

SUPPLEMENT AGENDA- LAMBETH TOGETHER ASSURANCE SUB-GROUP

Date: Thursday 9 January 2025

Time: 1.00 pm

Venue:

Copies of agendas, reports, minutes and other attachments for the Council's meetings are available on the [Lambeth website](#).

Further Information

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

AGENDA

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

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Lambeth Together Care Partnership Board

Title	Lambeth Together Assurance Sub-Group
Meeting Date	09 January 25
Author	Warren Beresford – Associate Director Health and Care Planning and Intelligence Jo Fernandes – Planning Intelligence and Improvement Manager
Lead	Jasmina Lijesevic – Board Lay Member

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 update from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 05 November 2024
2. support the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 05 November 2024

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

None

Summary and Impact on Inequalities

Purpose:

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

Lambeth Together Health and Care Plan Focus Points:

At the 5th November 2024 meeting the Lambeth Together Assurance Group (LTAG) meeting agenda centred around three outcomes which the partnership is aiming to achieve through delivery of the 'Our Health, Our Lambeth, As Lambeth Together's health and care plan'.

These were

- Outcome C - *People are immunised against vaccine preventable diseases*
- Outcome F - *People receive early diagnosis and support on physical health conditions*
- Outcome N- *People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life*

Integrated Assurance Report

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

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

- **Outcome B: Connected to Communities;** The report highlights a significant increase in interactions with the Health & Wellbeing Bus, as well as the Beacons service.
- **Outcome C – Immunisations and Vaccinations:** Flu vaccination uptake for those aged 65 and over is currently below last year's levels.
- **Outcome G – Hypertension;** Lambeth remains on track to exceed the national target, with 77% of patients having their blood pressure effectively managed and treated to the recommended level.
- **Outcome J – Virtual Wards:** Remote Monitoring capacity utilisation remains low. A delivery plan is in place, focusing on a cultural shift towards shared ownership and delivery by teams rather than reliance on a single lead.
- **Outcome K – Older Adults:**
We are now identifying more people in the last year of their life, with a higher percentage having personalised care support plans in place.
- **Outcome F – Cancer Screening:** Improving uptake of cancer screening remains a challenge.
- **J – Pharmacy First Service:** Initial uptake of the NHS Pharmacy First Service was slow due to IT issues and training needs; however, mitigations are now in place.

Risk Register

The group reviewed the risk register and noted that, at that time, there were 11 active risks listed on the Lambeth Together risk register. The group noted two risks within primary care, both relating to Interpreting services. These were

- Interpreting Service Overspend (Current score – 12)
- Interpreting service Procurement (Current score – 9)

The first risk is linked with exceeding budget costs in 24/25 and the second relates to procurement exercise delays which may impact service delivery in 25/26.

Since the November meeting, a new risk has been added to the register relating to the potential impact of GP Collective Action (Current score – 9).

Lambeth Together Integrated Assurance Report

5 November 2024



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Our Health, Our Lambeth

Lambeth Together health and care plan 2023-28



Lambeth Together Health and Care Plan Scorecard – November 2024

- It is important to recognise the limitations of the red/green ratings.
- While helpful, they do not account for performance trends or statistical significance and lack detail on how close metrics are to achieving targets.
- To gain a fuller understanding, the scorecard should be reviewed alongside the contextual narrative within the report. Additional performance trend details are available in the report's appendix
- Outcome E (sexual health) and Outcome L (maternity health) currently have no measures which can be reported in the scorecard format due to issues with the source data.
- Not all impact measures are able to be presented in a scorecard format

ID	Outcome	Measures tracked	Nov-24		
			Measures Reported with a target	On plan/target	% measures on track (where have a target)
A	People maintain positive behaviours that keep them healthy	6	2	1	50%
B	People are connected to communities which enable them to maintain good health	4	2	2	100%
C	People are immunised against vaccine preventable diseases	2	2	0	0%
D	People have healthy mental and emotional wellbeing	4	3	2	67%
E	People have healthy and fulfilling sexual relationships and good reproductive health	0	0	0	-
F	People receive early diagnosis and support on physical health conditions	5	5	3	60%
G	People who have developed long term health conditions have help to manage their condition and prevent complications	4	3	3	100%
H	When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	4	3	2	67%
I	People have access to joined-up and holistic health and care delivered in their neighbourhoods	2	2	2	100%
J	People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	3	3	2	67%
K	Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well	5	5	4	80%
L	Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate	0	0	0	-
M	People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services	3	1	1	100%
N	People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life	5	3	1	33%
O	People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health	5	0	0	-
Total		52	34	23	68%



Health and Care Plan: Key headlines (1)

	Outcome	Key Headlines
A	<i>People maintain positive behaviours that keep them healthy</i>	Latest stop smoking data from Public Health commissioning services show Q1 data is broadly in line with same period last year though we should note continued improvements from Q4 23/24 particularly on target groups (Pregnant Birthing people, Parents with children U5, Routine and Manual workers, Long Term Physical or Mental Health condition, chronic/complicated smokers) where conversion rate for the specialist service reached 98%.
B	<i>People are connected to communities which enable them to maintain good health</i>	Despite the percentage of residents financially coping have reduced, the percentage of residents in crisis, at risk or struggling has not increased and, instead, the percentage of residents who were coping and have now left the dataset have increased. This is likely to indicate that residents' financial situations have improved to the point where they are no longer in receipt of means-tested benefits
C	<i>People are immunised against vaccine preventable diseases</i>	Compared with similar local authorities (CIPFA comparators), in Quarter 4 23/24 Lambeth ranked between 2nd and 4th (out of 11) in terms of childhood vaccination uptake against the range of COVER reported vaccinations. Flu uptake for this season is being monitored although we are aware of a number of are data quality issues, which are currently being addressed by the Child Health Information Service provider in collaboration with NHSE.
D	<i>People have healthy mental and emotional wellbeing</i>	The relative figures for Black service user accessing Short-Term and Focused Support services in the Living Well Centres, supports the view that they enter the service requiring a more intensive level of support than White service users. In September, Black service user access to STS is in line with the Lambeth population (at 22.3%). However, with 19 of 38 accepted referrals (50%), access to the more intensive FS service for Black service users continues to be more than twice what the borough demographics would suggest. Actual demand from the Black community is not clear, but data shows that access to Focused Support grew quite sharply around January 2023, suggesting increasing demand. Prior to this time around 48% of the caseload were Black service users but this quickly rose to about 53% where it remains to date.

Health and Care Plan: Key headlines (2)



	Outcome	Key Headlines
E	<i>People have healthy and fulfilling sexual relationships and good reproductive health</i>	<p>LARC activity, under a new service model shows that in Q1 service delivery is similar to the same position last year. UK Health Security Agency (UKHSA) are currently finalising an online dashboard that will provide local data on syphilis epidemiology, this will help us to better monitor trends and inequalities in syphilis testing and diagnosis at a local level.</p> <p>Our specialist services are still not able to report KPI service level data due to the new EPIC system. Whilst the EPR system is now stood up as business as usual, service staff now have to work with EPIC staff to build specific reporting templates for the sexual health activity, as this system has never been used in a sexual health service and the codes used for surveillance and/or payments are different to the EPIC system.</p>
F	<i>People receive early diagnosis and support on physical health conditions</i>	<p>The Annual Health Checks for Learning Disabilities & Severe Mental Illness cohorts is progressing well when compared with 23/24 programme and no significant variance in ethnicity has been identified.</p> <p>On cancer screening programmes, we are yet to achieve national target for Cervical and Breast cancer screenings and we are marginally above target for Bowel cancer screening. We should note cancer screening data is sometimes 9 months in arrears which limits scope for accurate analytic insights.</p>
G	<i>People who have developed long term health conditions have help to manage their condition and prevent complications</i>	<p>Challenges include General Practice capacity, access, recovery following software incidents across SEL patient awareness and engagement. General Practice is being supported to focus on improvements in these outcomes through the Lambeth General Practice Improvement Scheme – LTC section and Premium Specification KPIs focusing on completion of the 8 Care Processes and Enhanced Prevention. Access to the EZ Analytics apps will help practices to prioritise patient cohorts for review. Utilisation of engagement opportunity for example Know Your Numbers Week. Introduction of AnalyseRx over the coming months, a software solution integrated with EMIS Web will support General Practice to proactively identify and easily action Medicines and LTC optimisation opportunities across our patient population.</p> <p>EZ Analytics software maintenance was undertaken in October. This has now been completed and new sign in process will be shared with Lambeth Together Health and Care partners.</p>
H	<i>When emotional and mental health issues are identified; the right help and support is offered early and in a timely way</i>	<p>Lambeth Talking Therapy data for Q1 does not suggest any inequalities, except for the Black African community, which is underrepresented by 1.0 percentage points compared to the Lambeth population. Recovery rates however suggest that the service is more closely aligned with the needs of White service users than with those from the global majority, who tend to start treatment with higher severity scores. Tracking this measure over multiple financial years suggests this inequality has been reduced during 2023/24 and progress continues to be made in 2024/45 first quarter when session attendance has been largely equalised across groups.</p>

Health and Care Plan: Key Headlines (3)



	Outcome	Key Headlines
I	People have access to joined-up and holistic health and care delivered in their neighbourhoods	Over the last months there has been a large increase of interaction with Health & Wellbeing bus, as well as, Beacons service. Further activity detail can be shown on scorecard on the first slides. In relation to, CVD Workplace project this started in October 2024 and we will reporting on this activity on the next reports.
J	People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	<p>General Practice are required to deliver 1.5% growth at year-end of 24/25, current cumulative rate stands at 3%.</p> <p>Progress and mobilisation of KCH and St Christopher's virtual ward models, aligned to the GSTT Virtual Ward (VW) models, addresses the geographical access issues. Further data is required to develop a population health data approach to assess the maturity, effectiveness and impact of the Virtual Ward services in Lambeth and Southwark and to understand those patients currently not accessing VW, access and demand for VW services and if we're missing opportunities to ensure that we provide equitable access for populations.</p>
K	Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well	<p>The number of accepted referrals to Reablement has continued to decrease. As a result of work in the Discharge Operational Delivery Group a piece of work looking at eligibility criteria for reablement was completed with ward therapists. There is also a regular meeting to look at the reason for referrals to reablement which are declined by the service. This has led to a significant decrease in the waiting list and the number of accepted referrals.</p> <p>Overall, the Lambeth data has shown continuous progress against outcomes K3 and K4 (palliative and end of life care improvement measures) since data collection started in 2022-23. This is across both the identified outcome measures for people identified as being in their last year of life on practice registers (45% increase Q1 22-23 to Q2 24-25) and Proportion of people with Personalised Care and Support Plan(PCSP)/UCP (22% increase Q1 22-23 to Q2 24-25). The rate of increase across both measures has been within the range of 1% and 3% increase per quarter since Q2 2023-24.</p>
L	Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate	Due to challenges with new Electronic Patient Record (EPR) system at Guy's & St Thomas' and King's College Hospitals, the Children & Young Person Alliance (CYPA) has prioritised ensuring robust governance and quality standards for maternity services through various local and regional forums. CYPA will continue its close collaboration with maternity providers and the Local Maternity & Neonatal System to ensure the timely restoration of performance data and to strengthen maternity services for Lambeth's communities.



Health and Care Plan: Key Headlines (4)

	Outcome	Key Headlines
M	<i>People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services</i>	<p>The implementation of a new Electronic Patient Record (EPR) system at Guy's & St Thomas' Hospital has halted performance reporting for the Autism and Related Disorders (ARD) Diagnostic Service. Currently, there is no update from the Evelina Communities Team for system partners. However, local performance, governance and safety monitoring remain active ensuring services are safe.</p> <p>In 2023/24 the uptake of AHCs and health Action Plans exceed the target to reach 83.1%. Steady progress towards the same objective is seen as at October 2024 of 38.18%, and we note that a larger proportion are completed towards the end of the financial year. Ethnicity data on difference level or AHC update, doesn't indicate a major difference between ethnicity groups.</p>
N	<i>People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life</i>	<p>The caseloads of Community Living and Support Service (CLaSS), Focused Support and inpatient services all include a similarly large and disproportionate number of Black service users. This is in contrast with the numbers found in the caseloads of services more tailored to the needs of those with less severe problems, which generally match more closely the proportions that would be expected given the ethnic composition of the Lambeth population. This suggests that the primary challenge is to engage with Black service users earlier in the development of their mental health problems with culturally appropriate services, that will reduce the severity of their difficulties in the future. This is obviously well known, but it bears repeating and consideration in the planning and design of every service.</p> <p>Historically, there has been concern about the disproportion use of restrictive practices, rapid tranquilisation and seclusion with inpatients from the Black community. While the overall number of restrictive incidents is tracked, analysis of this measure by ethnicity is currently blocked by Datix systems issues. As soon as this is rectified, an analysis of incidents by ethnicity will be provided here.</p>
O	<i>People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health</i>	<p>Activity on Homeless and Substance Misuse service continue to be high. Referrals and treatment completions to substance misuse service have increased slightly when compared with previous year though we should be cautious when evaluating our success criteria/ achieving outcome milestones. We recognise substance misuse treatment recovery is a long process though we are pleased with in year intelligence across these impact measures.</p>

Finance



Overall Finance Position (2024/25 M06)

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	594	594	0	1,188	1,188	0
Community Health Services	13,954	14,028	(74)	27,909	28,027	(118)
Mental Health Services	11,532	11,695	(163)	23,064	23,170	(106)
Continuing Care Services	17,308	17,308	0	34,616	34,616	0
Prescribing	21,333	21,524	(191)	42,666	42,716	(50)
Other Primary Care Services	1,973	1,929	44	3,947	3,859	88
Delegated Primary Care Services	39,420	39,420	0	85,170	85,170	0
Corporate Budgets	1,739	1,553	187	3,444	3,257	187
Total	107,854	108,050	(196)	222,003	222,003	0

Overall Savings Position (2024/25 M06)

	Year to date Plan £'000s	Year to date Delivery £'000s	Year to date Variance £'000s	Annual Plan £'000s	Forecast Delivery £'000s	Forecast Variance £'000s
Efficiencies embedded within 2024-25 starting budgets	1,170	1,170	0	2,341	2,341	0
Continuing Care Services	721	1,501	780	1,442	1,501	59
Prescribing	487	1,055	568	1,393	1,654	261
Total	2,378	3,726	1,348	5,176	5,496	320

- The borough is reporting an overall £196k year to date overspend position and a forecast breakeven position at Month 06 (September 2024). The reported year to date position includes £191k overspend on Prescribing, £163k overspend on Mental Health Services and £74k overspend on Community Health Services mainly driven by increased cost of the Cardiovascular Diagnostics contract, offset by underspends in Corporate and Other Primary Care Services Budgets.
- The current underlying key risks within Lambeth's finance position relate to - costs for Cardiovascular Diagnostics Services, Interpreting Services, Prescribing, Mental Health (including learning disabilities), NHS Continuing Health Care (CHC) and Funded Nursing Care, Delegated Primary Care budgets and further risk against the Integrated Community Equipment Service Contract (Health and Social Care). Prescribing, Mental Health and CHC have savings schemes.
- Mental Health budget year to date overspend is driven by increased ADHD, Section 12 assessments claims Mental Health and Learning Disabilities (LD) placement expenditure, and mitigated by constraining investments. Borough Commissioners leading on savings and efficiencies schemes (including Provider-focused service and model reviews, High-cost joint health funded case reviews, etc. to manage cost.
- The CHC team continues to deliver on reducing packages for high-cost (PLD and OP) cases including for 1:1 care, Fast track reviews, PHB clawbacks and reduction, and transfer of out of area placements. Work is ongoing to establish better value costs. The number of active CHC and FNC clients at M06 is 591.
- Prescribing information data is provided two months in arrears by the NHS Business Services Authority (previously PPA - Prescription Pricing Authority). The borough is reporting a year to date overspend position of £191k and forecast £50k overspend at month 06 (September 2024) based on four months actual data. The borough Medicines Optimisation team saving initiatives via local improvement schemes include undertaking visits to outlier practices, working with community pharmacy to reduce waste and over-ordering, etc. This is being linked with the wider SEL work being undertaken.
- The 2024/25 borough minimum savings requirement is £3.9m and has a savings plan of £5.2m. In addition to the embedded efficiency (£2.3m) as part of the budget setting process, the borough has saving plans for both Continuing Healthcare (£1.4m) and Prescribing (£1.4m) budgets. Year to date delivery at M06 is £1.4m above plan due to plan profile which differs from actual delivery profile. The forecast delivery is £0.3m above plan due to additional Prescribing saving scheme identified.

Finance: Lambeth Council – ASC & Integrated Health M6 2024/5 position



- **ASC** – latest forecast is showing an overspend of £7.455m, predominantly driven by overspend against client expenditure budgets.
- **Key pressures:**
 - Adults with Learning Difficulties & Adults with Physical Disabilities
 - Supported Accommodation placement costs are most significant pressure area
 - Older People
 - Nursing Care & Home Care – increased year-on-year activity in nursing care, particularly in 85+ age group, and inflation in fee rates for spot placements
 - Adults with Mental Health Needs
 - Supported Living, residential care and nursing care
- **In year cost and demand management review:**
 - Increased reviews and panels, reviewing cost of new packages of support and high-cost packages
 - Targeted reviews and right-sizing care approach to ensure support is appropriate
- **Integrated Health & Care budget:**
 - Breakeven position – partially funded by use of reserves to fund additional capacity in Integrated Commissioning teams and to move to new established structure with Public Health commissioning

Division	Budget £'000	Forecast £'000	Variance £'000
Adults with Learning Difficulties	42,210	46,994	4,784
Adults with Physical Disabilities	14,899	18,070	3,171
Adults with Mental Health Needs	11,025	12,635	1,610
Supported Housing	776	668	(108)
Older People	29,253	33,507	4,244
Other – Adults	10,829	4,573	(6,246)
Supporting People	4,853	4,853	0
Adult Social Care Directorate	113,845	121,300	7,455

Division	Budget £'000	Forecast £'000	Variance £'000
Integrated Commissioning	133	133	0
Senior Management	1,587	1,587	0
Public Health	0	0	0
Integrated Health & Care Directorate	1,665	1,665	0

Quality





Embedding Quality at Place

1. Providing quality subject matter expertise and support at Place

- SEL Director Of Quality linked to Place
- SEL Associate Director Quality 8d – strategic leadership to the quality team, oversight of quality
- SEL Quality Team 8c each linked to x3 Place to provide strategic quality leadership and oversight (Lewisham, Bexley & Greenwich and Bromley, Lambeth & Southwark)
- SEL Quality Team 8b linked to x 3 Place each (Lewisham, Bexley & Greenwich and Bromley, Lambeth & Southwark)
- Aiming for face to face presence as required/capacity for attendance at quality relevant meetings i.e. LCP, quality/patient safety providing quality intelligence from the SEL system and locally
- Supporting the Place Clinical and Care Professional Quality Lead (CCPL) to act as a conduit between Place and SEL
- Supporting each Place Based Executive and LCP to share risks, mitigations and agree escalations to ICB/NHSE/CQC
- Supporting QIAs for service redesign/transformation and sharing learning – linking to the Inequalities and Patient Experience and Complaints Agendas

3. Governance and Oversight

- *Supporting a flow of quality information between Place the ICB*
- Supporting sharing learning and best practice across the system
- Supporting the identification of arising themes, concerns, trends and hotspots to ensure system/local improvement
- Escalation, review and response of issues arising from CDOP
- Escalation, review and response of issues arising from Suicide Prevention

2. Supporting CCPL quality leads at Place

- Direct support to CCPL Quality lead at Place including discussion re quality intelligence, issues, risks.
- Established a regular forum for the CCPL Quality leads across SEL – to include discussions and themes from incidents and QA to inform Place OR System quality improvement work
- Working with CCPL Quality leads to support them to develop their core work plan for quality at Place

4. Insight , Involvement, Improvement

- Working with system partners to identify and lead on cross system investigations as required to ensure system learning and improvement
- Working collaboratively with system partners and stakeholders to embed quality at Place
- Working with system partners to identify areas for development and cross-system improvement initiatives

Risk Summary



Risk highlights



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

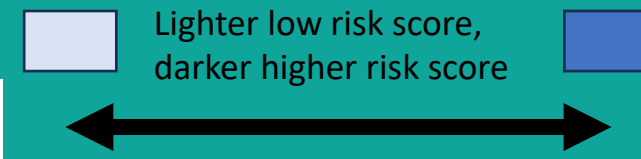
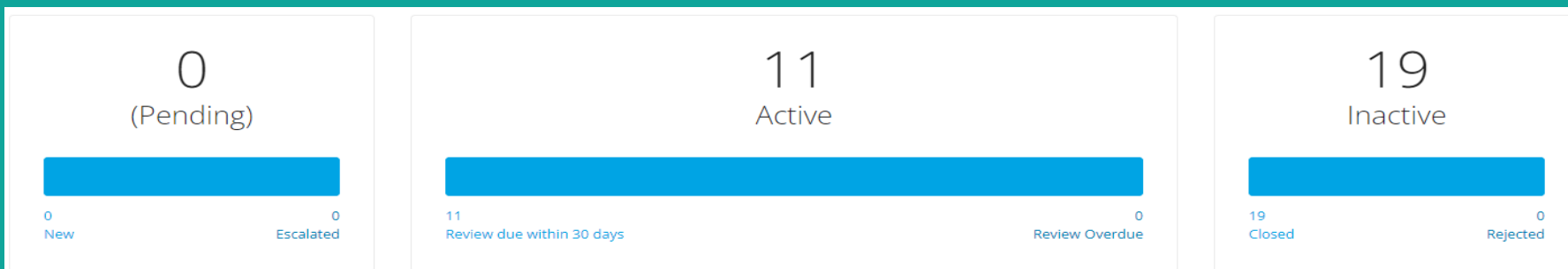
Lambeth Risk Register

- In October, there were 11 active risks on the South East London Risk register for Lambeth.
- Since the last update, the following risks were closed:
 - **Lambeth Together Programme Capacity for Transformation** - The practices have decanted the existing premises and relocated without any disruption to patient care.
 - **PCC and Premises - Business Continuity – Lambeth Walk Medical Centre** - The practices have decanted the existing premises and relocated without any disruption to patient care.
- There will be two new risks introduced in October 2024 for Primary Care service line. Both risks relate to Interpreting services, see below risk titles,
 - Interpreting Service Overspend (Current score – 6)
 - Interpreting service Procurement (Current score – 4)
- SEL Risk forum meeting is scheduled for November where risk leads will discuss Local Care Partnership risk updates and review SEL priorities against risk framework.

Risk highlights



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



Likelihood ▾	Consequence				
	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain	0	0	0	0	0
Likely	0	0	142	2	534
Possible	0	128	3	135	129
Unlikely	0	530	4	531	542
Rare	0	0	0	1	515
					142

Risk Id	Risk Type
142	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities
534	Finance
513	Clinical, Quality and Safety
129	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities
531	Finance
542	Finance
516	Finance
515	Finance
128	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities
530	Finance
135	Clinical, Quality and Safety

Risk highlights



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

Risk ID	Risk Title	Current Rating
142	Immunisation Rates protect Children, including vulnerable groups from communicable diseases.	12
534	Prescribing Budget and Performance	12
513	Failure to safeguard children and identify and respond appropriately to abuse.	10
129	Diagnostic waiting times for children and young people	9
531	Continuing Health Care Budget and Performance	9
542	Delivery of Efficiency Savings	9
516	Achievement of Financial Balance 2024/25	9
515	Community Equipment Services Budget and Performance.	8
128	CAMHS waiting times	6
530	Unbudgeted costs linked to learning disability	6
135	Failure to safeguard adults	6
New risk to log	<i>Interpreting Service Overspend</i>	6
New risk to log	<i>Interpreting Service Procurement</i>	4

Lambeth Integrated Health and Care Directorate Business Plan Update

Integrated Health and Care Business Plan 24/25



Integrated Health and Care Business Plan 24/25	Percentage Complete
Adults Mental Health	
Access: Reduce wait times for initial assessment through monitoring and reviews.	25%
Health Inequalities: Increase performance of SMI health checks.	25%
Adults Transformation	
Cancer - Work collaboratively with primary care to increase the uptake of cancer screening.	25%
Adults with Learning Disabilities	
Focus on LDA Health Inequalities.	25%
NHSE Learning Disability and Autism Programme.	25%
Financial Savings (IHC)	
Financial Savings	25%
Good health & wellbeing with an improved healthy life expectancy for those with the poorest outcomes Adults Commissioning	
Quality and safety: Improve standards and oversight through PAMMS	25%
Good health & wellbeing with an improved healthy life expectancy for those with the poorest outcomes Children and Young People	
Design and deliver a Single Point of Access (SPA) for Children and Young People	50%
Pull together a comprehensive dataset for Lambeth women using maternity services.	50%
Recommission Domiciliary Care and CHC framework.	50%
Support Special Educational Needs and/or Disabilities (SEND) inspection preparation.	75%
Long Term Conditions Optimisation	
Deliver Long Term Conditions Optimisation Priorities	25%
Medicines Optimisation	
Deliver Medicines Optimisation Priorities	25%
People and Workforce (IHC)	
Increase the diversity of our leadership team.	25%
Primary Care	
Delivery Plan for recovering Access to Primary Care.	25%
Strengthening General Practice by integrating services to deliver joined up care to patients.	25%
Promoting independence, personalisation and best value CQC assessment	
CQC readiness	25%
Public Health Objective	
HDRC - Implement Lambeth HEART programme of training and research development	50%
Health Protection - Continue the delivery of the new childhood vaccination in new spaces pilot	25%
Sexual Health - Refreshed service offer	25%
Staying Healthy - An Age Friendly borough where people can live healthy and active later lives.	25%
Staying Healthy - Implement and embed approaches to improve access to health improvement services.	25%
Substance Misuse - Continued embedding of the Combatting Drugs Partnership.	25%

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

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

The table provides a summary of Q1 position across the areas of focus within the 24/25 plan. All actions has been listed as Green and none of the actions was escalated for support, trajectories are on target to meet year-end objectives.

At the time of writing this report, Q2 submission had not been finalised and we will update group once Q2 is ratified.

Appendix: Health and Care Plan Outcomes: Detailed assurance narrative

Impact measures performance trend (1)

Outcome	Impact measure	Target/Plan	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Comments	
A	Smoking prevalence reduction	Actual													12.6%		Data source - SEL Vital 5 dashboard - Of those with a smoking status, 30, 592 (12.59%) are recorded as smoking ins the past 5 years	
		Plan							13.4%	13.3%	13.2%	13.2%	13.1%	13.0%	12.9%	12.8%	Target to reduce by 1% from 22/23 year end (13.4%). Data source is Office for Health Improvement and Disparities (OHID) Prevalence but as only annual it's proposed that we use SEL ICB Vital 5 dashboard	
	Proportion of opiate users that left treatment successfully in the previous 12 months and do not re-present to treatment within 6 months.	Actual								5.4%			5.9%					Latest update is for July 2023 to June 2024
		Plan																
	Proportion of non-opiate users that left treatment successfully in the previous 12 months and do not re-present to treatment within 6 months.	Actual																Latest update is for July 2023 to June 2024
		Plan																
	Proportion of alcohol users that left treatment successfully in the previous 12 months and do not re-present to treatment within 6 months.	Actual																Latest update is for July 2023 to June 2024
Plan																		
Uptake of the NHS Health Check for all eligible adults	Actual																Latest update is for July 2023 to June 2024	
	Plan																	
	Variance																	
Number of social prescribing referrals	Actual					7,746	7,604	7,418	6,104	6,020	5,899	5,708					Source = PH app on EZ analytics. Need to check for accuracy (sounds high volume)	
	Plan																	
	Variance																	
Percentage of low-income residents coping financially	Actual																	
	Plan																	
	Variance																	
Proportion of Lambeth registered children by age 1 that have received all primary immunisations	Actual																	
	Plan																	
	Variance																	
Proportion of Lambeth registered children by age 2 that have received one dose of MMR	Actual																	
	Plan																	
	Variance																	
Proportion of Lambeth registered population who are over the age of 65 receiving immunisation for Flu	Actual																	
	Plan																	
	Variance																	
Number of Entering treatment with Short-Term Support with Living Well Centres.	Actual									165	171	132	193	238	180			
	Plan																Against previous month's position	
	Variance										6	-39	61	45	-58			
Number of Entering treatment with Focused Support with Living Well Centres.	Actual									54	54	32	47	44	50		Against previous month's position	
	Plan																	
	Variance																	
Provisionally agreed - LWNA Short Term Waiting Time	Actual																	
	Plan																	
	Variance																	
Uptake of SMI health checks	Actual																	
	Plan																	
	Variance																	
Uptake of LD/AHC health checks	Actual																	
	Plan																	
	Variance																	
Proportion of Bowel Cancer screening for those aged 60-74 (Coverage)	Actual																	
	Plan																	
	Variance																	
Proportion of cervical Cancer Screening aged 25-64 (Coverage)	Actual																	
	Plan																	
	Variance																	
Proportion of breast cancer screening for women aged 47-73 (Coverage)	Actual																	
	Plan																	
	Variance																	
Proportion of people with Type 2 diabetes who receive 8 checks on an annual basis	Actual																	
	Plan																	
	Variance																	
Cardiovascular dashboard, HYP aged 79 or under and last BP is less than or equal to 140/90 this FY	Actual																	
	Plan																	
	Variance																	
Cardiovascular dashboard, HYP aged 80 or over and last BP is less than or equal to 150/90 this FY	Actual																	
	Plan																	
	Variance																	
Proportion of people over age of 65 who are taking 10 or more medicines, having a medication review	Actual																	
	Plan																	
	Variance																	

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

Impact measures performance trend (2)

Outcome	Impact measure	Target/Plan	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Comments
H	Proportion of referrals to the Living Well Network Alliance Single Point of Access, which were processed during the month (i.e. triaged, referred onwards or otherwise responded to) within 72 hours.	Actual				24.4%				18.3%	13.4%	19.8%	7.6%	12.4%	16.6%		<p>In 23/24 we were reporting on SPA WT for Urgent referrals. In 24/24 there will be a new methodology on SPA WT to better capture activity from referral to 1st contact % of black users by Ethnicity % of Black users by Ethnicity as per 2021 Census population rate</p>
	Access to Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents	Actual	24.3%			24.4%			25.3%								
	Recovery rates for Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents	Actual	21.7%			21.7%			21.7%								
	Number of children and young people waiting longer than 52 weeks for an assessment and commencing treatment with Child and Adolescent Mental Health Services	Actual	2.6%			2.7%			3.6%								
I	Health and Wellbeing Bus - No of interactions - Welfare Advice and Mental Health session	Actual													129		<p>Latest information extracted from Sept 24 SLAM CAMHS report</p> <p>Intelligence from the previous CVD project showed that in 60 days of service, the team delivered 767 Health checks. The new CVD Workplace pilot (Health Checks at Work) starting in Oct 24 will have 3 types of health checks delivered (Type: 1. Light touch 2. CVD assessment 3. Full NHS health check) with the aim of achieving 4,200 health checks in the last two quarters of 24/25.</p>
	CVD Workplace service - Employers acceptance of CVD Assessment offer (no of CVD assessments delivered and no of assessment who required F/up)	Actual													182		
	Beacons service - No of interactions - Health & Wellbeing sessions and HI 5	Variance													20		
J	Number of appointments in General Practice	Actual	168,244	155,258	165,319	133,406	171,212	166,166	159,787	166,166	165,670	149,688	170,573	159,787			<p>Against previous quarter's position</p> <p>1.5% increase vs 23/24 monthly profiled against 23/24</p>
	Improve access to healthcare professionals through increased use of community pharmacies - GPs and NHS 111 direct people to pharmacies to support people with minor ailments and advice around self-care and common clinical conditions	Actual	>200	>300	>300	>300	>400	>800	>900	1601	1695	1552	1492				
	Capacity of virtual wards	Actual	130	144	148	147	158	165	224	209	177	166	198				
	Proportion of virtual wards being used	Actual	70%	78%	74%	73%	72%	71%	87%	90%	76%	71%	85%				
K	Number of people with an intermediate care offer	Actual	55	62	61	46	47	68	35	44	41	38	37	46	34		<p>Plan = same period previous year</p> <p>Plan = same period previous year</p> <p>Plan = same period in 22/23</p> <p>Plan = same period in 22/23</p>
	Percentage of people who have completed reablement that has resulted in no formal support or support at a reduced level	Actual	81%	67%	74%	71%	83%	81%	79%	86%	89%	84%	92%	90%	90%		
	Proportion of carers of the users of Adult Social Care Services are offered a carers assessment	Actual	94%	93%	94%	97%	94%	95%	98%	100%	99%	98%	98%	98%	97%		
	No of people identified as being in their last year of life on practice registers	Actual	1,954				1,953			1,988			2,013				
	Proportion of people with Personalised Care and Support Plan(PCSP)/UCP	Actual	47%				48%			48%			49%				
	Rate of uptake for an Annual Health Check and Health Action Plan for those with LDA	Actual	37.5%	40.3%	49.2%	51.9%	64.2%	74.5%	83.1%	5.2%	9.6%	14%	20%				
	Weeks waiting for an ASD diagnosis for children and young people	Actual		84			96						63				
	Numbers of people with severe mental illness are supported to live in their own home	Actual	21				14			10			12			16	
	Number of people per year are supported by the Living Well Network Alliance into paid employment	Actual	36				36			36			36			36	
	Number of referrals Living Well Network Alliance teams make for service users to additional support routes (such as education, training and employment support, Community Support, Alcohol Advice, Smoking, Benefits advice, Dietician, Family Support)	Actual	15				22			26			24			20	
N	Percentage of service users reporting a positive experience of using mental health services, feeling they have benefited from support and are more independent and in control of their lives.	Actual	48				60			95			54			85	<p>Number of service users (unique Trust IDs) from referrals accepted during each quarter</p> <p>From PEDIC</p> <p>Mean value Sep-23 to Sep-24</p> <p>Restrictive incidents + seclusions</p> <p>Mean value Apr-23 to Aug-24</p>
	Seclusions and restrictive interventions on inpatient setting	Actual	78.0%	85.0%	76.0%	82.0%	62.0%	74.0%	73.0%	89.2%	74.6%	77.4%	82.5%	87.0%	78.8%		
	Percentage of people resettled into longer-term accommodation	Actual	78.4%	78.4%	78.4%	78.4%	78.4%	78.4%	78.4%	78.4%	78.4%	78.4%	78.4%	78.4%	78.4%		
	Refer people to drug treatment services upon their release from prison, and what proportion then complete their treatment.	Actual	19	20	47	20	18	38	36	43	49	39	33	40			
O	Seclusions and restrictive interventions on inpatient setting	Actual	33	33	33	33	33	33	33	33	33	33	33	33	33		<p>Mean value Sep-23 to Sep-24</p> <p>Mean value Apr-23 to Aug-24</p> <p>24/25 Year-end ambition is to reach 55% (historical data shows 2021 -21% ; 2022-21%)</p>
	Percentage of people resettled into longer-term accommodation	Actual	14	13	14	13	13	13	5	3	10	16	6				
	Number of rough sleepers brought into accommodation	Actual	3%				3%			5%			4%			4%	
	Proportion of people living in our supported housing that are registered with a GP	Actual	58				78			52			44			33	
O	Rate of residents in supported housing engaged with mental health support services.	Actual	79%				90%			92%			90%			97%	
	Refer people to drug treatment services upon their release from prison, and what proportion then complete their treatment.	Actual	14%				20%			25%			23%			24%	

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A. People maintain positive behaviours that keep them healthy

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

<p><i>What does the data/intelligence indicate around progress against the outcome?</i></p>	<p>Latest stop smoking data from our commissioned services shows that 166 smokers set a quit date in Q1, with 97 successfully quitting which is broadly comparable to the same period last year i.e. Q1 23/24 but marks continued improvement on Q4 23/24 as the provider continues to come to terms with the implementation of its new data recording system Epic. The conversion rate for the Specialist service remained in the 60th percentile(66%) which is in line with expectations and reached 98% of our target groups (Pregnant Birthing People, Parents with children U5, Routine and Manual workers, Long Term Physical or Mental Health condition, chronic/complicated smokers)</p>
<p><i>Does the data/intelligence identify any health inequalities and whether they are reducing?</i></p>	<p>Data included in the new local tobacco control plan and ONS data highlights that although prevalence has reduced in the borough (22% in 2012 to 13.4% in 2022), progress has plateaued from 2018 and prevalence remains high amongst certain demographics such as routine and manual workers and those with long term mental health conditions. Data also reaffirms the need for pregnant women to be treated as a priority group as approximately 4200 babies were born to a smoker in London in 2022.</p>
<p><i>What are the challenges hindering any progress and are there actions which can be taken to address these?</i></p>	<p>The recent Lambeth Health equity audit informed the Lambeth Tobacco plan’s strategy to tailor support for those groups with higher rates of smoking and to remove any barriers for those who wish to quit.</p> <p>Lambeth control alliance convened in quarter 2 with the new chair, Councillor Tim Windle. The control alliance prioritised discussing smoke free generation proposals for said tailored programs</p> <p>The GSTT Smoke Free Generation proposal was received in July, outlining extra capacity for work stream:</p> <ul style="list-style-type: none"> > Two Tobacco Dependence Specialist (inc. TLHC, Workplace Clinics, Swap To Stop) > One Pharmacy support Lead <p>To mitigate possible delay in the Council approving GSTT's proposal, Lambeth issued a confirmation of funding for GSTT to proceed with recruitment.</p> <p>Alliance resolved to consider ideas for one-off projects for this year for full utilisation of available funding.</p> <p>Budget and investment plans will remain as a standing item for the control alliance.</p>

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



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

<p><i>What does the data/intelligence indicate around progress against the outcome?</i></p>	<p>Whilst the percentage of residents financially coping have reduced, the percentage of residents in crisis, at risk or struggling has not increased and, instead, the percentage of residents who were coping and have now left the dataset have increased. This is likely to indicate that residents' financial situations have improved to the point where they are no longer in receipt of means-tested benefits.</p>
<p><i>Does the data/intelligence identify any health inequalities and whether they are reducing?</i></p>	<p>The reduction of people in the dataset is indicative of an improvement in those financially coping without localised benefits. Improving financial resilience is an important social determinant of health.</p>
<p><i>What are the challenges hindering any progress and are there actions which can be taken to address these?</i></p>	<p>The financial wellbeing of residents continues to be challenged due to wider economic factors linked primarily to austerity, continuing high inflation for food and energy and the welfare benefits system not keeping pace with the costs of essentials (e.g. Universal Credit (allowances and two-child policy), Healthy Start Vouchers being insufficient to meet the cost of infant formula). The council continues to deliver crisis support to residents through the council's Cost of Living programme 2024/25 as well as working to provide longer-term responses to reducing the instance and impact of poverty in the borough through a Tackling Poverty action plan, currently in development with the borough's communities.</p>



C. People are immunised against vaccine preventable diseases

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

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

Childhood Immunisations: Since the inception of our co-produced two-year childhood vaccination strategy, COVER data has reflected variable performance, with some quarters showing improvement and others indicating a decline. Achieving herd immunity in Lambeth remains challenging. However, we recognise that there are data quality issues, which are currently being addressed by the Child Health Information Service provider in collaboration with NHSE.

Compared with similar local authorities (CIPFA comparators), in Quarter 4 23/24 Lambeth ranked between 2nd and 4th (out of 11) in terms of childhood vaccination uptake

Influenza: Latest data via weekly GP (non-mandatory) data submissions shows that as at 20th October around 32% of eligible patients over the age of 65 had received a flu vaccine. At the same period last year, uptake was around 12% higher. We understand that there are issues with data quality that may affect its accuracy. These issues are currently being addressed by NHSE and the affected providers. Further work is underway to validate the accuracy of this data and understand differences in uptake at practice level.

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

Childhood Immunisations: National COVER reporting does not provide sufficient insights into vaccination inequalities. A health equity audit UKHSA has identified avoidable disparities within the UK vaccination programme. Additionally, a local audit in Lambeth highlighted inequities in vaccination coverage and timeliness, which informs our engagement strategies to ensure our efforts are directed where they are most needed.

Influenza: Year end 2023/24 uptake broken down by ethnic groups indicates that uptake for eligible patients over the age of 65, that uptake amongst white and Asian populations is higher than our black African and Caribbean populations.

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

Challenges in vaccination arise from a complex interplay of factors, including intrapersonal elements (such as vaccine fatigue, hesitancy, health beliefs, and health literacy), community influences (such as religious, cultural, and gender norms), and institutional factors (such as access and registration issues, culturally tailored services, and vaccination funding and delivery). We continue to implement various initiatives to address vaccine inequities, ranging from strengthening primary care call-and-recall systems to launching community-led initiatives.

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D. People have healthy mental and emotional wellbeing



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

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

The monthly picture for Lambeth Living Well Centres shows the number of service users accessing Short-Term Support (STS) falling by 52 (-24%) while Focused Support (FS) rose by 6 (+14%). Fall in STS new referrals is due to fewer referrals being made by SPA as efforts to reduce the backlog of long-waiting cases have been successful. Incoming referrals deemed inappropriate by both services are reducing.

The mean numbers of days between referral to STS and the second attended care fell by 0.8 days in September from 28.4 days in August (-6%). However, this remains 2.1 days over the mean wait time for 2023/24. There are concerns that the use of attended contacts in Lambeth SPA may be impacting the quality of this data, and a project is being initiated to address these concerns.

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

The relative figures for Black service user accessing Short-Term and Focused Support services in the Living Well Centres, supports the view that they enter the service requiring a more intensive level of support than White service users. In September, Black service user access to STS is in line with the Lambeth population (at 22.3%). However, with 19 of 38 accepted referrals (50%), access to the more intensive FS service for Black service users continues to be more than twice what the borough demographics would suggest.

Actual demand from the Black community is not clear, but data shows that access to Focused Support grew quite sharply around January 2023, suggesting increasing demand. Prior to this time around 48% of the caseload were Black service users but this quickly rose to about 53% where it remains to date.

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

The data does not provide evidence of any unequal provision, once service users are on the LWC's caseload. Average waiting times for a second appointments with STS in 2024/45 to date are notably shorter for Black service users than those identifying as White (23.7 and 33.7 days respectively). This might be expected if Black service users, on average, present with more significant problems.

The inequality evident in the composition of Short-Term Support and Focused Support caseloads lies more in social conditions and the lack of services to effectively address deteriorating mental health among service users from the Black community at a much earlier stage.



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

Alliance and Programmes	Sexual Health
Update Month	November 2024

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

The Q1 2024 LARC data show us that many of the PCNs across Lambeth have been providing access to LARC via the new service model - activity is currently similar to this time last year. The model allows for further development and several PCNs have already asked commissioners for an increase in their budget allocations for this activity, demonstrating that there is appetite for this service.

In regards to STIs, UKHSA are currently finalising an online dashboard that will provide local data on syphilis epidemiology. This will be directly available for commissioners to view and this will help us to better monitor trends and inequalities in syphilis testing and diagnosis at a local level. Lambeth continues to have the highest rate of syphilis in England and also the highest testing coverage. The majority of syphilis diagnoses in Lambeth are in gay and bisexual men and other men who have sex with men (GBMSM).

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

The new EZ Analytics dashboard for GP contains LARC activity data by ethnicity and age. For the next report we should be able to report activity via these demographics and monitor if there is any decrease or increase in inequalities across PCNs. This will also indicate any improvements, or if work is needed, ensure that ethnicity is accurately and consistently recorded.

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

Our specialist services are still not able to report KPI service level data due to the new EPIC system. Whilst the EPR system is now stood up as business as usual, service staff now have to work with EPIC staff to build specific reporting templates for the sexual health activity, as this system has never been used in a sexual health service and the codes used for surveillance and/or payments are different to the EPIC system.

While the templates are being developed commissioners continue to meet with service staff and discuss, service performance, trend and any issues. Commissioners have also written to Trust Directors to request this work is prioritised, to ensure that we are able to obtain local KPI and quality data.

In regards to increasing syphilis rates, Lambeth hosted a Syphilis Care Pathway Workshop for South-East London and UKHSA colleagues, to explore variations in local syphilis epidemiology identified at each step in the care pathway to feed into local action. This will be implemented via the contract models being agreed with our Local NHS Trusts, the updated Strategy to be launch in April 2025 and the KPIs for the Outreach Alliance.

Development of a comms strategy to increase awareness of services, particularly to under-represented groups – currently paused until new staff have completed inductions.



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

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

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

1. Bowel Cancer screening aged 60-74-Upward trend. Most recent data shows upward trend with 61.0% screened (December '23) compared to 50% in December 2019. Above national target of 60% screened.
 2. Cervical Cancer screening aged 25-64-Stable in the past year with most recent data showing rate of 63% in April 2024 compared to 62.8% in April 2023 but down from 66.7% in April 2019. National target is 80%
 3. Breast cancer screening aged 50-70-Upward trend in the past year. Most recent data shows 54.8% screened in December 2023 which is an increase from 50.9% in December 2022. Not returned to pre-covid levels which were 61% in November 2019. Below national target of 80%.
- Source for all of above is the SEL screening dashboard.

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

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

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

Numerous challenges. Important to raise public awareness. There are ongoing campaigns locally and nationally to raise awareness. In particular those aimed at groups with lower screening rates (eg. SELCA MMC campaign). SELCA are also funding projects with IRMO (Latin American community) and LAMSOM (Somali community). They are also funding PCN projects to increase breast and cervical screening and also a PCN engagement event. The NWDA have also recently funding a successful PCN engagement event with plans for more in the future. There have been issues with access to breast screening and local capacity. The breast screening service are working to improve this including offering appointments outside of normal working hours and also facilitating those who require extra time due to disabilities. Further increasing access could help to increase screening rates. Also access to appointments for cervical screening can be a challenge. This can be improved by offering screening outside of normal practice hours at local extended access hubs or offering different appointment booking systems to increase ease of access.



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

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

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

Q2 performance
 SMI: 1485/5328 = 27.87%
 LDA: 649/1700 = 38.18%
 This is expected mid-year performance and is similar to the same month last year. It is anticipated that national targets (60% for SMI and 75% for LDA) will be achieved by the end of the year.

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

Audits identifying people who have not attended for a health check for the last 3 years have been conducted. No significant variation in ethnicity was identified for both SMI and LDA cohorts. However, younger African and Caribbean people are more likely to not have engaged in health checks. Communication and engagement plans are being developed to respond to findings from the audits.

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

Synovis cyberattack has impacted people for whom phlebotomy wasn't completed during the health check; there may be issues engaging people to attend for a further appointment to have bloods done. Blood tests are the most frequent single check missing from what would otherwise be a completed check. National IT failure affecting core GP systems including appointments etc. reducing access to health checks. Collective Action by General Practice.



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

Alliance and Programmes	NWDA (Owner)
Update Month	November 2024

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

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

September, Lambeth participated in the national "Know Your Numbers Week" campaign. The event held at Lambeth Civic Centre with NHS South East London staff and Health Champions from Lambeth Together's Health and Wellbeing Bus to raise awareness of hypertension risks and encourage regular checks. 142 staff had their blood pressure checked; 60 more received advice on testing options at pharmacies, GPs, or at home; 35 people had raised blood pressure, requiring follow-up action; an additional 28 were outside the normal range and were advised on lifestyle changes. Staff valued the opportunity to have the checks within their working day.

The Lambeth ambition for the proportion of people with Type 2 diabetes, who meet all 8 Care Process metrics, is to reach a minimum of 77% or improve from baseline (National Diabetes Audit 22-23 percentage) by 10 percentage points. The measuring period aligns to the National Diabetes Audit 15 month measuring period January 2024 to March 2025 and is cumulative over this period. Improvements are being made as the year progresses. Providers of the NHS Diabetes Prevention Programme joined Lambeth Country Show and Inspire event in July to promote prevention of diabetes and promote healthy lifestyle information.

Problematic polypharmacy (prescribing of 10 or more concurrent medicines) increases the risk of drug interactions and adverse drug reactions (ADR), impairing medication adherence and impacting on a patient's quality of life, this risk increases with the number of prescribed medicines a patient is on and when specific therapeutic combinations are concurrently prescribed. In conjunction with the patient, SMRs provide a holistic medication review to ensure prescribed medicines are safe, effective and personalised to patients' current needs. SMRs improve outcomes, reduce unnecessary or inappropriate prescribing and polypharmacy, reduce harm and improve patient outcomes. The number of coded Structured Medication Reviews (SMR) in Lambeth for patients who are 65 years or over and prescribed 10 or more medicines is being tracked to indicate progress. There is an increasing trend of people over the age of 65 who are taking 10 or more medicines received a structured medication review in the first half of 2024-25. At end of September, a total of 647 of the 3256 (20% previously 12.94%) patients have had a SMR since 1st April 2024.

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

More black and minority ethnic people have blood pressure control when comparing August 2023 to 2024 data; 38.7% (23,289) and 40.7% (24,241) respectively*. NWDA Hypertension Oversight group has been developed to support co-ordination of activities to improve hypertension identification and management in Lambeth, with a focus on reducing health inequalities.

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

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

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

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



Alliance and Programmes	NWDA (Owner)
Update Month	November 2024

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

Challenges include General Practice capacity, access, recovery following software incidents across SEL patient awareness and engagement. General Practice is being supported to focus on improvements in these outcomes through the Lambeth General Practice Improvement Scheme – LTC section and Premium Specification KPIs focusing on completion of the 8 Care Processes and Enhanced Prevention. Access to the EZ Analytics apps will help practices to prioritise patient cohorts for review. Utilisation of engagement opportunity for example Know Your Numbers Week. Introduction of AnalyseRx over the coming months, a software solution integrated with EMIS Web will support General Practice to proactively identify and easily action Medicines and LTC optimisation opportunities across our patient population
 Improving awareness and utilisation of the Blood Pressure at Community Pharmacy service will improve access for patients and release capacity in General Practice to focus on complex LTC management.

Additional Comments

*Unable to update data due to EZ Analytics software maintenance being undertaken.



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

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

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

In 2023/24 Lambeth Single Point of Access (SPA) saw a huge increase in caseload and waiting times. Since peaking in May, the SPA caseload has been cut by almost two thirds. Wait times have also reduced significantly, but remain much higher than target. The proportion of referrals completed within 3 days rose from 12.4% at the end of the first quarter (Apr-Jun) to 16.6% at the end of the second (Jul-Sep) This measure will only significantly improve when the backlog of long waiting cases is completely cleared. When this will happen is extremely sensitive to SPA staffing but at end of September SPA was on course to clear the backlog by the end of 2024 or early 2025.

Equalities data for 2024/25 for Q2 is not yet available. Data for Q1 shows the first appointment measure for Black service user access to the Lambeth Talking Therapy Service (LTT) services as being 3.6 percentage points higher than would be suggested by Lambeth population alone, which is better than that for the White population. Recovery for Black service users however, at 43.1%, continues to fall well short of the 50% recovery rate target, the whole service average and the 55.2% reported for White service users.

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

There is some variation by ethnicity in achievement against the 3-day waiting target for Lambeth SPA, but the target is met for Black service users more frequently than for White service users, suggesting more severe issues among the Black community are being addressed more urgently.

Lambeth Talking Therapy data for Q1 does not suggest any inequalities, except for the Black African community, which is underrepresented by 1.0 percentage points compared to the Lambeth population. Recovery rates however suggest that the service is more closely aligned with the needs of White service users than with those from the global majority, who tend to start treatment with higher severity scores. Tracking this measure over multiple financial years suggests this inequality has been reduced during 2023/24 and progress continues to be made in 2024/45 first quarter when session attendance has been largely equalised across groups.

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

Recent changes to Lambeth SPA organisation and processes, together with additional support, have successfully reduced the Lambeth SPA caseload and consequently waiting times for introductions processed during the month were almost halved from August to September. If SPA team capacity can be maintained, it is now seems likely that targets will be being met in early 2025.

Lambeth Talking Therapies will be focusing on improving the proportion of service users reporting recovery at time of discharge, maintaining the increase in session numbers for clients from a global majority and ensuring that clients from all ethnic groups have a 48% recovered at discharge rate.



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

Alliance and Programmes	NWDA (Owner) with contributions from LWNA and CYPA
Update Month	November 2024

<i>What does the data/intelligence indicate around progress against the outcome?</i>	The data indicates a large increase in interactions for the bus as is expected over summer months activity with more events. Beacon has seen very consistent numbers but no increase for summer, however there has been an increase in number of high 5 interactions converting into a health and wellbeing session.
<i>Does the data/intelligence identify any health inequalities and whether they are reducing?</i>	There has also been a notable increase in number of people accessing welfare advice on the bus, an indication that people are in higher need of financial support.
<i>What are the challenges hindering any progress and are there actions which can be taken to address these?</i>	There have been delays in onboarding the bus into the Vital 5 pilot. This is due to the pilot being still in development but is progressing. Discussions are happening at pace to resolve this both with the service provider (GP Fed) and the Vital 5 programme team.
<i>Additional Comments</i>	Beacon have been improving their data collection of the high 5 offer and now have a fully automated data collection method. The bus has opportunity for funding through the vital 5 pilot.



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

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

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

General Practice are required to deliver 1.5% growth – current rate is 4%.
 General Practice will continue to secure investment through the Primary Care Recovery plan to deliver additional appointments and improve care navigation. Through the strengthening General Practice programme, powered by data syrup and APEX, Lambeth will assess opportunities to improve continuity of care alongside additional access.

The Lambeth Pharmacy First Plus Service addresses and supports the health inequalities in Lambeth in relation to the impact of the cost-of-living crisis on the ability of the local population to self-care and buy medicines available over the counter for minor and self-limiting conditions in line with NHS England guidance. Community Pharmacy have undertaken 2036 consultations between March 2023 and July 2024 with Lambeth residents/registered patients to provide advice and guidance on self-care and supply of medicines where appropriate. The NHS Pharmacy First Service (previously known as GP-Community Pharmacy Consultation Service) increases GP capacity through triaging of low-acuity conditions to community pharmacy. GP referrals to NHS Pharmacy First supports the national approach to increasing GP access. Data from service launch in January 2024 to July 2024 shows a positive increase in use.

The National Pharmacy First service and local Pharmacy First Plus Service increases access to general practice, through provision of self-care advice and any necessary treatments directly via pharmacies for people at higher risk of health inequalities or higher deprivation.

Lambeth and Southwark virtual wards continue to achieve the 80% occupancy target overall, however current capacity and occupancy data showing some services underperforming with others overperforming. Some delay with capacity expansion in line with the plan and against target trajectory: KCH IRT mobilisation delays due to progressing internal business case and recruitment. St Christopher’s Palliative and EoL Care VW – phased approach with 6 beds live, contributing to a total of 237 beds in operation across Lambeth and Southwark, as of 1 September 2024. Anticipated total of 254 bed capacity delivered by Autumn 2024.

Utilisation of Remote Monitoring capacity remains low. Delivery plan in place that includes cultural shift in ownership and delivery by teams, rather than a single lead responsible, and other initiatives to implement additional clinical pathways. Work in progress to Complete a comprehensive scoping of all virtual ward and remote monitoring / care at GSTT and KCH and to align programmes to avoid duplication.



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

Alliance and Programmes

NWDA (Owner) with contribution from Substance Misuse

Update Month

November 2024

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

Ethnicity/ demographic data is still not available through nationally mandated tools – it remains unclear if the national GP Appointment Data (GPAD) will develop these modules over time to test assumptions. In the interim other local tools continue to be explored to ascertain capability and adaptability, we can use in the absence of a national databank.

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

Progress and mobilisation of KCH and St Christopher's virtual ward models, aligned to the GSTT VW models, addresses the geographical access issues. Further data is required to develop a population health data approach to assess the maturity, effectiveness and impact of the Virtual Ward services in Lambeth and Southwark and to understand those patients currently not accessing VW, access and demand for VW services and if we're missing opportunities to ensure that we provide equitable access for populations..

Discussions on going regarding the impact of the recently published NHSE Virtual Wards Operational Framework and if there's a requirement to revise the local VW model.



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

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

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

Patient expectation and satisfaction, nationally, regionally and locally continues to be challenging. During 2023/24 General Practice will have provided more patient contacts than at any time since the NHS formed with 19% more patient contact than pre-covid. Productivity remains exceptionally high and arguably more resilient compared to other parts of the Health and care system, however we acknowledge patient access remains both a national and local priority and one that concerns our local residents. Leveraging investment through the Access Recovery programme – practices will deploy better telephony, improve signposting/ care navigation and explore alternative consultation methodologies to enhance the patient journey and reduce the 8am rush. Practices can access limited funding to support internal change management to help practices get the most out of digital opportunities, and equally important, post deployment, work with patients and staff to improve the experiences of those using these services.

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

Reduced programme management resource remains an issue. There is considerable goodwill with clinical leadership and collaborative working with providers, but in the absence of appropriate programme resource it is difficult to maintain facilitation of discussions to support delivery of the programmes objectives. Project management resource is sourced from the GSTT Integrated Care Transformation Team – long term sickness has prevented additional resource being available, however recent approval at the GSTT vacancy control panel has provided the opportunity to recruit short term to provide additional support. The project is prioritising:

- Reprise of the VW maturity self-assessment and revise against NHSE VW Ops Framework.
- Population Health data analytics to understand population and system impact
- Progress comms/engagement plan in support of programme to BAU transition plans and service improvement

Additional Comments

GP ARRS launched this month – too early to confirm the impact this will have on access.
 Winter Funding not been assigned to support additional capacity from General Practice.

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

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



J4. Improve access to healthcare professionals through increased use of community pharmacies - GPs and NHS 111 direct people to pharmacies to support people with minor ailments, advice around self-care and common clinical conditions

Number of people accessing healthcare professionals through increased use of community pharmacies

Lambeth Pharmacy First Plus Service Total number of patient interventions	
Mar-23	125
Apr-23	97
May-23	148
Jun-23	257
Jul-23	155
Aug-23	111
Sep-23	124
Oct-23	115
Nov-23	84
Dec-23	105
Jan-24	110
Feb-24	132
Mar-24	125
Apr-24	66
May-24	87
June-24	112
Jul-24**	83
Total – 2036	

	31 January 2024	29 February 2024	31 March 2024	30 April 2024	31 May 2024	30 June 2024	31 July 2024*	TOTAL
Total Pharmacy First consultations (includes referrals to the 7 Clinical Pathways, Minor Illness and Urgent Medicine Supply service)	649	1309	1604	1601	1695	1552	1492	9902

Top 3 social vulnerability eligibility criteria for accessing Lambeth Pharmacy First Service (May 24): (June to July data unavailable)

1. Universal credit (44.8%)
2. Patients aged under 16 years (23%)
3. Income support (16.1%)



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

Alliance and Programmes	NWDA (Owner)
Update Month	November 2024

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

The number of accepted referrals to Reablement has continued to decrease. As a result of work in the Discharge Operational Delivery Group a piece of work looking at eligibility criteria for reablement was completed with ward therapists. There is also a regular meeting to look at the reason for referrals to reablement which are declined by the service. This has led to a significant decrease in the waiting list and the number of accepted referrals.

The number of people who have a reduced need for care at the end of a period of Reablement has increased and this is positive. The percentage for people with a reduced need for care at the end of Reablement continues to improve and is 90%.

We are now counting those people referred for therapy only (no care needs). This has increased the number of people who have a reduced need for care at the end of the service and has improved our performance.

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

Overall, the Lambeth data has shown continuous progress against outcomes K3 and K4 (palliative and end of life care improvement measures) since data collection started in 2022-23. This is across both the identified outcome measures for people identified as being in their last year of life on practice registers (45% increase Q1 22-23 to Q2 24-25) and Proportion of people with Personalised Care and Support Plan(PCSP)/UCP (22% increase Q1 22-23 to Q2 24-25). The rate of increase across both measures has been within the range of 1% and 3% increase per quarter since Q2 2023-24.

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

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



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

Alliance and Programmes	NWDA (Owner)
Update Month	November 2024

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

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

There has been an increase in weekend discharges as a result of this work and this is now embedded as business as usual.

For end-of-life identification and conversion to PSCP / UCP (K3 and K4) key challenges include varying levels of capacity and professional confidence within Primary Care to initiate PCSP conversations, as well as variable data across PCNs owing in part to different coding practice occurring in different practices within PCNs.

SEL Ageing Well Funding secured for project resource to help address these barriers, by working with primary care to support identification of people in the last year of their life and uptake of Universal Care Plans. Primary Care working with GP leads to mobilise project with a focus on creation of Clinical Lead Champion role, working with champions at GP level to increase completion and quality of UCP / ACP in Lambeth.



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

Alliance and Programmes	CYPA (Owner)
Update Month	November 2024

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

The introduction of a new Electronic Patient Record (EPR) system at Guy's & St Thomas' and King's College Hospitals has led to a temporary pause in performance reporting for maternity services across South East London. While the system is being stabilised, regular reporting is expected to resume shortly.

During this period, the Children & Young Person Alliance (CYPA) has prioritised ensuring robust governance and quality standards for maternity services through various local and regional forums. These include Lambeth Council Scrutiny, the Lambeth Together Executive Group, and the Lambeth Health and Wellbeing Board, where significant discussions have been held on promoting equality, diversity, and inclusion within maternity care. At the previous Lambeth Together Assurance meeting in September, a detailed review of national and South East London perinatal mortality data was conducted. Earlier this year, the CYPA also presented a comprehensive maternity report in March and outlined further engagement and performance initiatives for discussion at the July and September CYP Boards.

Looking ahead, the CYPA will continue its close collaboration with maternity providers and the Local Maternity & Neonatal System to ensure the timely restoration of performance data and to strengthen maternity services for Lambeth's communities.

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

Alliance and Programmes	LDA (Owner)
Update Month	November 2024

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

The implementation of a new Electronic Patient Record (EPR) system at Guy’s & St Thomas’ Hospital has halted performance reporting for the Autism and Related Disorders (ARD) Diagnostic Service. Currently, there is no update from the Evelina Communities Team for system partners. However, local performance, governance and safety monitoring remain active ensuring services are safe.

In 2023/24 the uptake of AHCs and health Action Plans exceed the target to reach 83.1%. Steady progress towards the same objective is seen as at October 2024 of 38.18%, and we note that a larger proportion are completed towards the end of the financial year.

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

Ethnicity data on difference level or AHC update, doesn’t indicate a major difference between ethnicity groups, however as we know from many studies that people from Black, South Asian and minority ethnic backgrounds face poorer outcomes from health and care and shorter life expectancies, and we suspect this data set does not describe the full picture. An equalities informed communications plan co-produced with community groups is planned, and the first workshop took place in September Q3 2024/25.

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

Accurate equalities data on uptake of AHCs and Health Actions Plans, and the impact on tackling health inequalities is a challenge. Multi-year uptake data and clinically led audits are planned with first results under analysis with results due Q3 2024/25

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



Alliance and Programmes

LWNA (Owner)

Update Month

November 24

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

The most recently available suggests progress towards this outcome. In the second quarter, Q2 July to September, LWNA's Community Living and Support Service accepted 114 service users with serious mental health conditions to live in the community. This compares with 103 in the previous month.

The Community Living and Support Service (CLaSS) accepted more new clients in Q2 (85) than in Q1 April to June (54) but its average weekly caseload fell (from 75 to 73). Data for LWNA's Individual Placement and Support (IPS) shows that in Q2 16 service users were supported to find paid employment compared to 12 in Q1, however both remain well below the original target of 36 per quarter.

Restrictive incidents for inpatients rose by 7 (+21%) from 33 in August to 40 in September, which is 21% over the mean value since September 2023. Positive friends and family survey responses for LWNA, across inpatient and community settings, were down August to September from 87.0% to 78.8%. However, this remains above the mean monthly average since September 2023 of 78.4%.

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

Individual Placement and Support (IPS) data presented here is drawn from monthly performance monitoring reports which do not currently reference ethnicity. However, IPS report that ethnicity of service users on their caseload is tracked and so ethnicity will be analysed here in the next reporting cycle. The ethnic composition of the CLaSS caseload highlights the unequal distribution of serious mental illness between ethnicities in the borough. The proportion of CLaSS service users from the Black community fell to 47.9% in September, from 52.0% in July, such movements in a relatively small data set may not be significant. However, when compared to the 21.7% of Lambeth population which is Black and aged 18-64, the scale of the problem is made clear.

Historically, there has been concern about the disproportion use of restrictive practices, rapid tranquilisation and seclusion with inpatients from the Black community. While the overall number of restrictive incidents is tracked, analysis of this measure by ethnicity is currently blocked by Datix systems issues. As soon as this is rectified, an analysis of incidents by ethnicity will be provided here.

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

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



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

Alliance and Programmes

Homeless Health (Owner) with contributions from LWNA and Substance Misuse

Update Month

November 2024

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

On the number of new treatments referred by health services and social care and criminal justice, there has been a small increase in Q4 23/24 and Q1 24/25 but still remain much lower than Q2 and Q2 22/23. The number of referrals from criminal justice have also continued to slowly increase. Overall, however, proportions referred through these routes remain low.

The proportion of substance users known to health, social care, youth offending and criminal justice services who are referred to treatment services (and proportion of these who complete the treatment), the number of adults engaging into treatment has continued to increase from latest data, while successful completions has also seen a slight increase.

In line with September’s update on Homeless service, the activity remains high and as noted previously, many of rough sleeping people have never been in this situation before. The reasons behind this can be explained by cost of living and rising accommodation costs in the capital which has been pushing people to vulnerable situations, though we recognise there are other variables to consider when analysing Homeless factors and circumstances.

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

On the number of new treatments referred by health services and social care and criminal justice around 80% of Lambeth’s new clients are self-referred. This is much higher than the national average and is due to ease of access. However, it doesn’t capture if the client has previously had conversations around treatment with another service so could not be capturing the full picture these services have on numbers coming into treatment.

Around 69% of Criminal Justice System clients are for in for opiate treatment, which takes a long time to complete, so may not be a bad thing that we have less successful completions than 2020/21 if we’re managing to keep them engaged in treatment.

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