership working and increasing community engagement. We aim to improve access to services, expand integrated care models, and further improve preventative health measures. Collaboration remains a core focus, ensuring that local organisations, healthcare providers, and residents work together to create sustainable and impactful changes. Our commitment remains to create a health system that is inclusive, transparent, and aligned with the evolving needs of our population.

Whilst we acknowledge that all partners are facing significant and increasing financial constraints and challenges; our focus remains firmly on delivering the best possible outcomes for Lambeth residents. We are committed to working efficiently, maximising resources, and finding innovative solutions to improve health outcomes and to continue to provide high-quality care and services. Our priority is to ensure that every resident has access to the support they need, and we will maintain our collaborative approach to adapt and meet these challenges and effectively deliver on [‘Our Health, Our Lambeth 2023-2028’](#). We will further review progress to inform our priorities for 2025/26 in the light of our further learning, resource availability and in the context of changing national policy from the new government.

Our Governance and Leadership

Board Membership: I'm now pleased to welcome Folake Segun to the Board in her new, now substantive, role as Chief Executive of Healthwatch Lambeth. Folake will bring her extensive experience of working with communities to this role and to our Partnership Board. Additionally, I'm delighted to announce that Jasmina Lijesevic has been appointed as our new Board Lay Member. Jasmina will now provide crucial support, including chairing the Assurance Group and Primary Care Commissioning Committee, and will be an active member of the Lambeth Together Equalities Group.

In September, we concluded the two-year fixed term for our Patient and Public Voice (PPV) members and successfully recruited for another term. We are pleased to now share that Sarah Flannagan has been reappointed for another two years. Sarah is actively involved as a volunteer at Mosaic Clubhouse, aiding people with ongoing mental health concerns in regaining skills and confidence and has a particular interest in maternity and mental health care. Our second PPV member is Eugenie Dadie. Eugenie is a Lambeth resident who lives with a long-term health condition that brings her into regular contact with health and care services in the borough. Her passion to give back to the community and commitment to equity and inclusion are what motivated her to join the Board and will undoubtedly bring valuable perspective to the Lambeth Together Care Partnership. Our PPV Board Members help connect us more closely with the community, ensuring Lambeth residents' key issues are recognized and addressed. We are excited for both of their contributions in the coming term.

Clinical and Care Professional Leads: The Lambeth Clinical and Care Professional Leads (CCPL) quarterly forum, held on 17th October, was an excellent opportunity for CCPLs to engage in discussions led by the SEL System Sustainability Programme Director. This session aimed to gather input for clinical engagement in support of the System Sustainability Team, following a South East London workshop held in September. The consensus was that addressing the extensive financial challenge we face requires a system-wide approach and strong partnerships. Additionally, I was delighted to attend an October catch-up event with our CCPLs, where their enthusiasm and fresh ideas were evident, reflecting their commitment to improving local services. To learn more about our leads, their roles and expertise, visit the [Lambeth Together website](#).

System Pressures

The Lambeth and Southwark Winter Plan is currently being developed with input from across the system. This collaborative approach aims to build on the successes and lessons learned from the last two years, while addressing both local and national priorities for the upcoming winter season.

Key areas of focus include:

- **Mental Health Capacity and Flow:** Enhancing capacity and ensuring efficient patient flow within mental health services, particularly during peak winter periods when demand typically increases.
- **Same Day Emergency Care Units (SDECs):** Improving the utilisation of SDECs to manage pressure on the system.
- **Discharge Processes and Patient Flow:** Optimising discharge procedures, including increasing the number of morning discharges - before 10am, weekend discharges, and making better use of discharge lounges to support patient flow and free up capacity more efficiently.
- **New Medical Assessment and Frailty Units:** Embedding and improving the use of the new medical assessment unit at King's College Hospital and the Frailty Unit at Guy's and St Thomas' Trust (GSTT) to deliver care and improve outcomes for our vulnerable patients.

A South East London winter workshop was held on 17th October. The outcomes, along with suggested actions, will be shared with Urgent and Emergency Care (UEC) Leads and Local Boards for review and implementation. The collaborative efforts and coordinated actions outlined in this winter plan aim to ensure that services are well-prepared to handle winter pressures effectively, delivering timely and high-quality care to residents.

In the wake of the cyber-attack on Synnovis impacting on pathology services across South East London the South East London team are completing a look back process to inform future responses to critical incidents. General Practice continues to respond to patient need whilst addressing the backlog.

Lambeth Together Equality, Diversity and Inclusion Group

Lambeth Together partners celebrated Black History Month during October and reflected on the rich contributions of Black individuals to health and wellbeing in Lambeth, while acknowledging the work that still needs to be done to address ongoing health inequalities.

Throughout the month, our communications team took to social media to champion Black NHS staff and highlight the work they're doing to tackle health inequalities locally. We also saw a variety of in person health and wellbeing events delivered in Lambeth by our partners at Black Thrive, Thriving Stockwell and Lambeth Council Libraries including a Black History Month: Wellbeing and Peace Day, a PrEPared for the future: empowering Black women through HIV awareness session and a Black History Month and Diwali Celebration.

The Lambeth Inequalities Schemes for 2024-2026 are now starting to rollout, with projects in various stages of recruitment, mobilisation and delivery. The Diabetes education: Type 2, Take 2 project launched on 17 October and will run two iterations this year. The offer is a new Education and Support Programme co-designed by young people for young people which includes fortnightly sessions run by a multi-disciplinary team, covering nutrition, medication, pregnancy, physical activity and mental wellbeing.

Our Delivery Alliances – a selection of highlights

Neighbourhood and Wellbeing Delivery Alliance (NWDA): In September, Hills, Brook and Dales (HBD) Primary Care Network (PCN) ran a successful cancer awareness raising event at Brixton Library, funded by the NWDA. The team at HBD ran patient searches to identify patients who had missed recent screening appointments or where screening was due to invite them to the event via Accurx messaging – in total over 100 people attended the event, over half of which were men, and 73% of those men were of Black/Afro-Caribbean/African origin. 19 primary care, hospital and support outreach teams were involved, and 12 were present on the day for members of the public to seek advice from. HBD will be running a second event in early 2025 in West Norwood.

Separately, the Primary Care Team have been working to improve digital inclusion with a framework available for practices. Additional refresher training was held on 22nd October for the 23 practices who were unable to attend training in January. The training is offered to receptionists, administrators, care co-ordinators, digital leads up to and including managers, and a clinician where available. This work is contributing to our commitment in the Health and Care Plan that we continue to ensure that patients are not excluded from accessing health care through digital poverty by evaluating our pilot which involves members of our population teaching others to access technology practically and sharing lived experiences.

In the Lambeth Health and Care Plan we committed to support residents through targeted interventions to maximise their incomes, reduce costs and build financial resilience, this year the council is running a pilot with Energy Systems Catapult and Scottish Power to provide large scale works, worth an average of £25k per household, and energy advice to residents with health conditions worsened by the cold. This scheme aims to improve the health and wellbeing outcomes of these residents.

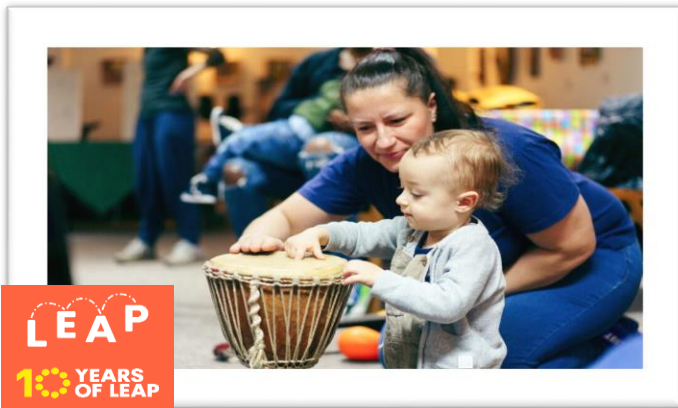
Living Well Network Delivery Alliance (LWNA): The LWNA have published their 5th annual [Progress Report](#). This report, which covers 2023/24, sets out the Alliance's challenges, impact and plans against each of its 6 priority areas – crisis, independence, home, equalities, physical health and employment. As well as an increased number of charts and other performance data the report also includes case studies from some of the people that it supports and introduces two new films. These short films explore the experiences of some of the people who are supported by the Carers Hub Lambeth and Mosaic Clubhouse, who are celebrating their 30th anniversary this year.



Marylee, Mosaic Member – watch the full video [here](#)

The LWNA have taken part in an important research project '*How can we put social interventions at the centre of mental health care?*' led by the Centre for Society and Mental Health and the Institute of Psychiatry, Psychology and Neuroscience, Kings College London. Involving two in-person Theory of Change workshops to date, we have helped develop a model which maps out what changes need to be made to systems and processes in South London and Maudsley (SLaM) so that social inclusion is put firmly at the heart of care.

Children and Young People's Delivery Alliance (CYP): The Children and Young People's Alliance continues to make substantial progress in fostering strong partnerships across the Lambeth system. One example of this is our collaboration with Act Early South London, a programme aimed at reducing inequalities and improving outcomes for children and young people. Through innovative, research-driven approaches, this partnership will be instrumental in advancing our shared objectives by identifying wider determinants of health and how they can impact Lambeth's young people.



In September, at the 10-Year Learning Seminar for the Lambeth Early Action Partnership (LEAP), we celebrated a decade of outstanding contributions. Over the years, LEAP has launched a range of essential services for children and families, including specialist midwifery support, domestic abuse services, and nutrition programmes. These services have made a tangible difference, especially in supporting families in Lambeth's more deprived areas. A key factor in LEAP's success has been its focus on building strong, trusted relationships with families, creating welcoming, community-focused spaces, and effectively engaging with Lambeth's diverse populations. The legacy of this work is one of lasting impact, and we are proud to have LEAP as a key partner in our Alliance.

The Alliance has also formalised a significant agreement with Evelina London Children's Hospital to co-appoint a Patient and Public Engagement Officer. This new role will be central to strengthening our engagement strategy, ensuring that the voices of children and young people are embedded in decision-making processes. By working closely with Evelina's established patient and public voice groups, we will be better equipped to listen and respond to the needs of the communities we serve.

Anchor Alliance Programme

Over the last few months, the Lambeth Together team has continued to engage with the South East London (SEL) Anchor Alliance programme to share learning that can be implemented across our local partnership. The programme brings together local Anchor institutions to coordinate action and use their resources to improve social determinants of health. SEL Anchor Alliance has agreed to focus on work, wages and the cost of living, housing and estates as priority areas for action. In October, the Anchor Alliance held a workshop to share co-designed recommendations for improving participation and equity in the health and social care workforce. The Lambeth Together pan-workforce group received these recommendations with interest and highlighted the opportunities to progress this agenda locally, such as delivering health and social care work experience and career days with local schools.

Lambeth Together partners have also engaged with the workshops led by Lambeth Council as they develop a new Skills and Employment Strategy for 2025-30. We continue to advocate for the importance of good quality employment on health and wellbeing, and to ensure the Strategy will prioritise groups who are more excluded from the workforce and suffer poorer health outcomes including Lambeth's Black communities, disabled residents and older people. One opportunity to explore will be incorporating an Age Friendly lens to the Strategy, helping to connect older residents with lifelong learning and good employment and encouraging employers to sign up to the age-friendly employer pledge. We are also pleased to see that health and life sciences will be a key sector of focus in the new Strategy and we'll continue to work with our Anchor institutions, schools, colleges and other local partners to ensure that employment opportunities in this growing sector will be accessible for local people.

Lambeth Carers Awards



As mentioned in my last update, we held the Annual Lambeth Carers Awards in the Town Hall in September as part of [Carers Strategy 2024-29](#). An event where we demonstrate our commitment to supporting and recognising unpaid carers. Importantly the event was put together alongside the community, with representatives from the voluntary and community sector including Carers Hub Lambeth, Carers 4 Carers, Lambeth Parent Forum, Age UK Lambeth and National Autistic Society.

The event was a success and one that was truly appreciated by our carers and local partners. There were 22 categories of awards which covered a wide spectrum of caring duties, including those related to disabilities, physical health, and youth care. Over 18,000 unpaid carers in Lambeth provide essential support to family members and friends who rely on their care. These awards not only offer recognition but also raise awareness of the challenges and rewards associated with caring. I would like to thank all of those involved in organising and participating.



Carers Award Ceremony at Lambeth Town Hall, September 2024

Lambeth Ageing Well Festival



Lambeth Resident at the Fall Prevention Stand at Lambeth Ageing Well Festival 2024

Following the success of last year's event, Lambeth hosted its second Ageing Well Festival at The Kia Oval on the 5th October. The Festival celebrated older residents in the borough as well as the UN's International Day of Older Person's and Age UK's Silver Sunday event. Cllr Garden, Deputy Mayor, and Cllr Windle, Cabinet Lead for Age-Friendly opened the event.

The Festival was full of information stalls with a great representation from Health and Care including Falls Prevention, Adult Social Care, as well as stalls providing information and advice on diabetes, dementia, women's health, GP advice, mental health, occupational therapy, cancer screening including breast cancer and Age UK Lambeth services. Additionally, a range of Council services and voluntary and community sector organisations were also present at the event sharing information and advice with attendees.

There were a range of well attended activities on the day including a tea dance, exercise activities, falls prevention activities and crafts as well as a performance from the Divatones. The Festival was a great success, with around 450 people attending. Additionally, 76 people had their blood pressure checked and 24 COVID-19 and 31 Flu vaccines were administered by the new electric Health and Wellbeing Bus. I'd like to extend a huge thank you to all the stallholders and volunteers who supported the Festival.



Fionna Connolly, Acting Chief Executive for Lambeth Council at the Ageing Well Festival on the Health and Wellbeing Bus



Cllr Tim Windle, Cabinet Member for Healthier Communities at the Ageing Well Festival receiving a blood pressure check

All-Age Autism Strategy

I was delighted that in September we launched Lambeth's new All-Age Autism Strategy 2024/2027. Our new approach to supporting our autistic residents of all ages and their families in the borough. Over the next three years, we'll continue to work closely with our partners and community to implement the new strategy. It reinforces our commitment to becoming a borough of equity and justice - so everyone has equitable opportunities. As part of this we are delighted to have secured £240k funding to provide grants of up to £15,000 to local voluntary and community sector organisations, schools, charities, and other eligible organisations running initiatives and projects to support autistic people in the borough. [Learn more about the strategy and grant funding](#)

Marmot Report - Structural Racism, Ethnicity and Health Inequalities in London

A report on Structural Racism, Ethnicity and Health Inequalities in London has been published by the Institute of Health Equity led by Professor Sir Michael Marmot. The report highlights the direct impact of racism on physical and mental health. There are also indirect impacts manifested by the ethnic inequalities seen across many of the wider determinants of health. In the report Lambeth has been identified as an area demonstrating effective approaches in addressing health inequalities among ethnic minority groups. Within the Report three examples illustrate Lambeth's initiatives and their impact:

[Lambeth Early Action Partnership \(LEAP\)](#)

- The LEAP program employs a caseload midwifery approach focusing on targeted groups, particularly women from deprived backgrounds and diverse ethnicities.
- The initiative has shown greater impact when applied to these specific groups, demonstrating a targeted and effective intervention in improving maternal health outcomes.

[Food Poverty and Insecurity Action Plan](#)

- Lambeth's strategy goes beyond general measures by explicitly focusing on improving access and addressing inequalities faced by Black, Asian, and other ethnic minority groups.
- The plan is noted for its direct acknowledgment of the unique challenges faced by these communities and its effort to incorporate culturally appropriate solutions.

[Lambeth HEART \(HDRC\)](#)

- This initiative aims to build infrastructure for research into health inequalities with an anti-racist perspective.
- It focuses on developing evidence-based strategies to address the health disparities experienced by ethnic minorities in the borough.

In addition to a set of recommendations aligned to the Marmot principles, the report calls for greater accountability, particularly from leaders, institutions and employers to prevent racism from continuing unchecked and to improve the lives of people who experience it. Lambeth Together will be considering the findings of the report to inform existing work to address ethnic health inequalities, including the embedding of the anti-racist approach. You can read the report in full [here](#).

Stoptober

Last month we recognised Stoptober where smokers can get the support they need to quit for good. Support included hints & tips in the Stop Smoking London guide to quitting smoking, available from local pharmacies, and the Practices. This support can make it five times more likely people can quit smoking, stay strong & stay smoke-free forever. Mixing expert support with aids like nicotine replacement therapy or a vape has proved to be much more effective than going it alone. Since 2012, Stoptober has successfully helped 2.5 million smokers quit. Learn more about our local stop smoking services in the [guide to quitting smoking](#).



Breast Cancer Awareness Month

A new breast screening video has been launched to help save lives, featuring patients and staff from King's College Hospital. The video has been launched to coincide with Breast Cancer Awareness Month and features a diverse array of patients from across south-east London, including some from groups with traditionally low take-up of screening invitations, talking about their experiences of having a mammogram. Their aim is to highlight the importance of breast screening to enable the early detection and treatment of cancer. You can [watch the video here](#).

Key Campaigns for Lambeth Together

Our public campaigns activity remains heavily focused on vaccination. Cases of measles have decreased since September, but since prevention remains a high priority for Lambeth partners, we have been raising awareness of the importance of immunisation against measles for children, given that one in five children who contract measles requires a hospital visit. We've also been raising awareness of the whooping cough and Respiratory syncytial virus (RSV) vaccination for pregnant women, as a way to protect their unborn child. In September, our seasonal vaccination campaigns kicked off, with local activity to share the national 'Why we vaccinate' and 'get winter strong' messages and resources across multiple communications channels.

Also in September, we have had a focus on encouraging students still searching for degree places to consider applying to health-related degrees through Clearing, as part of a national push to boost the NHS workforce of the future. During October we have been running adverts on social media to encourage people to stop smoking - tying in with the national 'Stoptober' campaign - and to point to local sources of support.

Further campaigns promoted include raising awareness of the NHS 111 mental health option (tying in with World Mental Health Day in October), breast cancer screening, blood donation and managing asthma more effectively through annual checks and taking up tips on correct inhaler technique.



Lambeth Workplace Health Checks

As part of our commitment to the Borough Plan, we were excited to launch the Health Checks at Work initiative last month. This initiative initially offers all Lambeth staff the opportunity to access free health checks directly at their workplace, helping to identify and manage potential health risks more effectively. The programme will soon be rolled out to other workplaces across the borough. This program is part of a UK government-funded pilot scheme aimed at providing NHS Health Checks and cardiovascular disease assessments across workplaces in 45 boroughs nationwide. Lambeth public health successfully secured funding from the Department of Health and Social Care (DHSC) to be part of this initiative. We value the health and well-being of our workforce across Lambeth, and these health checks could be lifesaving for many.

Our Health and Wellbeing Bus goes Electric



Andrew Eyres, Corporate Director, Integrated Health and Care with the electric Health and Wellbeing Bus

Last month, we took possession of the Lambeth Together new electric Health and Wellbeing Bus which will be an important part of our work with communities' - taking key messages on how to stay healthy, how to recognise symptoms and get support. It has a large 'rolling' display screen which is sharing all our health campaigns resources as it travels the borough with our Health Champions, who can provide further information and signposting on key health matters.

Coinciding with the arrival of the new electric bus, the 'Board on the Bus' programme got underway with Oge Chesa (Director of Primary Care and Transformation) joining the bus at Moorlands Community Centre and Cllr Cavanaugh taking part in a visit to West Norwood Library. Board on the Bus extends the Board's listening programme to get out into our communities and ask residents at our bus locations what matters most to them about health and care, bringing these insights back to the Partnership.



Cllr Cavanaugh with the electric Health and Wellbeing Bus taking part in Board on the Bus

Keep an eye out for the new Health and Wellbeing Bus as it travels around the borough on its weekly schedule.



Non-executive Director (GSTT) and Colleagues visiting Lambeth

GSTT Board Members Visit

At the end of October, Lambeth hosted another visit for Miranda Brawn, Non-Executive Director for Guy's and St Thomas' Hospital. Dr Di Aitken - Lambeth Together Co-Chair, Alex Jackson - Lambeth Together Programme Lead, and I hosted the third visit for Miranda and on this occasion, Miranda was joined by colleagues from the Guy's and St Thomas' Board, Charles Alexander – Chairman of the Board, Deidre Kelly, and Ian Playford – Non-Executive Directors of the Board. The overall theme of this visit was to demonstrate where we are bringing together primary care, secondary care, and local communities to better integrate services, streamline our offer and improve the experience and outcomes for residents.

At Waterloo Health Centre, visitors met Oge Chesa, Dr George Verghese and Louise Dark to discuss the evolving landscape of primary care, focusing on current care models, integrated clinics and closer collaboration with secondary care. A focus of the discussion was the Child Health Integrated Learning and

Delivery System (CHILDS) framework, which is an innovative and effective approach to care that uses population health management tools and methods to deliver targeted early intervention and integrated biopsychosocial care to children with long-term conditions and everyday child health problems.

Next up was the Black Prince Trust (BPT) Community Living Room, part of the Thriving North Lambeth programme which aims to improve local health and wellbeing through a focus on prevention and early intervention in the community. Working together, BPT, local partners and Lambeth public health have co-designed activities to meet local needs and engage underserved communities, including the elderly and isolated, black, and multi-ethnic communities, parents with young children, unemployed people, and those with physical and mental health conditions. The Hub also supports residents during the cost-of-living crisis acting as a warm (and safe) space and providing access to free cooked nutritious food and surplus food. Here, we had a Forever Young class demonstration and stopped at the Community Café to meet some of the team.

The visit ended at Elmfield House, showcasing the Primary Care Alliance Network (PCAN) and Staying Well Services with the Living Well Network Alliance (LWNA) team. PCAN and Staying Well form part of the LWNA primary care mental health service offer co-designed with GPs and Primary Care Networks (PCNs) in Lambeth in line with the multi-disciplinary neighbourhood care model envisaged in the Fuller report. They form part of the LWNA overarching community mental health transformation plan to further enhance integrated working and closer partnership with primary care and aims to ensure we provide support to people at the right time and in the right place by making the best use of local expertise and workforce capacity, developing trust and shared understanding. Thanks to all those involved in making the visit a success.

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Lambeth Together Care Partnership Board

Title	Hospital @home (Virtual Wards)
Meeting Date	Thursday November 7 th 2024
Author (& role / title/s)	Mark Tearle: Project Manager, GSTT Integrated Care Transformation Team Avril Satchwell: Associate Director Planned and Urgent Care Lambeth and Southwark Place Contribution from presenters
Lead / Presenters (& role / title/s)	Avril Satchwell: Associate Director Planned and Urgent Care, Lambeth and Southwark Place Mark Tearle: Project Manager, Integrated Care Transformation Team Ele Baker: Service Development Manager, Evelina @home Claire Wade Matron: Children's Community Nursing Service (CCNS), Evelina @home, GSTT Kirsty Deda: @Home service Matron GSTT & UEC CCPL ICB Helen King: Nurse Consultant, St Christopher's Hospice Amanda Mayo: Care Director, St Christopher's Hospice

This item is for;

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

<ol style="list-style-type: none"> 1. That wider partners, putting the patient voice at the centre, support Hospital @home become synonymous with hospital quality care, associated with A&E, delivered closer to home in the minds of our population 2. Assist by helping establish and promote the model of 'Virtual Wards' as 'Hospital @ home' 3. Enable expansion of Hospital @home services to ensure we deliver more care in peoples' homes when that is the right thing to do
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What other groups or committees have considered this item to date?

<ul style="list-style-type: none"> • Lambeth Neighbourhood Wellbeing Delivery Alliance Board • Lambeth Together Executive Group

- Lambeth and Southwark Urgent and Emergency Care Board

Summary and Impact on Inequalities

Identifying and addressing historical variation in service provision across Lambeth and Southwark (Integrated Respiratory Team (IRT), Palliative Care, Outreach Therapy Services) creating new services, with targeted investment, to address geographical access inequalities.

Some inequalities i.e. younger, working age BAME with sickle cell – this is being addressed by introduction of a pilot project to support exasperation of sickle cell in the community and avoiding hospital admissions.

Work will continue to:

- understand what population health data tells us about prospective numbers of people at risk of hospital admission and how virtual wards and remote monitoring technology can provide a safe and trusted alternative to hospital admission.
- Work with partners to analyse gaps in care provision and role of remote monitoring with 'at risk' patient groups.
- Improve integration of services across organisations, i.e. palliative care and integrated respiratory services, to align care provision, identify gaps and improve parity across Lambeth and Southwark

Hospital @home (Virtual Wards)

Lambeth Together Care Partnership Board: 7 November 2024



Working in partnership for a healthier borough

Presenters



Avril Satchwell: Associate Director of Planned & Urgent Care (Lambeth & Southwark), ICB

Mark Tearle: Project Manager – Integrated Care Transformation, GSTT

Ele Baker: Service Development Manager, Evelina @home

Claire Wade: Matron – Children’s Community Nursing Service (CCNS), Evelina @home, GSTT

Kirsty Deda: Hospital @home service Matron GSTT & UEC CCPL ICB

Helen King: Nurse Consultant, St Christopher’s Hospice

Amanda Mayo: Care Director, St Christopher’s Hospice



Hospital @home (Virtual Wards) Context and Overview



‘Virtual Wards also known as hospital at home, is an acute clinical service with staff, equipment, technologies, medication and skills usually provided in hospitals being delivered to selected people in their place of residence, including care homes. It is a substitute for acute inpatient hospital care. As of July 2024, there were 12,365 virtual beds in England’

*‘Virtual Wards have the potential to support two key areas of the system: Reducing attendances and admissions to hospital ‘Step Up Virtual Ward’ and to support reduction in length of stay in hospital through ‘step down Virtual Ward’ where the acute episode of care is completed in the home setting’ (*Independent investigation of the National Health Service in England – Lord Darzi Sept 2024)*

- **10 Years of Hospital @home at GSTT:** initiated adults Hospital @home service 10 years ago this year at GSTT with their Hospital @home service. 10 Years on it looks very different to how it looked in its embryonic stage. GSTT Evelina Children’s and younger people Hospital @home followed a few short years later.
- **National Key Focus on UEC Recovery:** Virtual Wards and other services outside of hospital are one of NHS England’s key focus areas in its **‘Recovery Plan for Urgent and Emergency Care’**, which will see more patients being supported and cared for at home or in a care home and removing the need where possible to be admitted or stay in hospital longer than is necessary, freeing up much needed acute care capacity and improve hospital flow. The Hospital @home service is a key enabler of this for key cohorts of individuals.
- **Lord Darzi report:** Lord Darzi’s recognised the improvements being made around use of Virtual Wards and utilisation of technology to support monitoring and care with the ambition of the NHS to increase the volume of Virtual Ward beds and improved use of technology.
- **Ambition for Virtual Wards for Lambeth and Southwark system:** Built across partners, the ambition for Virtual Wards / Hospital @home service for Lambeth and Southwark patients is to have the service fully embedded into systems, processes and patient pathways, and to be seen as a substantial business as usual virtual unit, in the same way that people see Urgent Treatment Centres etc. In doing so it is key that people understand the national and local strategy for Virtual Wards, how they have developed and are now being used and how systems can support utilisation of Virtual Wards and provide insights into how they could be developed further

What is Hospital @home?



Hospital @home, or Virtual Wards, allows patients of all ages to safely and conveniently receive acute care at their usual place of residence, including care homes.

Core service components for providers delivering virtual wards

1 Effective governance and clinical leadership, with consultant physician/consultant practitioner/GP oversight



2 Minimum operating hours of 8am-8pm, 7 days a week and out-of-hour provision



3 Clear admission criteria and assessment processes



4 Personalised care and support planning and shared decision-making



5 Daily board rounds including a senior clinical decision-maker, medical input & MDT



6 Hospital-level interventions/treatment, including IV therapies



7 Hospital-level diagnostics, including point of care testing



8 Technology-enabled care, including remote monitoring



9 Pharmacy, medicine reconciliation and optimisation



10 Clear discharge processes, including monitoring of length of stay



Hospital @home Programme Priorities



Hospital @home is intended to:

- Prevent admissions and attendances
- Reduce hospital length of stay
- Improved patient experience and choice
- Improved patient outcomes and protection from avoidable harm (hospital acquired infection / de-conditioning)
- Improve staff experience



Hospital @home aims

- **Patient flow:** Increased Urgent and Emergency Care (UEC) impact and contribution to Elective Care Recovery by supporting admission avoidance and accelerated discharge
- **Capacity expansion:** Planning to align increased capacity with needs of unplanned care patients
- **Optimisation:** Improving, developing and optimising existing Virtual Wards capacity
- **Inequalities:** Reducing unwarranted variation in access, experience and outcomes for service users (patients and referrers) via a set of minimum shared standards
- **Data driven and evidence base** to justify ongoing investment by incorporating lessons learnt from UEC impact evaluation



Hospital @home Programme - Definitions



Term	Definition
Hospital @home (Virtual Ward VW)	Hospital @home wards allow patients of all ages to safely and conveniently receive acute care at their usual place of residence, including care homes. NHS England's national guidance refers to these types of services as 'Virtual Wards', but local services can decide if they wish to be known as a 'Virtual Ward' or a 'Hospital @home' service.
Beds	In the context of Virtual Wards, 'beds' are a proxy metric to measure available capacity. Not a physical bed as you would traditionally understand provided in a hospital setting. For home visits capacity is usually measured by the clinical condition and acuity of patients and the available staffing.
Remote Monitoring	The use of technology, usually a technology platform and medical devices that the patient is trained to use and can transfer data wirelessly to enable assessment and monitoring of a patient condition against standard measures i.e. NEWS2 tool or RESTORE2 tool in the home. Virtual wards can use remote monitoring technology to assess a patient's health without being in physical proximity to the patient. 'Remote Monitoring' is often used interchangeably with 'Remote Care'
Remote Care	Remote care refers to the use of technology to facilitate care away from the hospital (so not only assessment but also a care package which goes with this, e.g. education materials, link into GP, telephone follow up). Remote care refers to the end-to-end pathway for a patient whose symptoms are being remotely monitored. 'Remote Care' is often used interchangeably with 'Remote Monitoring'.
Urgent Community Response (UCR)	Urgent Community Response (UCR) teams provide urgent assessment, treatment and support to people in their homes to avoid hospital admissions and has 2 hour and 2-day metrics which are reported nationally. UCR teams often crossover with Virtual Wards

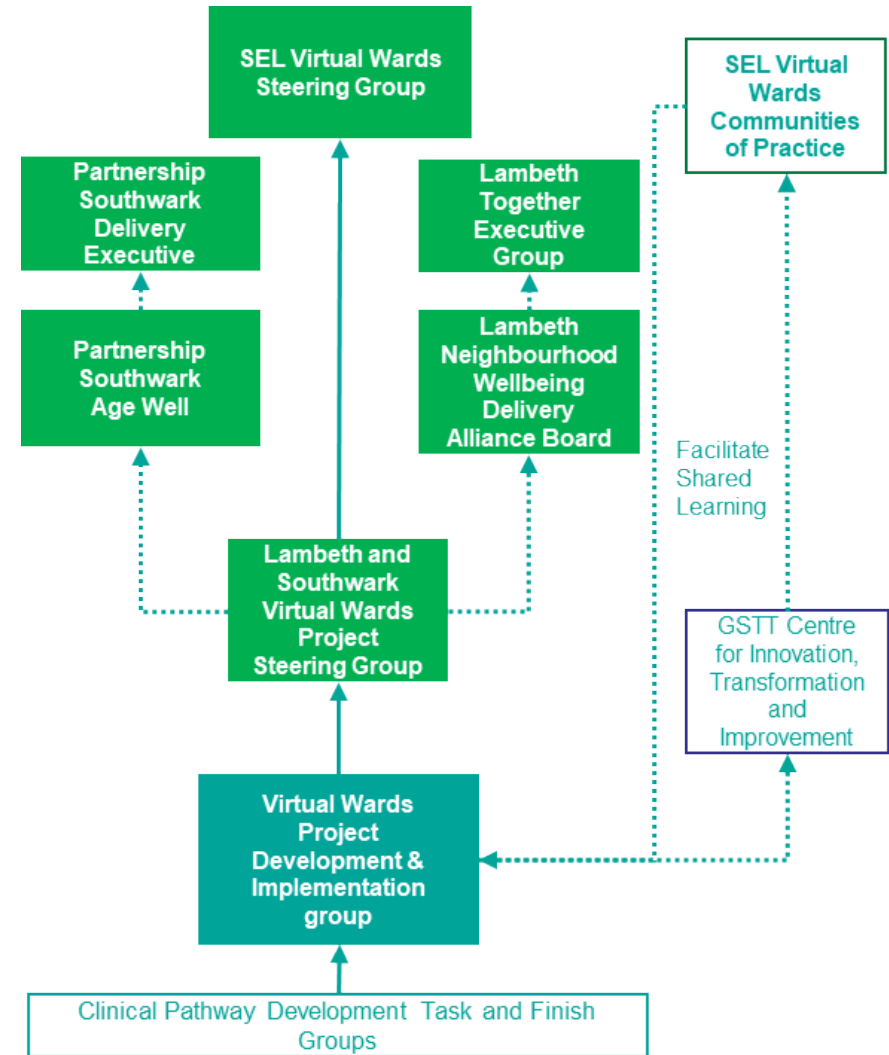


Hospital @home Programme



A collaborative place-based approach

- Project governance and assurance structure within the Local Care Partnerships allows us to develop an integrated, holistic model taking into consideration the needs of the diverse local populations we serve
- Engagement and joint-working across a range of partners and crucially from primary/secondary/voluntary/social care providers and commissioners



Hospital @home Programme Approach



Expand current service and create new services: March 2023 – October 2024

- Identify services as Virtual Wards
- Targeted investment in expansion
- Create new services to address access inequalities

Local Maturity Assessment Baseline: Summer 2023

Digital service offer, Remote Monitoring/ Remote Care: May 2023 – March 2025

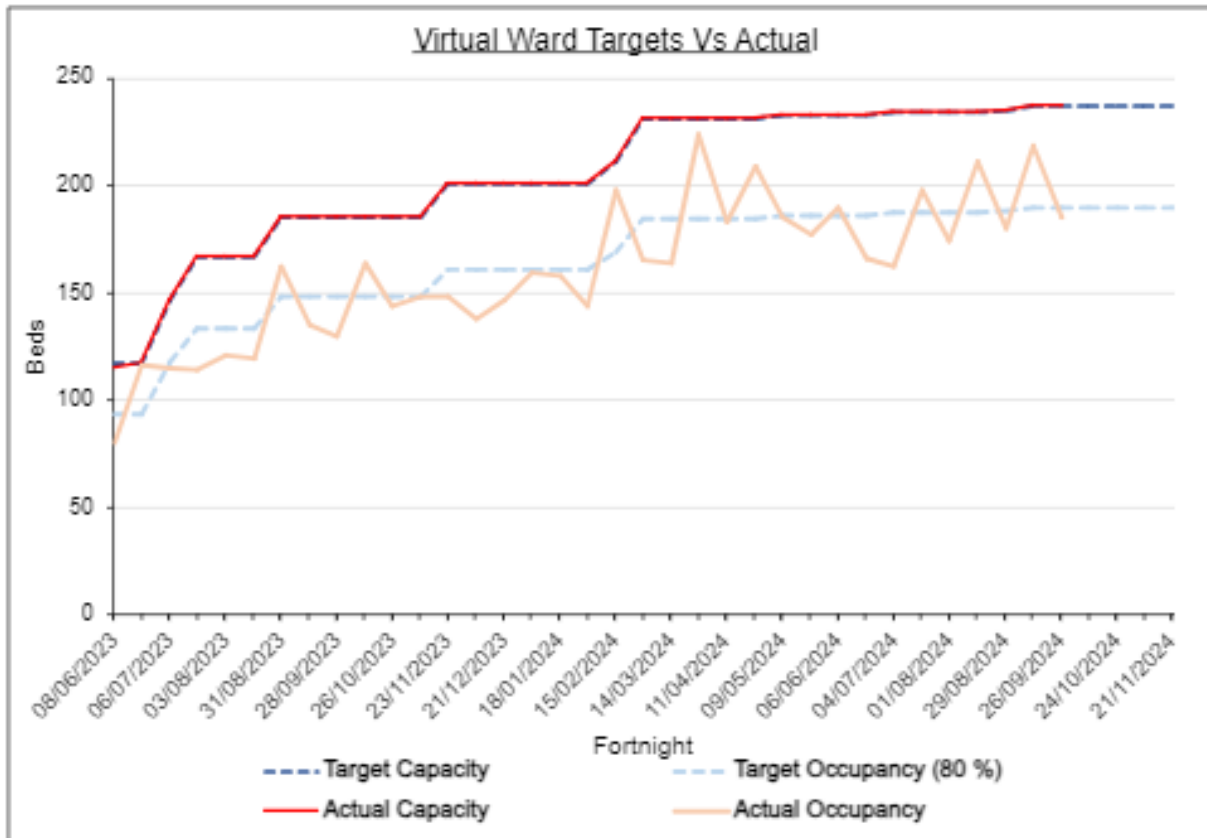


Hospital @home Programme Achievements



The ambition from NHSE sets a target of 40-50 Virtual Ward beds per 100,000 population and the expectation that optimising occupancy consistently above **80%**. For Lambeth and Southwark that equates to **240-300 beds**

April 2023: **92 beds**  October 2024: **237 beds**



Since April 2023 we have:

- Built partnerships across organisational boundaries to deliver a **65%** increase in Virtual Ward capacity
- Delivered **80%** utilisation against the **80%** target set by NHSE
- Progressed pilot project using remote monitoring technology

Additional benefits:

- Identifying and addressing historical variation in service provision across Lambeth and Southwark (IRT, Palliative Care, Outreach Therapy Services)

Hospital @home Programme In Numbers



Lambeth and Southwark Virtual Wards 9 months to 30 September 2024 data at a glance:

9
Services



3,626
referrals accepted



2,143
patients cared for



48,482
Bed Days Saved



1,943
Admissions Avoided



1,477
Early Discharges



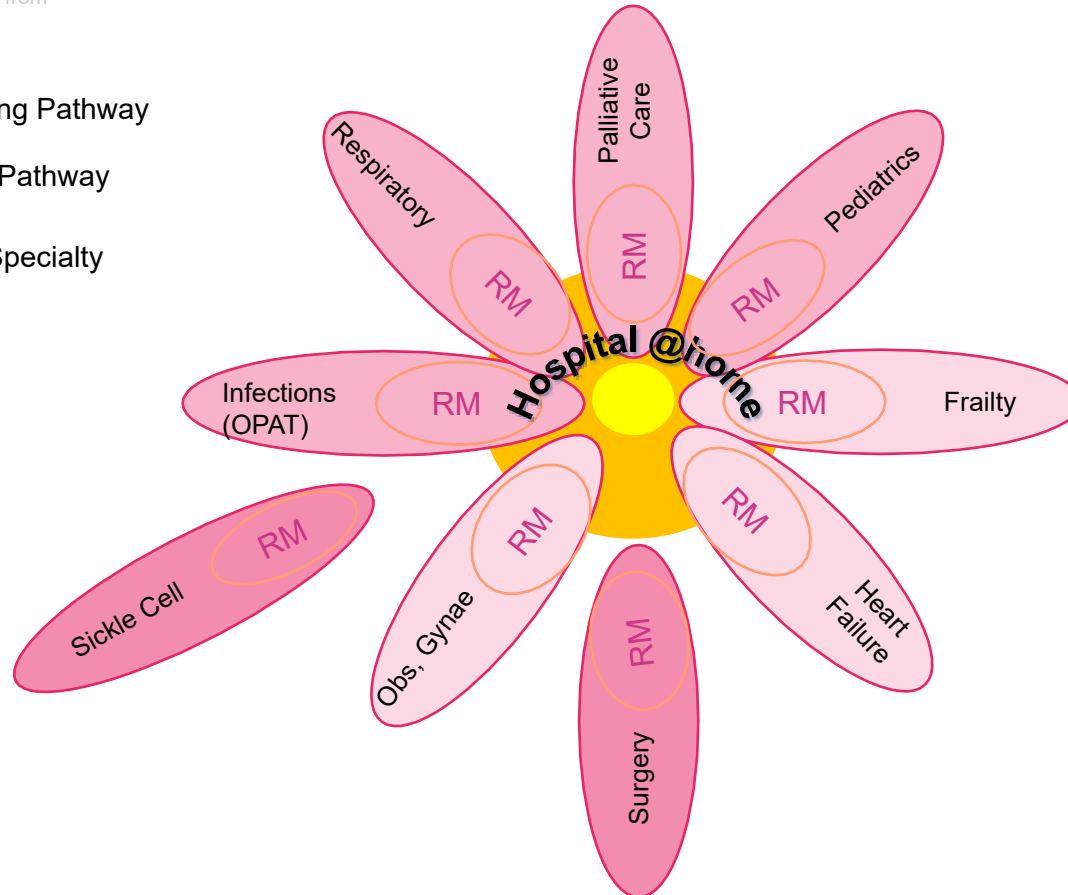
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Lambeth and Southwark: Hospital @home Model



Current Model. Diagram adapted from Schiff 2023_proposal



Appropriate Level of care		
Remote Monitoring (RM)	Hybrid (f2f / RM)	Hospital @home
Remote monitoring only with ongoing clinical responsibility via relevant specialist team or RM provider	Intermittent visits by Hospital @home team and remote monitoring. Clinical responsibility Hospital @home or from specialist VW team	At least daily home visits by Hospital @home team +/- RM as clinically indicated
		Initial UCR within 2 hrs
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- Referrals via current access arrangements for Hospital @home and Virtual Ward specialty teams
- Triage and “admitted” to appropriate level of Virtual Ward depending on intensity of need
- UCR via Hospital @home for ongoing care as clinically appropriate via Hospital @home, hybrid Hospital @home and RM or RM only.
- Patients may move between different levels of Virtual Ward and clinical teams seamlessly as clinical picture changes

What is Remote Monitoring?



Through our partnership with Doccla we provide:

- Observation kit
- Bluetooth devices to facilitate connectivity
- Customer services: device delivery, onboarding, patient compliance support
- Clinical monitoring and support
- Direct patient messaging and option to videocall
- CQC registered



1



Identification & Admission

Clinician selects and admits a patient onto the Doccla Virtual Ward. Patient receives devices.

2



Onboarding & Reporting

At home, the patient is onboarded and uses devices provided by Doccla and the patient app to send clinical data.

3



Monitoring

Client or Doccla clinicians monitor patients' vital signs, subjective responses and alerts via Doccla web dashboard.

4



Patient Support

If needed, the clinician can message the patient or hold a video call. They can also adjust patient's alert thresholds.

5



Discharge

When the monitoring is completed, the patient is "discharged" from the Doccla Virtual Ward and devices are collected by a courier.

Insights and Challenges with Remote Monitoring



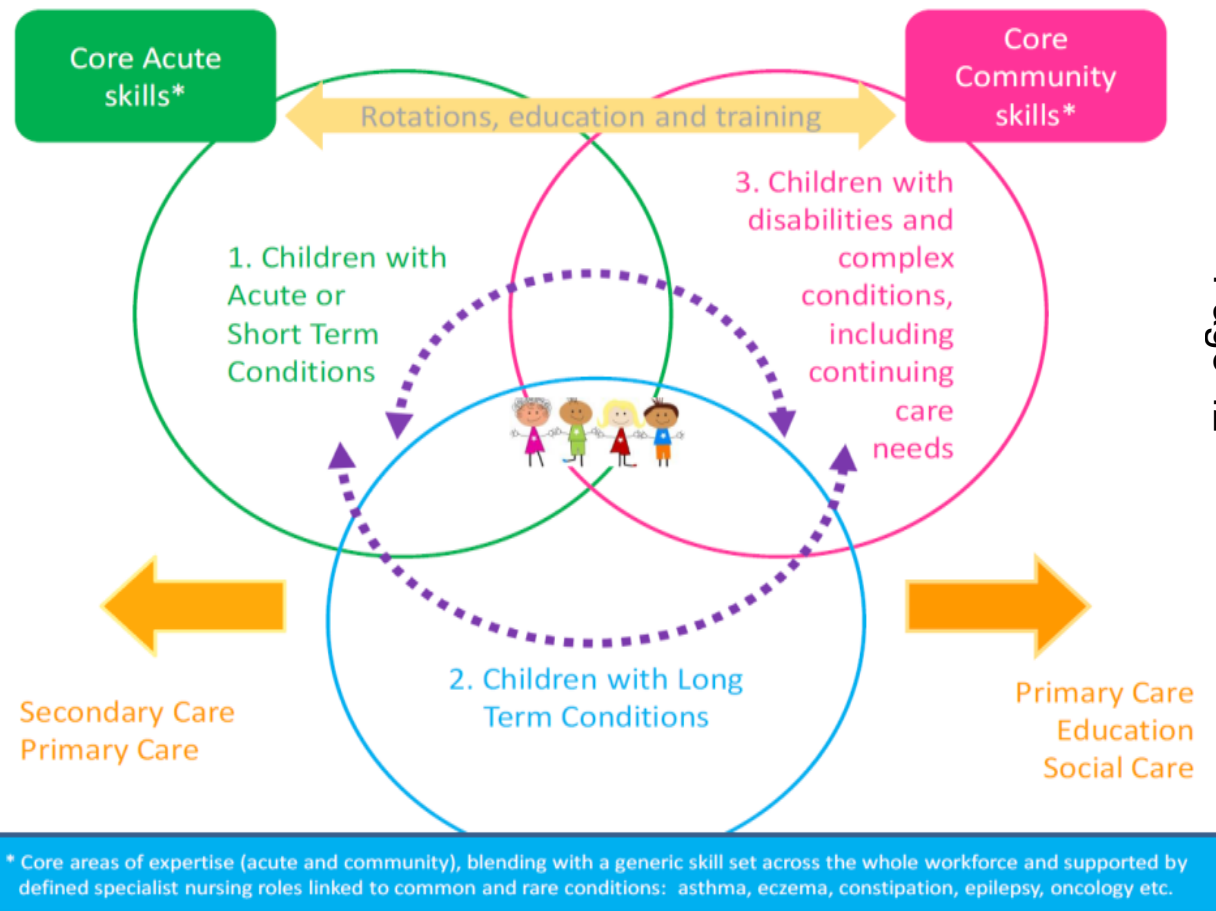
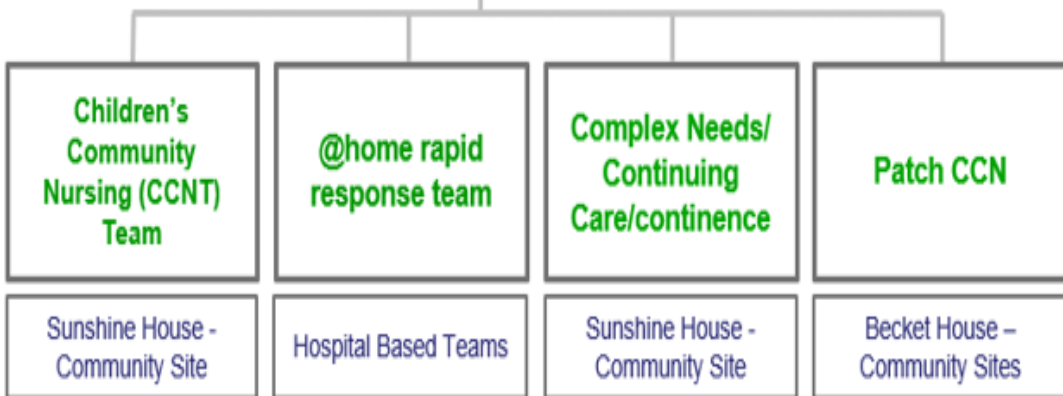
- Currently in use with (adults) Hospital @home, Evelina @home, GSTT IRT and Palliative/EoL care services
- Potential to increase eligibility, e.g. surgical pathways development
- Early identification of deterioration, particularly for those at risk of developing sepsis, support prompt intervention and management
- Challenges with staff/patient engagement:
 - patients ability to use the technology
 - lack of trust in using third party company to provide clinical monitoring and support
 - increased unpaid carer burden
 - staff voiced concerns regarding replacing face to face visits and duplication of work between Doccla clinicians/ Hospital @home clinicians

Integrated Children's Community Nursing Service



Children's Community Nursing Service of Lambeth and Southwark

Consists of 6 Teams



Hospital @home Rapid Response



Who are we?

A team of experienced nurses delivers a high standard of care for children during an acute episode of illness in the comfort of the child's home up to three times a day.

Referral criteria:

Child age 0-16 years

Child living in Lambeth/ Southwark with a registered Lambeth/ Southwark GP

Who can refer:

- Primary care
- Secondary care
- Self-referrals if identified on the acute complex pathway and have personalised escalation plans



Referral criteria:

Require working diagnosis and agreed treatment plan.

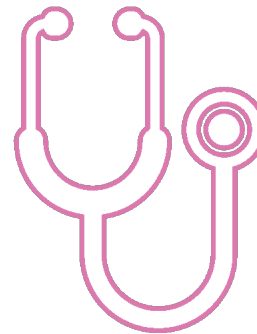
GP is held responsible, but we can discuss any concerns with the paediatrician on your behalf.

Assessed as amber or green on paediatric care pathways

Requires ongoing assessment, treatment, clinical review or parental support

Examples diagnosis include :

Fever
Bronchiolitis
Gastroenteritis
Asthma/Viral-induced wheeze
Pneumonia/LRTI
Croup



Offer:

Up to 3 visits a day 08:00-22:00, 7 days a week

Urgent referrals within 3 hours

Non urgent within 24 hours.

Last urgent referral (seen within 3 hours) to be received by 17:00

Management plans and education provided

Hours we operate

Monday to Sunday 08:00 – 22:00

365 days a year/ inc. bank holiday

Contact information

All referrals to be discussed directly with Hospital @home nurse on call

Phone: 0203 049 8262

Or via DXS option 4.





Patient Journey

Demographics

1 month old female Bronchiolitis patient

History

- Presented to GP 1/08 as febrile advised likely viral
- Presented ED 05/08 Febrile, tachypnoeic tachycardic and coryzal (sibling also coryzal). Reduced oral intake with regular wet nappies.
- Admitted for 2 days HFO2 2l/kg and NG feeds commenced. Treated for ?sepsis 1x ceftriaxone stopped following resp panel positive for RSV.

Assessment and treatment by CH@H

- **08/08** initial home visit by CH@H team Sats 93% in air. RR 48. Afebrile. BF well on demand. Secretions +++ wet productive cough.
- 2nd home visit Nasal saline and suction given. Sats improved post to 98% DOCCLA given and explained
- 3rd visit virtual via DOCCLA Sats 96% RR 47 T 37c feeding well regular wet nappies.
- **09/08** 3 x virtual assessments. Mum reports breathing “a bit faster overnight” but overall improved. Sats AM 92%, Midday 95%, and PM 93%. Overall improved, planned additional review to ensure Sats improved.
- **10/08** Virtual review via DOCCLA. All obs within normal range. Mum reports much improved with no concerns. Discharged.

Outcome

- Child safely monitored at home, parents involved in assessment and monitoring of recovery and were therefore happy to be discharged.

Hospital @Home allowed for early discharge from hospital

- Providing care and assessment in the home and virtually via DOCCLA

Remote monitoring allowed

- Parent involvement in management of child's illness
- Additional reviews and support virtually providing education and reassurance to family.

Patient feedback

The machine was good, could check on him by myself, made me feel confident

Amazing, reassuring having nurses contact daily, good availability and advice

Found the mix between nurses and monitoring equipment really helpful

Unbelievable service, really reassuring to have the DOCCLA, really impressed and helped alleviate anxieties, all staff were incredible

GSTT (adults) Hospital @home Service



Overview

- The Hospital @home service provides acute clinical care to patients at home that would otherwise be carried out in hospital
- Referrals are received from GPs, LAS, Social Care and Acute hospital sites (GSTT / KCH)
- The MDT consists of highly skilled Nurses, Therapists, Doctors, Social Workers, Support Workers and Administrators
- Interventions are delivered in the usual place of residence to provide the best possible patient experience, outcome, and enable the patient to benefit from holistic integrated care.
- There are few exclusions however Hospital @home focus predominantly on elderly, frail, and vulnerable. This leads to some inequalities i.e. younger BAME with Sickle cell

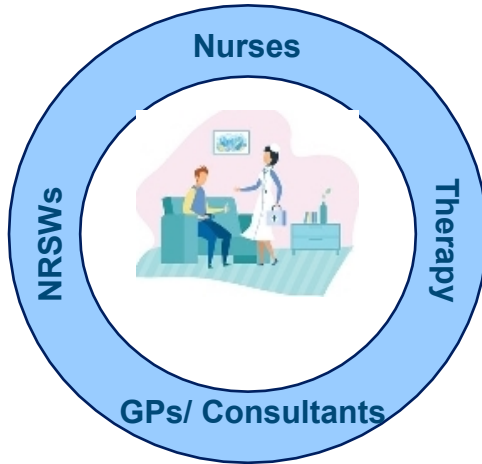
The service has three main aims:

1. Identifying people at risk of a hospital admission and delivering care which prevents their condition getting worse
2. Providing a high level of clinical care at home to prevent an avoidable hospital admission
3. Facilitating advanced discharge out of hospital, so patients can recuperate in the comfort of their home while receiving high quality clinical and personal care

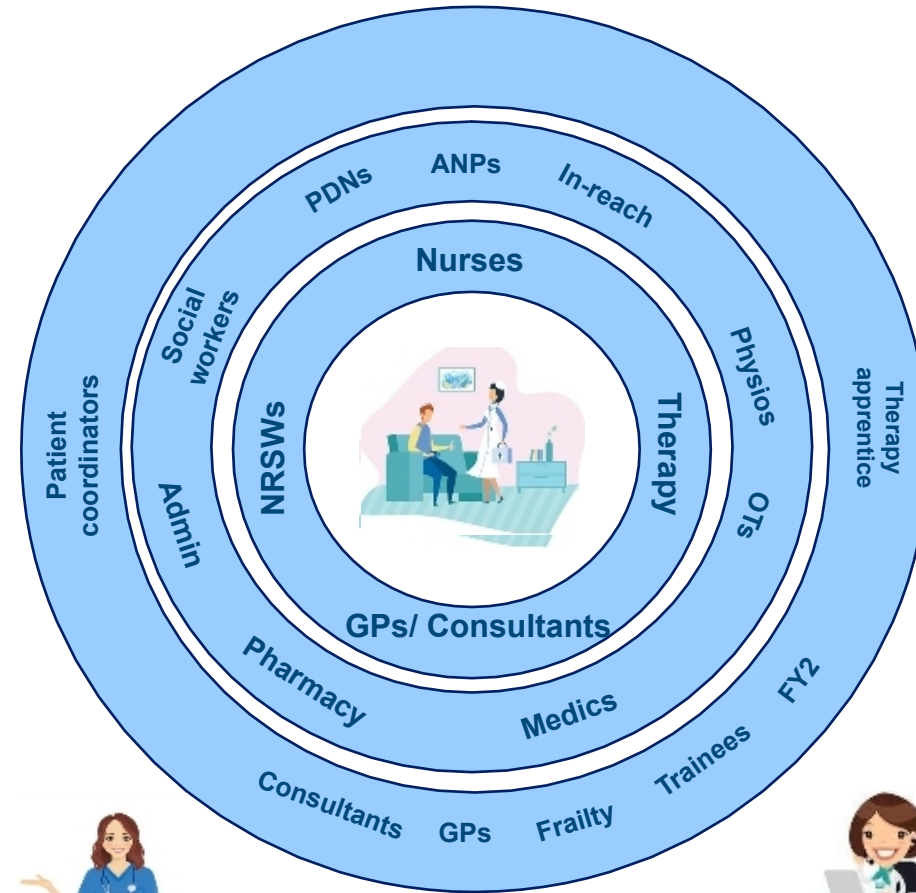
Care Closer to Home – Hospital @home



2014



2024



Hospital @home Case Study



Patient Journey

Demographics

83 year old gentleman, independent, lives with wife

History

- Admitted with abdominal pain, fevers and worsening shortness of breath
- Diagnosis of biliary infection, background of metastatic cholangiocarcinoma
- Known to palliative care and St Christophers.
- Referred for ongoing clinical monitoring and administration of intravenous antibiotics for further 5 days

Care and interventions provided by Hospital @home

- Initial assessment completed by Hospital @home GP
- Received daily visit for clinical review, administration IV antibiotics and 3 times per day observations via remote monitoring
- Day 5 patient had a fall, medical and therapy review
- Day 7 following OPAT decision made to extend antibiotic treatment
- Day 9 care handed over to palliative team and Neighbourhood Nursing

Outcome

- Patient safely managed within home environment, reducing length of hospital stay and risk of readmission
- Daily District Nurse visits, St Christopher's and Outpatient Parenteral Antimicrobial Therapy (OPAT)



Hospital @home Patient Feedback



“Efficient, caring , empathetic staff who were keen to help and support me after being discharged after emergency surgery”

“I have been the fortunate participant for the last 10+ days in this amazing scheme since discharge from KCH. I have had personal visits almost every day backed up by phone calls on other days. The quality of care has been of the highest order- professional, caring, concerned and reassuring. My progress into better health has been a tribute to the teams who have worked together on my behalf so that the team have been able to discharge me back under the care of my GP and surgery.”

“I was unaware of this service. I was pleasantly surprised and felt very reassured by the excellent care and support I received from everyone from the Drs, nurses, physiotherapists and occupational therapists. I hope other trusts are doing this as well. It will certainly reduce time spent in hospital and relieve the workload of the hospital staff”

“All I can say is this is a great service”





Palliative and End of Life Care rapid response

- Started service delivery May 2024
- Care provision from 09.00- 17.00 7 days per week excluding BH and weekends
- Incremental opening of beds to a maximum of 10 by November with 70% occupancy as a minimum

Model

- Rapid assessment of referred patients (at least 50% response rate within 4 hours where this allows given the operating timeframe of the service)
- Rapid assessment includes:
 - Holistic person-centred assessment
 - Discussions around Advance Care Planning as appropriate
 - Documentation of patient wishes on the Universal Care Plan (UCP)
 - Review of medication including de prescribing
 - Ensuring a 'Just in Case box' is in the house with appropriate medication and MAAR charts
 - Support for carers as needed (including Carers Support Needs Assessment -CSNAT to identify future needs)
 - Out of hours service as required by GSTT Pal @Home (no change to current model)
 - Support for Continuous Sub Cut Infusion (CSCI) management for those on the Virtual Ward to alleviate pressure on the community nursing teams
 - Ordering of emergency equipment
- Focussing on reducing inequalities in the target CORE 20 population
- Daily Multi-Disciplinary Team meeting (MDT) to review people on the Virtual Ward utilising an MDT approach

Virtual Ward Activity and Outcomes



Activity

- 100 people cared for on the Virtual Ward (1.5.24 – 17.10.24)
- 58% of people on the ward were women
- People received between 1 and 6 visits
- 62% of people had a primary diagnosis of cancer
- 38% of people had a non-cancer diagnosis

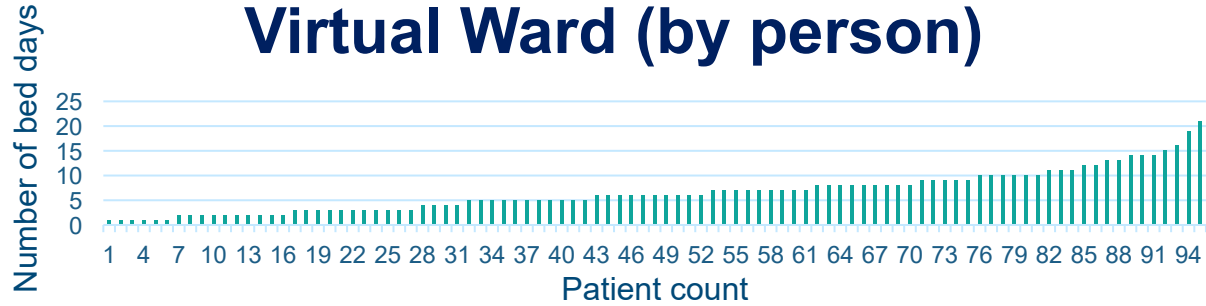
Outcomes

- 27 people died while on the ward
- 3 people were referred to the St Christopher's IPU
- 62 people were referred to the community team
- 626 virtual bed days provided

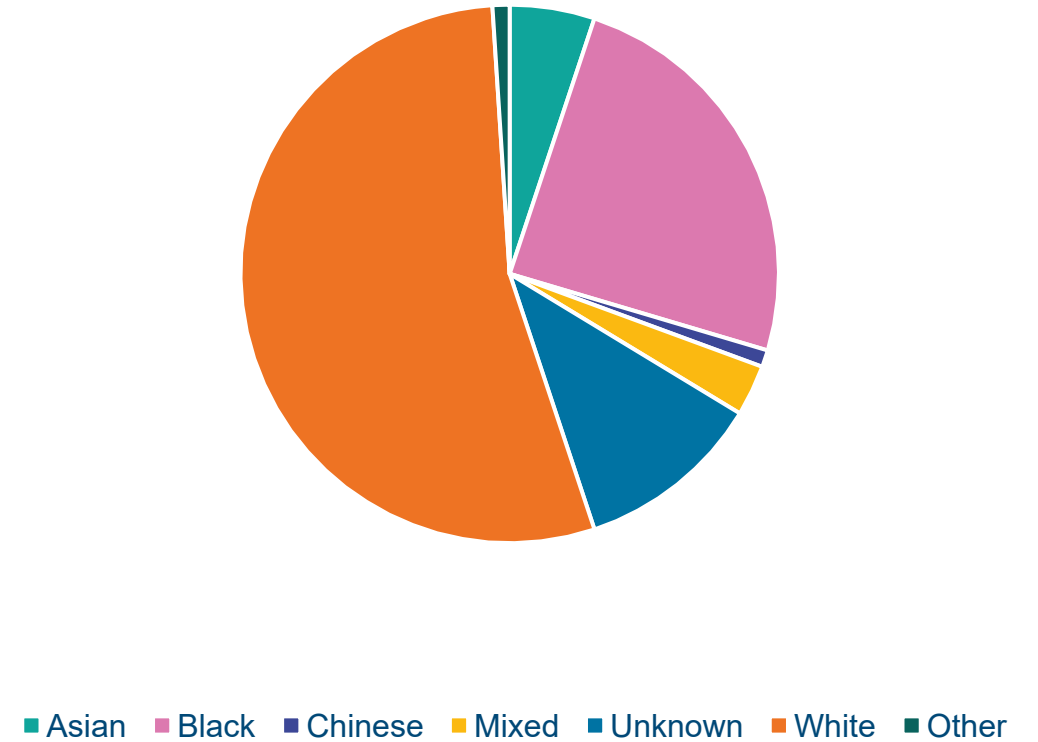


Virtual Ward Activity

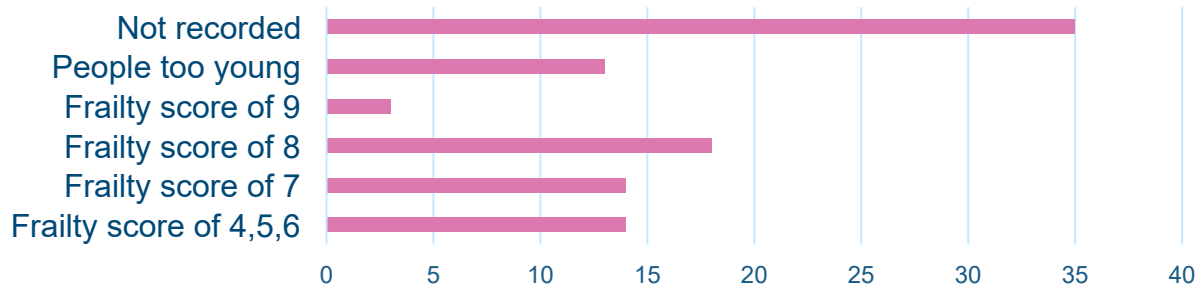
Length of Stay for people on the Virtual Ward (by person)



Ethnicity of people on the Virtual Ward



Frailty of those on the Virtual Ward



Narrated Case Study



Virtual Wards Programme: What Next?



Optimise, Scale-up and Integrate: May 2024 – ongoing

To further develop and consolidate the Virtual Ward provision in Lambeth and Southwark:

- Complete comprehensive evaluation of remote monitoring use
- GSTT and KCH completing a comprehensive scoping of all Virtual Ward and Remote Monitoring / care at the Trusts
- Reduce variation in access, response and delivery to our population of Hospital @home provision with a focus on reducing inequalities
- Simplifying and optimise access - align with the Lambeth and Southwark's Single Point of Access to Same Day Urgent Care model development (March 2026)
- Ensure seamless transition between services, and specialities, and effective discharge from Virtual Ward services
- Optimise and increase the use of remote monitoring technology developing our approach and remote monitoring model

Local Maturity Assessment Review: November 2024

- Review Maturity Assessment Questionnaire against NHSE Operation Framework (August 2024), and revise as appropriate
- Self-assess and compare against original baseline in August 2023
- Tech enablement and complex dependencies



Recommendations

- That wider partners, putting the patient voice at the centre, support Hospital @home become synonymous with hospital quality care, associated with A&E, delivered closer to home in the minds of our population
- Assist by helping establish and promote the model of 'Virtual Wards' as 'Hospital @ home'
- Enable expansion of Hospital @home services to ensure we deliver more care in peoples' homes when that is the right thing to do



Lambeth Together Care Partnership Board

Title	Lambeth Together Primary Care Commissioning Committee update
Meeting Date	07 November 2024
Author	Michelle Elston – Associate Director of Primary & Community Care
Lead	Oge Chesa, Director of Primary Care and Transformation on behalf of Jasmina Lijesevic – Lambeth Together Board Lay Member

This item is for;

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

The Lambeth Together Care Partnership Board is asked to:

1. Note the update on discussions held at the Primary Care Commissioning Committee on 11 September 2024
2. Ratify decisions made at the Primary Care Commissioning Committee on 11 September 2024

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

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

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

Summary and Impact on Inequalities

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

Key Functions:

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

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

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

This update to the Lambeth Together Care Partnership Board is to provide assurance on the delivery of delegated primary care functions, information on and ratification of decisions made at the Primary Care Commissioning Committee on 11 September 2024, and an opportunity to ask further questions and feed into the PCCC business.

Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Summary of Meeting held on
Wednesday 11 September 2024



Working in partnership for a healthier borough



LTPCCC Part Two Meeting

Approvals recommended to the Board:

Service Development Fund (SDF)

The Committee received an update on the SDF allocation for General Practice and associated services for the fiscal year 2024/2025

- NHS England allocates SDF to Integrated Care Boards (ICBs) as supplementary to baseline funding.
- The 2024/25 guidance emphasises utilising SDF to support primary care improvements, focusing on recovery plans for primary care access, urgent and emergency care, and elective and cancer care
- Primary care SDF should be dedicated exclusively to primary care priorities, avoiding expenditure on routine costs or ICB overheads

The SDF allocation for 2024/2025 is divided into several categories:

- Central Requests
- Training Hub Funding
- Local Priorities



LTPCCC Part Two Meeting



Approvals recommended to the Board: Service Development Fund (SDF) – cont.

- The SDF is crucial for bolstering general practice capacity and addressing sector challenges.
- Strategic investment in the outlined priority areas will support continued improvement in primary care services.
- It is a necessity maintaining current investment levels to avoid jeopardising ongoing transformation and recovery efforts in general practice

The Committee noted and reviewed the financial envelope and associated budget lines. The Committee approved the budget lines for the proposed SDF allocation for 2024/2025

The Board is asked to ratify this decision





LTPCCC Part Two Meeting

Approvals recommended to the Board:

Enhanced Access Primary Care Network (PCN) Directed Enhanced Service (DES)

National Model

- The Enhanced Access PCN DES aims to improve patient access to primary care by extending service hours beyond the traditional 8 am to 6:30 pm schedule, including evenings and weekends
- This initiative, introduced in October 2022, builds on the previous Extended Access model, providing a more standardised and integrated approach to primary care delivery through PCNs.
- In line with the NHSE GP Contract, each PCN is required to offer a minimum of 60 minutes of enhanced access per 1,000 patients per week, including evening and weekend hours

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Local interpretation 3 PCNs – North Lambeth, Fiveways, and Clapham

Current Model

- Operate a hybrid model with 50% of services sub-contracted



LTPCCC Part Two Meeting



Approvals recommended to the Board: Enhanced Access Primary Care Network (PCN) Directed Enhanced Service (DES) – cont.

The proposed changes by both North Lambeth, Fiveways, and Clapham PCNs are to provide the national access model in totality without subcontracting:

- The rationale is to reflect a commitment to enhancing primary care delivery by improving patient access, continuity of care, and operational efficiency
- The PCNs have consulted their patients and are committed to continuing to deliver continuity of care to their registered patients
- The ICB has conducted assurance and compliance visits, including quality and has concluded that the PCNs will continue to meet the NHS standard Contract Hours and deliver a minimum of 60 minutes per 1000 per week
- This ICB will continue to monitor service delivery to assure enhanced access continues to be delivered at a high standard

The Committee noted and approved the proposed service model changes requested by the North Lambeth PCN, Fiveways, and Clapham PCN

The Board is asked to ratify this decision



LTPCCC Part Two Meeting

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

Primary care Network formation and Clinical Director (CD) Leadership update in Lambeth

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

- The further change to the Clinical Leadership has taken place at Stockwellbeing PCN from 21 August 2024
- Dr Anushya Toyne has taken over from Dr Tasleem Bharwani and Dr Anand Patel

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

The Board is asked to ratify this decision



LTPCCC Part One Meeting

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

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





LTPCCC Part One Meeting

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

Primary Care Transformation Operational and Delivery Group (PCTODG)

The Committee received an update on:

- The **Synnovis incident** continues to impact General Practice, the mutual aid continues, and plans are ahead to transition back safely to maintain patient quality
- Nationally since 01 August, General Practice has been balloted and has agreed to take part in **Collective Action** (which has no time limit), locally in Lambeth the impact is being actively monitored.
- To ensure a sustainable General Practice in Lambeth, the second annual **Strengthening General Practice conference** took place on 24 September.
- **Health checks** are being rolled out to more than 100,000 people across the country. Lambeth Local Authority has been selected as a pilot site to triage digital checks to workplaces nationwide for the first time to determine their cardiovascular risk. The Federation has been a successful partner and is linking in with local employers to offer health checks.
- Lambeth is being showcased as a **great place to work**, as demonstrated by an increase in GP trainers. Work is in progress with schools and sixth-form leavers to encourage NHS careers within the borough, in line with the NHS workforce plan. This has led to an increased knowledge of the types of careers school leavers are interested in taking forward.

LTPCCC Part One Meeting



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

Primary Care Transformation Operational and Delivery Group (PCTODG) – cont.

Dentistry

- Foundation training season has begun, premise is that NHS dental care will be provided by therapists, **pilot is currently underway**. Dental schools have begun to offer training for Dental Therapists as an alternative pathway for those that do not make it into dental school. This will increase appointment capacity in addition to increasing workforce.
- **A taskforce has been established with Public Health** to focus on the needs of residents who require oral health care from the NHS.

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Optometry

- **National Minor Optometry Eye Care Services (MECS)** are considering how best to deliver prescribing to enable opticians to see more complicated cases, reduce hospital stays, and provide more support for urgent care.
- In Lambeth, an enhancement to MECS is already in place and an imaging pathway is now being considered which will lead to quicker diagnosis for patients.





LTPCCC Part One Meeting

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

Primary Care Transformation Operational and Delivery Group (PCTODG) – cont.

NHS England Pharmacy Commissioned services

- **Pharmacy First**, reduction in minor illness presentations, work underway to promote service during practice visits, Medicines Prescribing Network webinar and monthly bulletins. In addition, reviewing inappropriate referrals, communication barriers with consultation outcomes.
- 90% of pharmacies are signed up to carry out **blood pressure checks** with 78% delivering. Pharmacies can offer opportunistic blood pressure checks as well as undertake Ambulatory Blood Pressure Monitoring (ABPM) in patients with high BPs.
- **NHS Pharmacy Contraception Service**, patients can self-refer or be referred by their GP or sexual health clinic. This service is for ongoing supply of oral contraception and initiation of contraceptive pill. This is being promoted in upcoming GP prescribing visits, through Local authority colleagues and raising awareness in other forums.

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The Committee noted the update from the Primary Care Transformation Operational and Delivery Group (PCTODG)



LTPCCC Part One Meeting

Approvals recommended to the Board:

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

SEL ICB service specification for the Primary Care Interpreting and Translation service

- The SEL ICB service specification for the Primary Care Interpreting and Translation Service (ITS) across Lambeth, Lewisham, and Southwark was approved
- This enabled primary care to proceed with the procurement of a new interpreting and translation services contract to commence 01 April 2025

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Approval of the SEL ICB service specification for the Primary Care Interpreting and Translation Service (ITS) across Lambeth, Lewisham, and Southwark was given by Chairs Action

The Board is asked to ratify this decision.

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Lambeth Together Care Partnership Board

Title	Children & Young Person Alliance Deep Dive: Good to Outstanding, Evelina London Maternity Strategy
Meeting Date	7 November 2024
Author (& role / title/s)	Simon Boote, Children & Young Person Alliance Lead Karen Plews, Deputy Chief Midwife, Evelina Women's Services
Lead / Presenters (& role / title/s)	Simon Boote, Children & Young Person Alliance Lead Karen Plews, Deputy Chief Midwife, Evelina Women's Services

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

- Receive an update from one of our main maternity providers on their agreed priorities prior to publication of their maternity strategy.
- Acknowledge collaborative working in maternity services to date.
- Discuss how agreed maternity priorities support and promote agreed activities for maternity as outlined in the [Our Health, Our Lambeth - Lambeth Together health and care plan 2023-28](#).
- Discuss how elements of the agreed maternity priorities can be best supported through the alliances and Lambeth Together.

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

The "Good-to-Outstanding Evelina London Maternity Strategy" has been widely consulted on with relevant key stakeholders as will be outlined in the update. A large cohort of women and birthing people have been engaged in the process, as have key provider partners in the South East London system (such as the Children & Young Person Alliance).

Summary and Impact on Inequalities

The update will outline strategic aims across multiple areas of Evelina London maternity provision. The core principles underpinning the vision and mission of the strategy are grounded on an absolute commitment to understanding the needs of the population served and ensuring equitable access and outcome for all service users.

The strategy will also look to embrace and advance key achievements developed by the Lambeth Early Action Partnership such as personalised care and enhanced midwifery for

marginalised or underrepresented women and birthing people. As well, and with the Children & Young Person Alliance, there will also be an aim to lever advances in population health so as to enable better understanding of the wider-determinants feeding into maternity performance and how interventions can be further tailored to be as effective as possible.

Deep Dive: Children & Young Person Alliance

Good to Outstanding: Evelina London

07.11.2024



Working in partnership for a healthier borough

Focus on maternity

- **Alignment:**
 - Our Health, Our Lambeth: Lambeth Together health & care plan 2023-28.
- **Children & Young Person Alliance (CYPA) priorities:**
 - **Ensure women and birthing people have positive experiences of maternal healthcare and increase equality in outcomes across all population groups.**
 - Support prevention and early intervention for emotional and mental health issues by ensuring community and school-based mental health support is a timely and positive experience.
 - Increase the number of children that are immunised against vaccine preventable disease.

Focus on maternity

Continue to deliver the actions from the final Ockenden report as set out in the April 2022 letter as well as those that will be set out in the single delivery plan for maternity and neonatal services.

Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury.

Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices, including increased use of continuity of midwifery care.

Improve access to perinatal mental health services.

Women are asked by midwifery and health visiting services about domestic abuse and substance use throughout pregnancy, to be offered the right support, and supported around their contraception needs postnatally.

Work with colleagues across the system to pull together a comprehensive dataset for Lambeth women using maternity services to counter significant inequalities in experience.



Focus on maternity, 2024

CYPA and system partner collaboration

- Governance, safety and maternity initiatives through scrutiny.
- System-level priorities presented and discussed at Lambeth Executive.
- Focus on perinatal mental health access and engagement for underrepresented women and birthing people.
- Release and national adoption of the Maternity Disadvantage Assessment Tool.
- South East London and Lambeth look at perinatal mortality
- Input into local provider strategy
- Health inequalities funded transformation post agreed with maternity and mental health focus.
- Health inequalities funded engagement officer post agreed with a focus on CYP engagement as well as maternity and neonatal voices.

National and Local Context: Our Priorities

1. NHS Long term plan
2. Women's Health Strategy for England
3. National Delivery plan for maternity and new born services
4. Independent publications at several NHS Trusts
5. MBRRACE Report: 3-5 Times more
6. SEL LMNS Strategy and Integrated Care System
7. Evelina London's Strategy
8. GSTT Strategy and Nursing and midwifery strategy



Our Context

- Rising demand for services
- Increasing complexity
- (52% global majority, 80% 4th,5th quintile of deprivation, mental health, vulnerability : gender-based violence, housing, conflict, cost of living crisis, post-covid)
- Increasing scrutiny
- Associated pressures
- Highly committed staff



Voices of our people, women/birthing people, partners and their families

- Our Maternity Strategy is built on the voices of over 2,700 women/birthing people
- Over 20 focus groups
- Collation of over 2000 feed backs in the last two years
- Strategy rooted in women's and birthing people's experience
- Continuously listening, learning and evolving
- Listening to and delivering SEL LMNS Strategy and Integrated Care System Strategic priorities



Katie who has been cared for by our Maternity Service Pre-Term Birth Team.

"After I lost my first 2 boys, I honestly felt that my world had ended. The midwives were obviously amazing. And then they said that they would like to bring a bereavement midwife to come and speak to me. And that really helped. And I just remember how gentle she was. I said, I can't keep getting pregnant and losing these babies. So, I never thought I'd be a mum. I couldn't see that happening. However, then I was referred to the amazing team at St Thomas' Hospital and I received excellent care. So, I had a medical procedure that enabled me to have my now 3 amazing boys."

Introduction

- ***Our vision:*** Pioneering outstanding personalised local and specialist maternity services for all women/birthing people, babies, and their families.
- ***To fulfil this vision:*** Good to Outstanding programme
- ***Mission:*** Innovating maternity care globally by leveraging research, technology and partnerships



Maternity Services Strategy 2024 - 2029

Our strategy sets out our vision, values and priorities for our maternity services for the next five years.

Our vision is: *Pioneering outstanding personalised local and specialist maternity services for all women/birthing people, babies, and their families.*



Meaningful involving women/birthing people in their care

Delivering outstanding care to all

Providing exceptional specialist service

**From Good to Outstanding
Evelina London Maternity Strategy 2024 -2029**

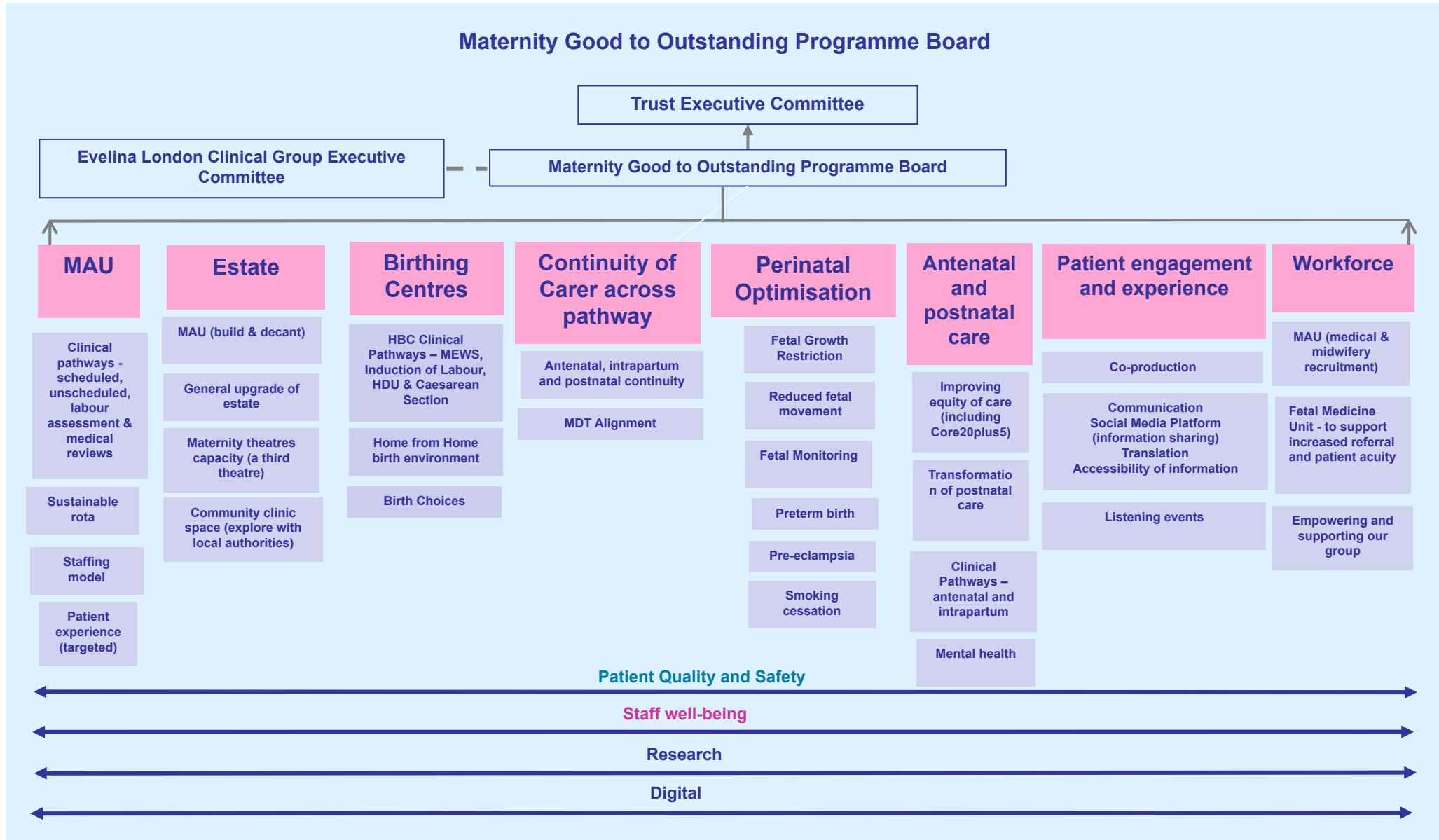
Strengthening our infrastructure:
building for purpose

Pioneering research and education

Empowering and supporting our people

Maternity Good to Outstanding (MG2O) Programme Workshop







Maternity Good to Outstanding Planning Workshop
23rd July 2024



Key Focus Areas

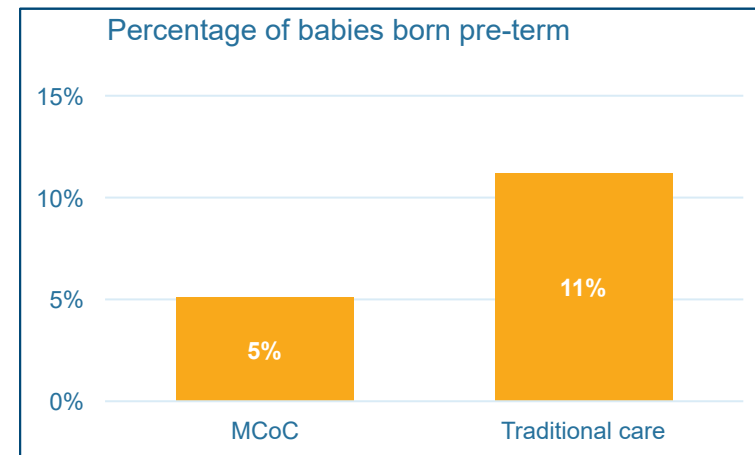
- **Innovation and Improvement:** We are committed to pushing the boundaries of what's possible by embracing cutting-edge technologies and innovative methodologies, all to elevate patient outcomes, boost satisfaction, and enhance efficiency across our services.
- **Exceeding Standards:** Our aim isn't just to meet regulatory requirements; we strive to surpass them, setting new benchmarks of excellence that others will aspire to follow.



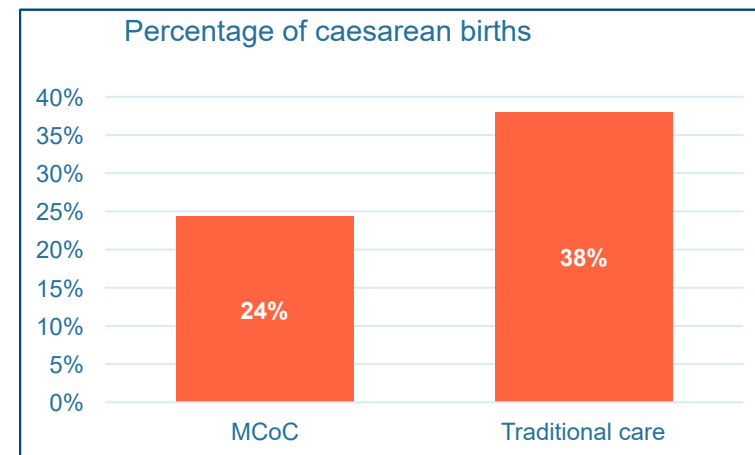
Workstream name: Continuity of carer across pathway

Top 3 Priorities	<ul style="list-style-type: none"> • Targeted midwifery continuity of carer models to improve equity in maternity care and reduce inequalities • Fully staffed continuity of carer teams • Named obstetric consultants linked to each midwifery team to provide MDT continuity
Risks	<ul style="list-style-type: none"> • Midwifery staffing <ul style="list-style-type: none"> - Resources to support continuity models, including roster support - Review and adoption of on call systems of care across the whole maternity pathway • Inability to capture data electronically to measure continuity of midwifery care
Next steps	<ul style="list-style-type: none"> • Epic build to facilitate data capture for continuity of carer • Continue proactive recruitment and retention of midwives and MSW's to maintain continuity models of care with sufficient workforce • Feedback from women and families to co-design services to ensure maternity care is adapting and meeting the needs of families • Focus upon measurement of quality metrics for women from the global majority to ensure inequity in maternity healthcare outcomes is reducing • Improve coordination and collaboration of care with Health Visiting services, including Bright Beginnings Health Visiting services.
Support required	<ul style="list-style-type: none"> • Data from business intelligence team to measure continuity of carer provision • Maintain midwifery workforce funding to support continuity models

Significant reduction in preterm birth rates in women allocated to caseload midwifery care, when compared with women who received traditional midwifery care (5.1% vs 11.2%).



Caesarean births were significantly reduced in women allocated to caseload midwifery care, when compared with traditional midwifery care (24.3% vs 38.0%), including emergency caesarean deliveries (15.2% vs 22.5%).



Workstream name: Patient engagement and experience

Top 3 Priorities	<ul style="list-style-type: none"> • Increasing and optimising opportunities within the MNVP and wider for patient feedback • Translation of information and reducing inequalities within maternity services. • Improving online presence and sharing of information
Risks	<ul style="list-style-type: none"> • Feedback fatigue for services users • Overlapping and duplication of feedback requests. • Potential overlap with South East London translation work • Restrictions placed on social media platforms reduce information reaching the target audience
Next steps	<ul style="list-style-type: none"> • Working with the charity for antenatal education bid to improve the antenatal education offer to our women and their families • Continue to work with the Trust communications department with the programme of work improving the translation of leaflets and improvement of the online package of information. • Mapping of current feedback processes to reduce overlapping or duplication. • Link with SEL choice and personalisation workstream • Working with Trust coms to update social media guidelines
Support required	<ul style="list-style-type: none"> • Central patient experience team • Trust communications department • Training and email access for MNVP chairs

Workstream name: Antenatal and Postnatal

Top 3 Priorities	<ul style="list-style-type: none"> • Create discharge pathway and workload structure for Postnatal ward and Transitional care unit • Antenatal Induction of labour pathways in collaboration with Hospital Birth Centre area • Improving staff and patient experience
Risks	<ul style="list-style-type: none"> • Must link with and support other area's objectives, widescale implications • External influences including pharmacy processes and governance • Resourcing pressures, staffing, space, continuous quality improvement skills
Next steps	<ul style="list-style-type: none"> • Set objectives and deliverable targets on induction of labour pathway stakeholder groups • Develop links and workstreams in collaboration with other areas to support inpatient flow • Development of a PN Discharge pathway
Support required	<ul style="list-style-type: none"> • Potential transformation support



Thank you

Questions please.





Lambeth Together Care Partnership Board

Title	Living Well Network Alliance (LWNA) – Progress Report 2023/24
Meeting Date	7 November 2024
Author (& role / title/s)	Guy Swindle - Deputy Director, LWNA
Lead / Presenters (& role / title/s)	Guy Swindle, - Deputy Director, LWNA Lorraine Gordon - Interim Director, LWNA

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 progress of the Living Well Network Alliance as set out in its 2023/24 Progress Report.

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

Alliance Leadership Team

Summary and Impact on Inequalities

All of the work of the LWNA is focused on tackling inequalities. It is one of the Alliance's 6 priorities, as set out in the Progress Report.

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Marylee
Mosaic Member



Lambeth
together



Living Well
Network
Alliance

Lambeth Living Well Network Alliance

Progress Report

2023/24

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Lambeth Together
Care Partnership Board

7th November 2024

Outline

- A short film – Carers Hub
- Some highlights from the 2023/24 Progress Report
- Another short film – Mosaic Clubhouse





Some highlights

- The Evening Sanctuary (run by Mosaic) had 1,583 attendances in 23/24 (a 43% increase from the previous year) - 856 of these specifically avoided an A&E attendance (26% more than the previous year) [Strategic Priority: Crisis - Lambeth Together](#)
- Our Home Treatment Team, which works with people to keep them out of hospital, supported 843 people in 2023/24, up 8% on the previous year.
- We launched 'Home First' to support some of our regular inpatients to be able to return to their homes (rather than 'supported accommodation') and avoid readmission. It supported nearly 150 people and more than halved readmission rates. [Strategic Priority: Home - Lambeth Together](#)



More highlights

- Our CAPSA (Culturally Appropriate Peer Support and Advocacy) service worked with 69 individuals for an average of 14 weeks each, engaged 77 people in inpatient wards, and held 29 group advocacy sessions – providing advice and support on more than 1,000 occasions. [Strategic Priority: Equalities - Lambeth Together](#)
- In 2023/24 68% of people with serious mental illness had health checks for blood pressure, blood sugar, cholesterol levels, weight, smoking and alcohol, 11% more than the previous year and well over the national target of 60%. [Strategic Priority: Physical health - Lambeth Together](#)
- In 2023/24 our Individual Placement Support (IPS) service worked with 274 people with serious mental illness to seek employment, successfully supporting 64 of these people into paid jobs, in roles including nursing, marketing and engineering. All the jobs we support people into are things that they are interested in and pay at least the London Living Wage. [Strategic Priority: Work and training - Lambeth Together](#)



Sharon
Mosaic Member



Read about our progress, including videos of some of the people we support:
<https://lambethtogether.net/living-well-network-alliance/reports/>



Living Well Network Alliance - Progress reports

Living Well Network Alliance Progress Report 2024

Living Well Network Alliance Progress Report 2023

Living Well Network Alliance Progress Report 2022

Living Well Network Alliance Progress Report 2021

Living Well Network Alliance Progress Report 2020

The graphic features a light blue background with a decorative pattern of small, colorful squares and dots. It displays five report covers arranged in two rows. Each cover includes a circular image: the top row shows portraits of three individuals, and the bottom row shows a park scene and a community event. The text on each cover identifies the report year.

