

LAMBETH TOGETHER CARE PARTNERSHIP – SUPPLEMENT

Date: **Thursday 20 July 2023**

ITEM 9 LAMBETH TOGETHER ASSURANCE UPDATE

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Lambeth Together Care Partnership Board

Title	Lambeth Together Assurance Sub-Group
Meeting Date	20 July 2023
Author	Warren Beresford – Associate Director Health and Care Planning and Intelligence Jo Fernandes – Planning Intelligence and Improvement Manager
Lead	Sue Gallagher – 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 report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report for May 2023

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

None

Summary and Impact on Inequalities

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

The meeting covered 2 main agenda items:

1. The Integrated Assurance Report
2. Further developed proposals for the function of Lambeth Together Assurance Group

1. The Integrated Assurance Report

The group engaged in a comprehensive run through of the contents of the report. The report highlighted:

- Approval of Emotional Health and Wellbeing Local Transformation Plan by Lambeth Together Care Partnership Board
- Completion of plans for the second year of additional funding from the SSMTRG to support vulnerable residents in substance misuse treatment and recovery

- Establishment of a Patient Advisory group for Chronic Pain and collaboration with primary care partners
- Achievements in Health Inequalities Funding, Mosaic Wellbeing project, recruitment of Equity Health Champions, and attendance at the 'Inspire' Lambeth Black Health and Wellbeing event
- Greater focus on inequalities with CORE20PLUS5 dashboard and understanding the local population
- Positive news on Childhood immunisations and uptake in primary care
- Optimistic progress in Improved Access to Psychological Therapies (IAPT) waiting times
- Proposals for gaining assurance on quality and sharing learning within Lambeth Together
- Active risks within Lambeth, with further work needed to meet target ratings
- Borough and Lambeth Council financial updates for 2022-23, with overspend mitigated by non-recurrent funding but underlying pressures expected to continue

Members of the meeting discussed various key points including the importance of connecting the elective care recovery work, led by South East London and ensuring that this information is shared with local partners - possibly through APC (Acute Provider Collaborative). There was also a request to strengthen the financial element of the reporting to ensure that these pressures were considered as part of overall delivery of the Lambeth health and care plan.

2. Future proposal for the function of Lambeth Together Assurance Group

The group received a presentation further developing the proposed changes to the format of the assurance group in 23/24. The proposal incorporated feedback received from the assurance group meeting in April and provided more detail around how the process to collect intelligence and assurance from programmes will work going forward. The presentation also included a forward view detailing areas of focus for the year ahead.

It was noted that pre-meets were going to be arranged with alliance/programme leads to stress test the process and support them moving towards the new arrangements.

The group were supportive of the proposals, recognising that there will be an opportunity to review and adjust the process further into the year additional changes are required.

Lambeth Together & Integrated Health and Care Assurance Report May 2023

Lambeth Together Assurance Group 30 May 2023



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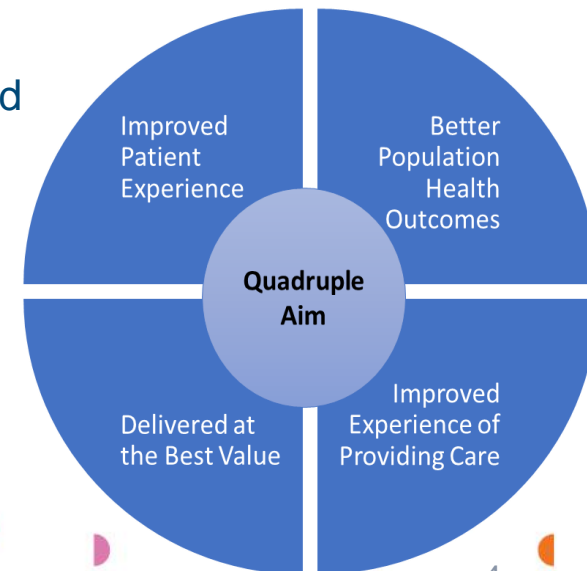
1. Introduction



1.1 Report Context



- This report provides in one place an integrated summary of assurance across Lambeth Together and Lambeth integrated health and care arrangements.
- This report draws upon existing assurance, performance or quality reporting arrangements, and does not seek to duplicate what is covered within those alliance and programmes boards.
- This report's format and flow is structured along the Lambeth Together Strategic Board arrangements, with a focus on Lambeth Together delivery alliance and programmes, and a focus on Lambeth's integrated health and care responsibilities.
- The report will be adapted over time to provide assurance on the delivery of the Lambeth Together strategic Health and Care plan, as well as reflecting any changes to SEL ICS priorities and key policy changes in response to the government's Health and Social Care Bill.
- The Lambeth Together Assurance Group reports directly to the Lambeth Together Strategic Board and meets bi-monthly to provide dedicated oversight and assurance on behalf of the board. A short summary report accompanies this integrated assurance report when presented to the Lambeth Together Strategic Board bi-monthly.
- Our integrated local and care partnership will continue to review content and materials presented on this paper with a view to monitor and evaluate programmes and alliances responses in relation to healthcare's quadruple aim.



2. Lambeth Together programme highlights



2.1. Lambeth Together Programme Highlights



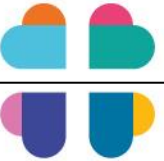
Director / lead	Oge Chesa, Director Primary and Transformation
Management Lead	Sophie Taylor, Programme Lead, Lambeth Together, LBL
Data source / period	Bi-monthly Programme highlight reports May 2023

The following sections show summary positions across a variety of Lambeth Together alliances and programmes. The full highlight reports narrative and updates are archived for audit and assurance purposes in support of the ongoing work being delivered at borough level. These reports are produced every other month and provide a summary of key developments for each Lambeth Together area, covering

- Strategic Plans
- Reducing inequalities
- Benefits/ Deliverables update
- Partner and wider system requests
- Achievements and Opportunities
- Red Issues and Risks
- Other Highlights: Enablers, Workforce, Data, Budgets, Communications



2.1. Lambeth Together Programme Highlights

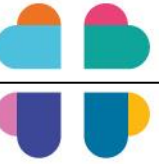


Strategic Plans - How is the programme area progressing towards its longer-term objectives?

- **Substance Misuse** – Plans are completed for the second year of additional funding from the supplementary substance misuse treatment and recovery grant (SSMTRG), key priorities are development of workforce and supporting communities through development of outreach teams.
- **Staying Healthy** - Commissioners have started a programme of work with Primary Care Expert Advisory Group to review and re-design the NHS Health Check programme for 2024-25.
- **Sexual Health** – As noted previously, London is exceeding Fast Track Cities (FTCS) targets. Increasing access to PrEP and HIV testing remains a priority action within the strategic action plan and in local work.
- **CYP Alliance** – Contribution to Strategic Health and Care Plan complete; Emotional Health and Wellbeing Steering group is meeting regularly and running well, with established leads for all workstreams within the Long Term Plan.
- **EDI** – The programme leads reported to executive team on a range of deliverables covering LGBTQ+ initiatives in the borough, council's discussion on race equality, Healthwatch outreach program on back and multi-ethnic communities. As well as, how NHS Planning guidance 2023/24 on Adults and Children Core20Plus5 agenda and Women's health connect to Local Care Partnership commitments. At a regional level, SEL ICS approach on Equality and Delivery Systems link to local partners.
- **NWDA** – Priorities linked with prevention, urgent and emergency care and complex care have been revised. Focus remains on neighbourhood working, reducing health inequalities and improving health outcomes of local population.
- **Communications and Engagement** – The programme continues to deliver on its long term goals. From ensuring Local Care Partnership has a clearer people-focused 'story' to tell, raising public facing profile progressed through continuous development of website, implementation of accessibility best practice across website and social media, and regular 'people-focused' news and social media content generation.



2.1. Lambeth Together Programme Highlights



Strategic Plans - How is the programme area progressing towards its longer-term objectives?

- **Learning Disabilities and Autism** – Overall the programme is on track to complete key priorities, some deliverables were impacted due to capacity though this was mitigated using sector wide resources.



2.1. Lambeth Together Programme Highlights



Reducing Inequalities – Better Experience of Care (e.g. access, feedback, outcomes)

- **Substance Misuse** – Commissioners have worked on a systems wide basis to ensure that treatment services remain accessible to all members of our community and worked with service users council to enable the views and guidance of those with lived experience are heard and included in our wider strategic planning.
- **Staying Healthy** – Increase in uptake of face to face delivery, and additional provision of NHS Health Checks through the GP Access Hubs.
- **Sexual Health** – Supporting uptake of underserved groups, such as, Black, Asian and Minority Ethnic (BAME) and those not identifying as men who have sex with men (MSM) by increasing awareness and alternative access routes. Increasing awareness and alternative access routes should support uptake of testing in these groups.
- **CYP Alliance** – Emotional Health & Wellbeing Local Transformation Plan, approved by Lambeth Place governance, has been informed by pan-SEL engagement with children and young people. The 10 aims which informed the plan all focus on reducing inequalities for our population.
- **NWDA** – On Hypertension there is patient engagement research working with a GP practice in Lambeth which has one of the highest Core20 populations and health inequalities in hypertension. Patient recruitment will be focused on residents from Black African, Black Caribbean, Asian and ethnic minority communities.



2.1. Lambeth Together Programme Highlights



Benefits / Deliverables Update – Better Population Outcomes

- **Substance Misuse** - The rough sleeping drug and alcohol treatment grant continues to perform well in supporting our rough sleeping population and those at risk of rough sleeping. In addition to this, we have continued to invest a women's prison link worker, to support women who are returning to Lambeth upon prison release. Work is in progress to develop a promotional drive around the harms of Chemsex and plans are being developed to engage in some marketing work and focus groups for service users to assist in developing a marketing and promotional strategy for support services.
- **Staying Healthy** – Delivery and review of pilot programmes: nicotine vaping, CBT stop smoking, community-based weight management offer, Access Hub Health Checks, clinical case finding in North Lambeth. Tenders published for re-procurement of new stop smoking and adult weight management services in March 2023- go live in Q3 2023-24.
- **Sexual Health** – Commissioners held a successful HIV and PrEP stakeholder engagement day in February. We are now planning further opportunities for partners to come together.
- **CYP Alliance** – We have developed a business case template for our Emotional Health & Wellbeing working group based on the LWNA's.
- **Communications and Engagement** – Ongoing promotion of Public Forum as a space to influence strategy and Lambeth Together development, with a special focus on communities of interest.
- **Learning Disabilities and Autism** – LD annual health checks programme in 22/23 achieved the national target, with largely equal uptake across all ethnic groups. Additional information is provided on section 3.4 of this report.
- **NWDA** – Under complex care priority, we aim to map out existing activities that support those with LTC to promote independent living and to explore the interplay this has with integrated neighbourhood team (as per Fuller report recommendations). For Chronic Pain, we have established a Patient Advisory group and working with primary care partners we will establish business intelligence reports to understand levels of activity, sign posting and interventions on this cohort.



2.1. Lambeth Together Programme Highlights



Partner or wider system requests and blockers stated

- **Substance Misuse** - Workforce remains a challenge though Office for Health Improvement and Disparities (OHID) investing in a workforce review.
- **Staying Healthy** – Ongoing need for an increase in referrals to services e.g. weight management, stop smoking and invites for Health Checks (especially for men who are less likely to take up interventions). Referrals and signposting can be made from across the system.
- **Sexual Health** – On data sharing, this links to our chosen indicators in the development of the Health and Care Plan. We have chosen indicators we think represent a system view rather than a single programme area. On blockers, we recognise capacity issues across workforce on primary care and pressures on acute inpatient capacity.
- **Communications and Engagement** – Increasing partner support for joint implementation of campaigns, especially Urgent and Emergency Care (support from trusts to share more direct messaging regarding A&E diversion).



2.1. Lambeth Together Programme Highlights



Achievements and Opportunities

- **Substance Misuse** - Funding from the supplementary substance misuse treatment and recovery grant (SSMTRG) is going to give Lambeth further opportunity to support some of our most vulnerable residents and support our wider communities. We expanded the commissioning team within the local authority and created employment opportunities for colleagues within the wider PH team. We led on South East London Continuity of Care Task Group in partnership with OHID. In addition, we worked with the police locally to establish Project ADDER (Addiction, diversion, disruption, enforcement and recovery)
- **Staying Healthy** - Planned re-design of Primary Care Public Health services in collaboration with primary care leads provides opportunity to better tackle health inequalities and improve access to services via more effective outreach, engagement and community based delivery.
- **Sexual Health** – Lambeth (SEL) led the way for the roll out of opt out testing in Emergency Department across London. On opportunities, we are piloting the Co-commissioning of HIV treatment across SEL in 2023/24 by utilising the Lambeth, Southwark and Lewisham Sexual Health and HIV commissioning team. Increasing HIV testing within Primary Care.
- **CYP Alliance** – Potential to integrate the Start for Life Family Hubs programme with the Early Years Alliance group – to be explored in the next period.
- **EDI** – In 22/23 the programme notes achievements with Health Inequalities Funding bids, Mosaic Wellbeing project, recruitment of Equity Champions for PCNs, close to 500 people attended the ‘Inspire’ Lambeth Black Health and Wellbeing event. In addition, London Local Government Tackling Racial Inequality programme, the programme has been structured around five working groups and Lambeth are leading the Demonstrating Leadership workstream and have developed Anti Statement and a Tackling Racial Inequality Standard. A community space is available at Akerman Health Centre where VCS organisations deliver support and activities that will improve the health and wellbeing for members of the community.

2.1. Lambeth Together Programme Highlights



Red Issues and Risks

- **CYP Alliance** – Capacity has been identified as a risk due to a reduced team structure to deliver on a wide range of initiatives across CYP programmes.
- **Learning Disabilities and Autism** – We continue to review commissioned placements for any quality or safety issues. Mitigation approach involves working collaboratively with partners in SEL, CQC and host commissioners. We mitigate this risk through securing accommodation in London using capital funds released by NHSE and proactive development work with care providers.



2.1. Lambeth Together Programme Highlights



Other Highlights: Enablers, Workforce, Data, Budgets, Communications

- **Staying Healthy** – On enabling factors collaborative re-design and transformation of stop smoking and weight management services for re-commissioning process. In addition, collaboration between GSTT and Mosaic Clubhouse to deliver weight management services to patients with SMI. Considering data update, we note activity continues to recover across Staying Healthy portfolio post-pandemic but referrals from primary care remain low.
- **Sexual Health** – Enabling factors include system leadership, joint commissioning (Health and social care organisations collaborating and sharing responsibility for integrated care services) and technology, digital, information sharing and data (digital care records and information sharing to coordinate care better and manage care proactively). On workforce, developing an integrated approach across commissioning will involve staff from the ICS, GSTT, KCH, primary care and the voluntary sector, this could support integrating HIV as a long term condition and reduce stigma. On communications, increasing knowledge and information about HIV and PrEP, increasing knowledge on access to prevention and treatment services.
- **NWDA** – Having a Population Health Management approach enabling projects the ability to analyse and review local population data, focusing on proactive preventative (and supportive) measures on those most at risk of ill-health at neighbourhood level. Integrated workforce, enable detailed conversations across the partnership to cover integrated neighbourhood work to ensure that the resident, irrespective of where they live, can access integrated neighbourhood services.

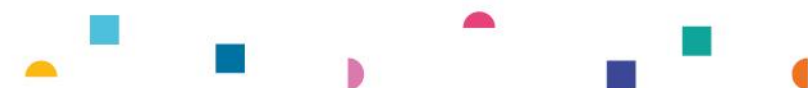


2.2 Equalities indicators



Equalities

- Reducing inequalities is fundamental to our ways of working and ambitions as described within Lambeth Together work, delivery alliances and programme approaches.
- The report presents a number of key equalities indicators for instance, Severe Mental Illness and Adults with Learning Disabilities health checks, and public health indicators.
- **The Lambeth Together Strategic Health and Care plan** has been ratified and health and care inequalities is at the forefront of the plan. The plan includes a range of metrics focused on inequalities which will be monitored to measure the impact the partnership is having on reducing inequality within the borough and these metrics will feature in future iterations of this report.
- **CORE20PLUS5 dashboard:** SEL Business Intelligence team has developed a CORE20PLUS5 dashboard which enables users drill down at borough and PCN level to understand our population. The Lambeth Together Planning & Intelligence team is triangulating the intelligence with other sources to assure the accuracy of the report.
- **Funding to support addressing Health Inequalities in 2023/24:** Further funding has been announced by South East London ICB to support our objective of reducing inequalities in access, experience and outcome. Work is underway to utilise the funding and develop our interventions for the year ahead.



2.2 Equalities indicators



- **CORE20PLUS5 dashboard:** the information on the following slides provides an overview of population data across the 5 main areas, Maternity Pathways, SMI prevalence and health checks, COPD prevalence, exacerbations and vaccination uptake, Cancer prevalence and screening and Hypertension prevalence and blood pressure metrics.
- See below a summary of Lambeth's population data.

As of **May 2022** the total population is **438,626**, within that there are **86,438** people that live in a Core20 deprived area (lowest 2 IMD Deprivation Deciles).

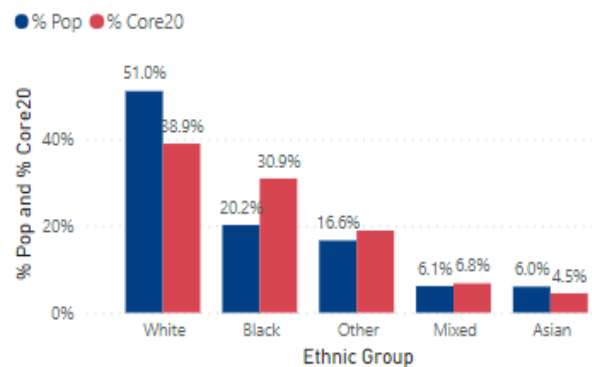
In terms of Ethnicity, Core20 population has a lower % of White people, the total having **51.05%**, and Core20 having **38.95%**. (**12.10%** Difference)

Other key things to note is that in general, people living in Core20 populations are slightly younger, for example; **60.46%** 0-39s in total, **59.95%** in Core20 Pop. **39.54%** 40+ in total, **40.05%** in Core20 Pop.

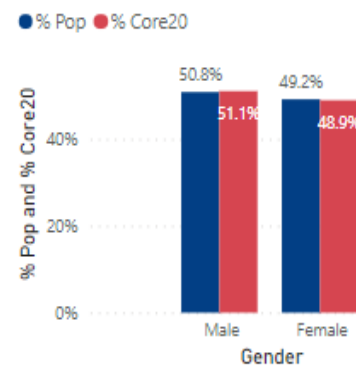
There isn't too much difference in terms of Gender.

Borough of Practice, PCN, Practice Name
Relevant Month

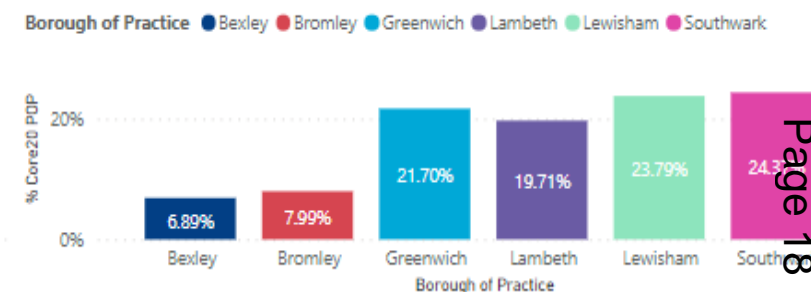
% Pop and % Core20 by Ethnic Group



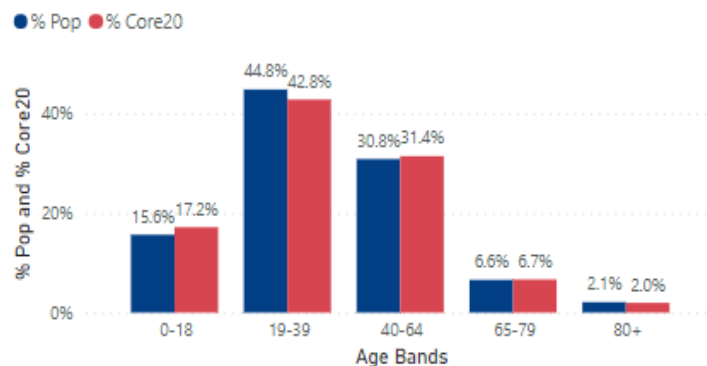
% Pop and % Core20 by Gender



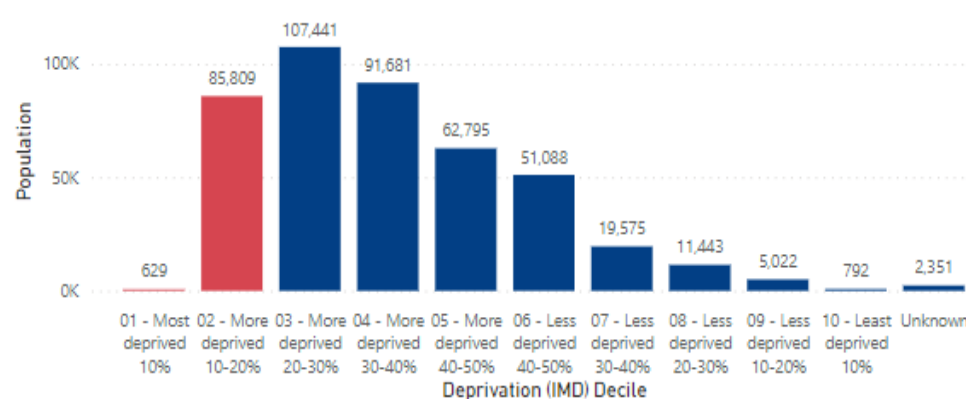
Core20 % of Population by Borough



% Pop and % Core20 by Age Bands



Population by Deprivation (IMD) Decile



2.2 Equalities indicators



- CORE20PLUS5 dashboard: Maternity**

As of **April 2023** in total, **4,029** are Pregnant Mothers who have reached 29 weeks gestation. Of those, **790 (19.61%)** are on a Continuity of Care Pathway.

For the **Core20** Population, **800** are currently Pregnant Mothers who have reached 29 weeks gestation. Of those **151 (18.88%)** are on a Continuity of Care Pathway.

Note - Due to timeliness of Maternity data, the latest Months data may always have up to date data, so it may be best to look at the previous months data.

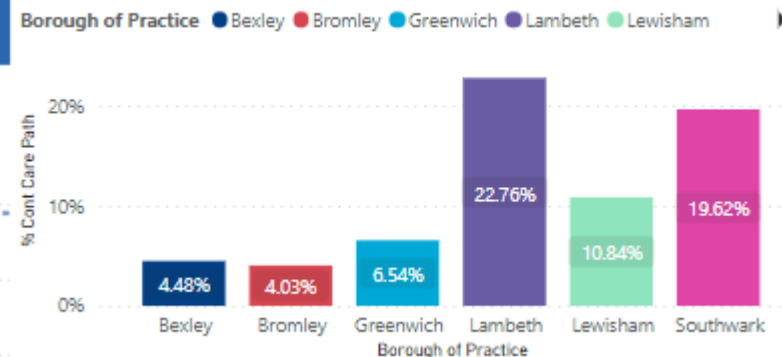
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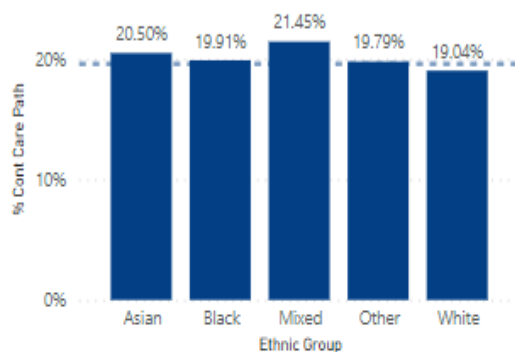
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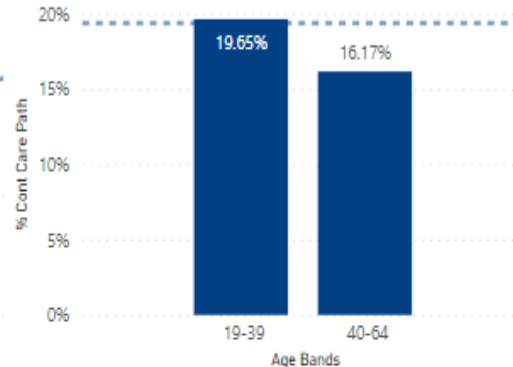
% of Mothers on a Continuity of Care Pathway by Borough



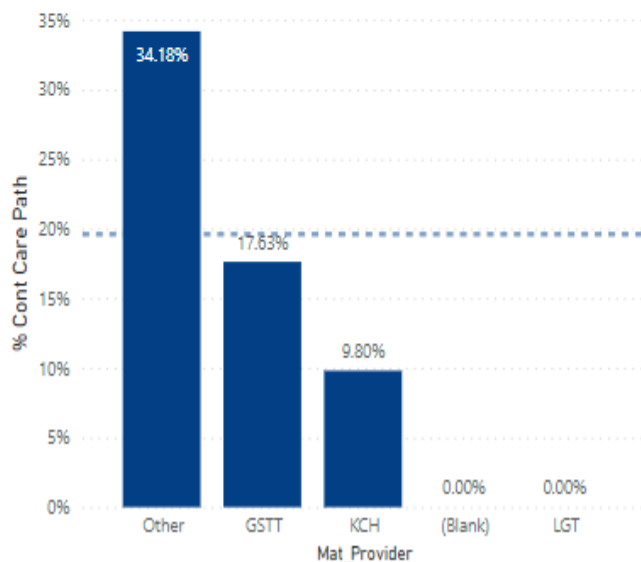
% Of Mothers on Continuity of Care Pathway by Ethnicity



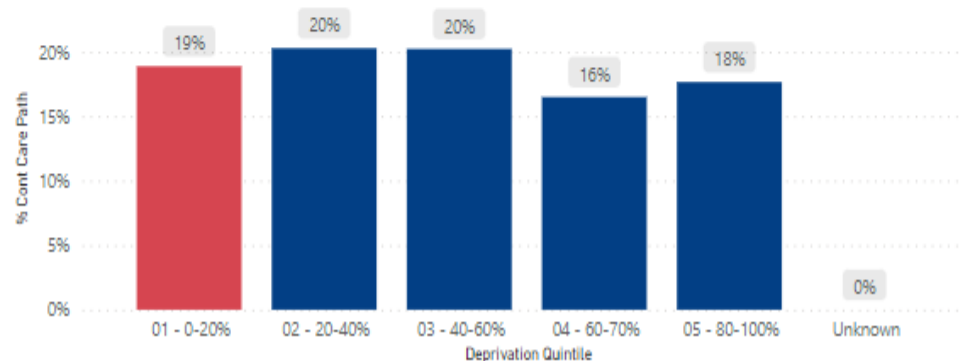
% Of Mothers on Continuity of Care Pathway by Age Bands



% Of Mothers on Continuity of Care Pathway by Provider



% OF Mothers on continuity of care pathway by Deprivation Quintile



2.2 Equalities indicators



CORE20PLUS5 dashboard: Severe Mental Illness Health Checks

As of **April 2023**, of **445,687** people in total, **5,334 (1.20%)** are SMI Patients. Of those, **2,697 (50.56%)** have had all 6 Annual health checks in the last 12 months, **782 (14.66%)** have had none.

Of **87,962** people in the **Core20** Population, **1,372 (1.56%)** are SMI Patients. Of those, **701 (51.09%)** have had all 6 annual health checks in the last 12 months, **213 (15.52%)** have had none.

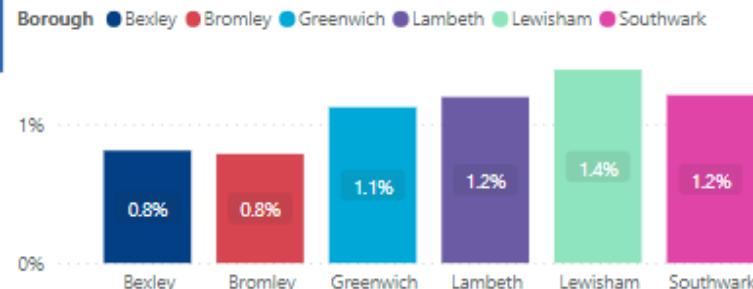
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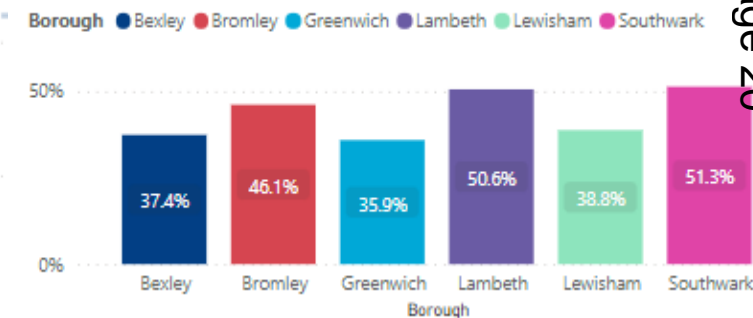
Relevant Month:

SMI Prevalence | SMI 6 Health Checks | SMI 0 Health Checks

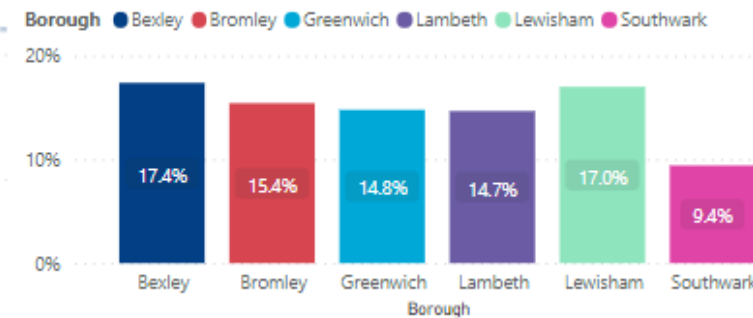
SMI Prevalence by Borough



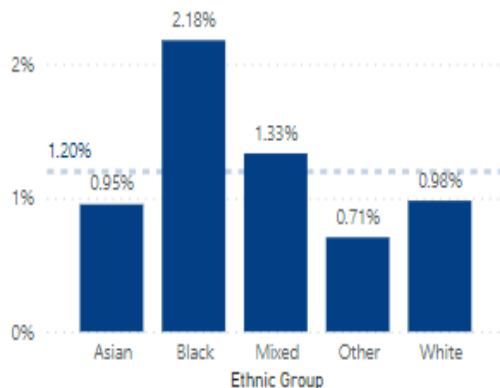
SMI 6 Health Checks by Borough



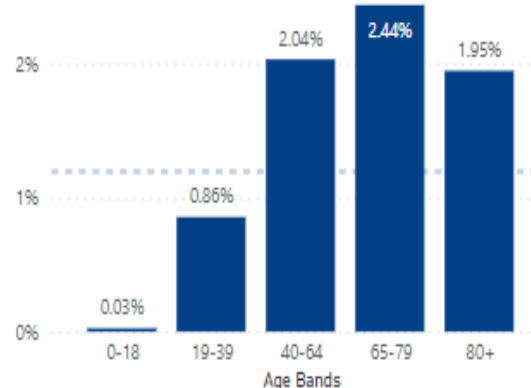
SMI 0 Health Checks by Borough



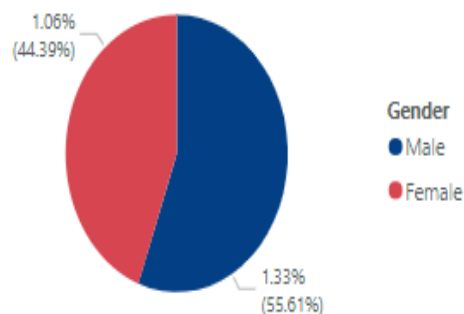
SMI Prevalence by Ethnicity



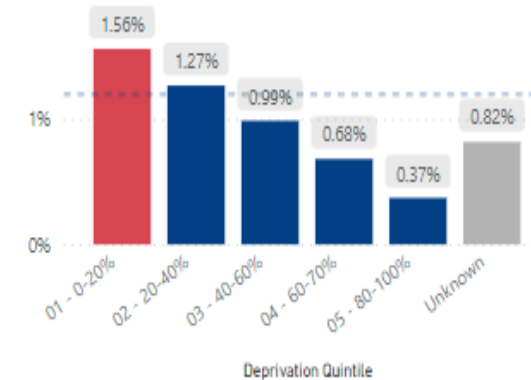
SMI Prevalence by Age



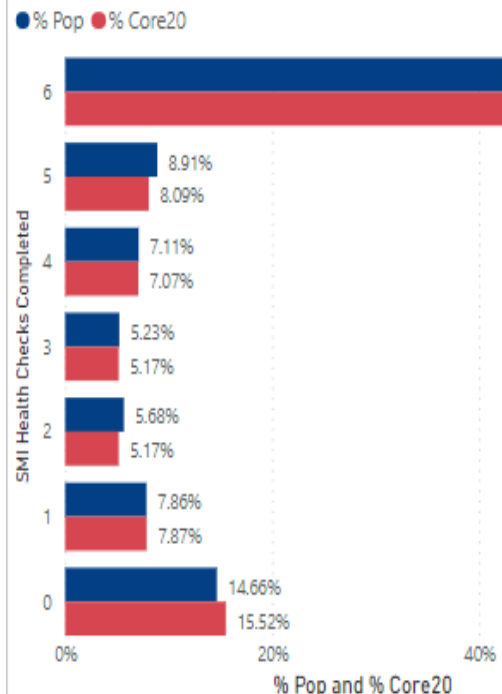
SMI Prevalence by Gender



SMI Prevalence by Deprivation



% Pop and % Core20 by SMI Health Checks Completed



2.2 Equalities indicators



- **CORE20PLUS5 dashboard: Chronic Obstructive Pulmonary Disease (COPD)**

As of **April 2023**, of **445,687** people in total, **4,026 (0.90%)** are on the COPD register. Of those, **1,136 (28.22%)** have had an exacerbation within the last year.

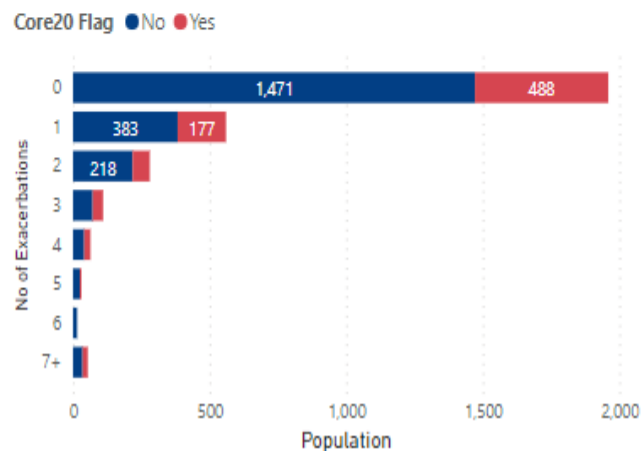
Of **87,962** people in the **Core20** population, **1,033 (1.17%)** are on the COPD register. Of those, **335 (32.43%)** have had an exacerbation within the last year.

For the **total** COPD Patients to date, **2,595 (64.46%)** have had the current seasonal Flu Vaccines, **2,141 (53.18%)** have had Autumn COVID Vaccinations.

For **Core20** COPD Patients to date, **629 (60.89%)** have had the current seasonal Flu Vaccines, **513 (49.66%)** have had Autumn COVID Vaccinations.

Below is for latest date only (April 2023)

Population by No of Exacerbations and Core20 Flag

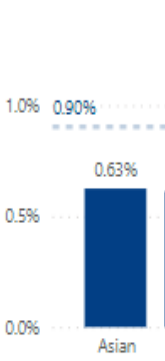


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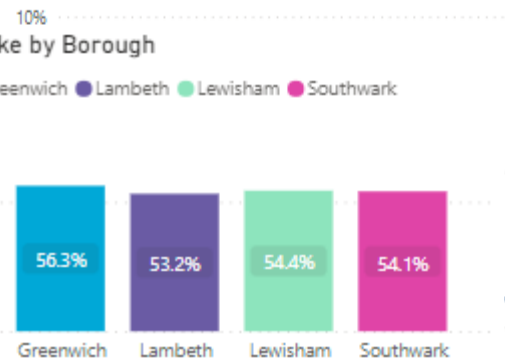
Core20 Flag: No Yes

Relevant Month:

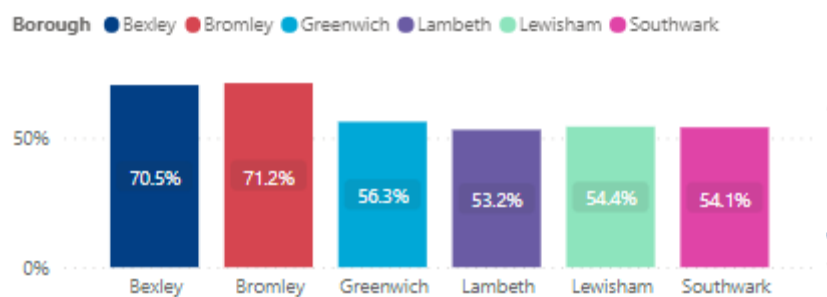
COPD Prevalence by Ethnicity



COPD Prevalence by Age



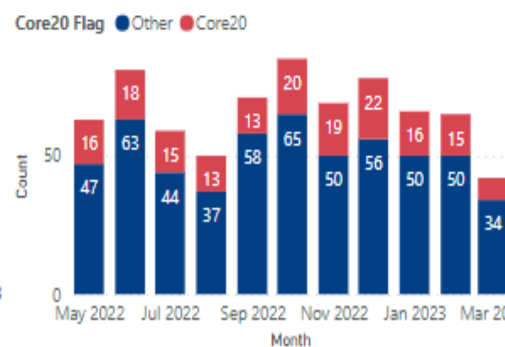
COPD Autumn Booster Uptake by Borough



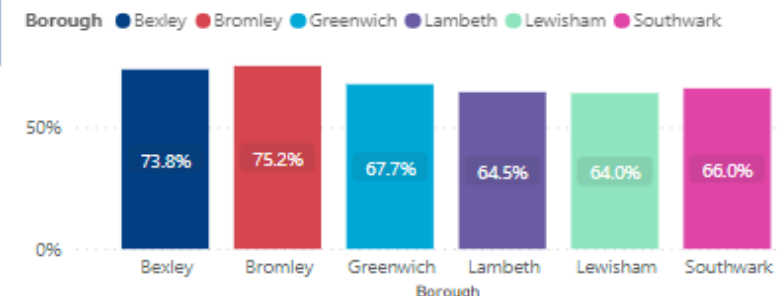
A&E Attendances - Primary Diagnosis COPD



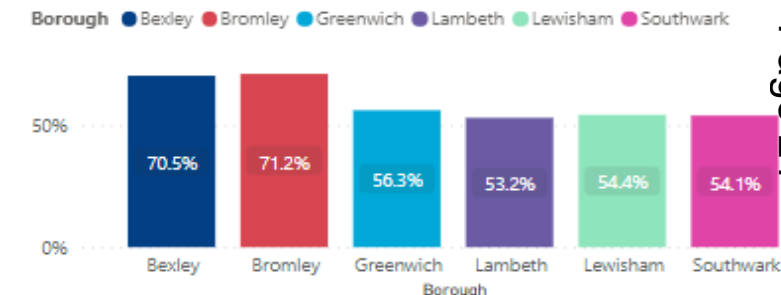
IP Admissions - COPD Exacerbations



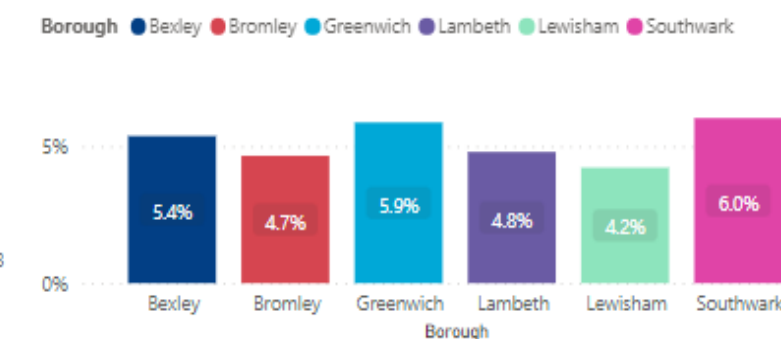
COPD Flu Vaccine Uptake by Borough



COPD Autumn Booster Uptake by Borough



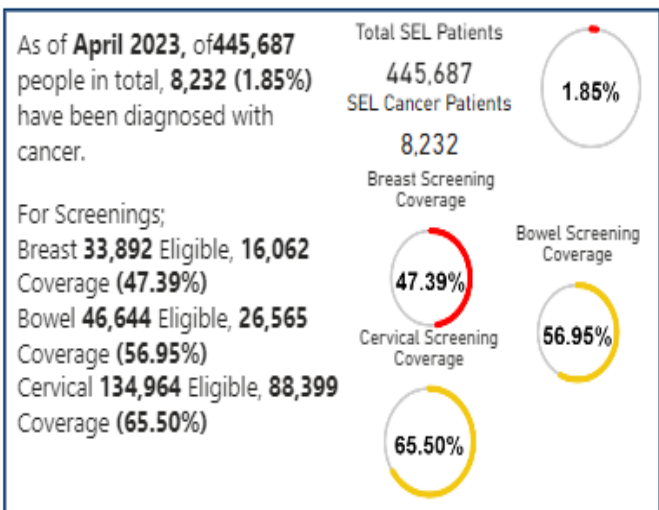
COPD Pneumonia Vaccine Uptake by Borough



2.2 Equalities indicators



• CORE20PLUS5 dashboard: Cancer



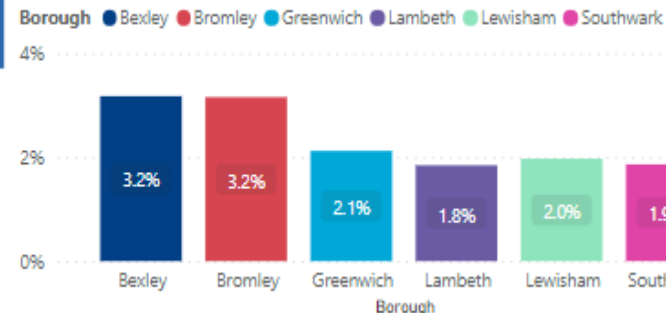
Borough of Practice, PCN, Practice Name: **Lambeth**

Core20 Flag: No Yes

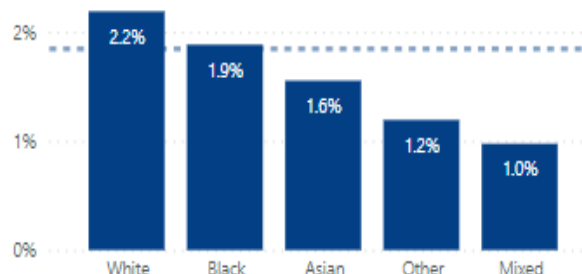
Relevant Month: **April 2023**

Cancer Prevalence | Bowel Screening Coverage
Breast Screening Coverage | Cervical Screening Coverage

Cancer Prevalence by Borough

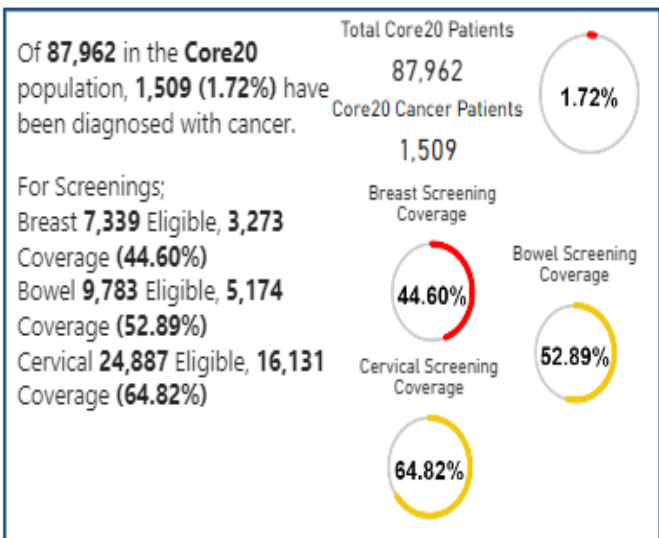
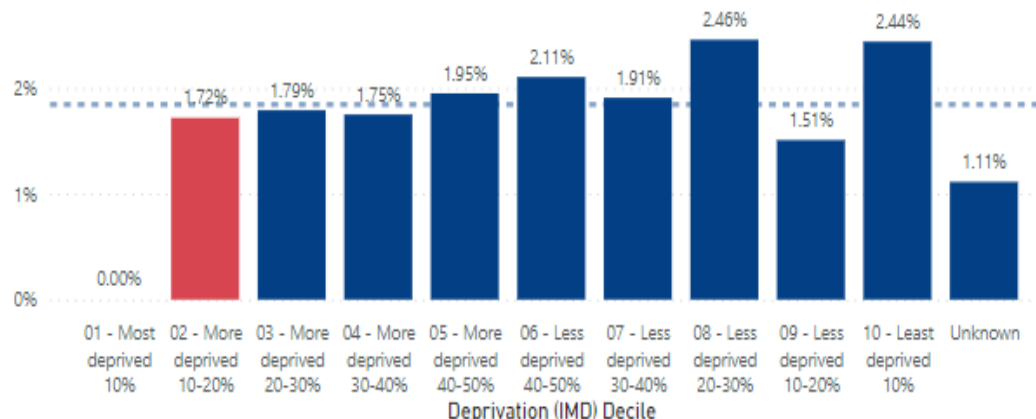


Cancer Prevalence by Ethnicity



A key metric showing patients diagnosed with stage 3 or 4 cancers is currently unavailable due to the stage of diagnosis not being available in the data. We are actively looking at alternate means to get this data to provide this metric.

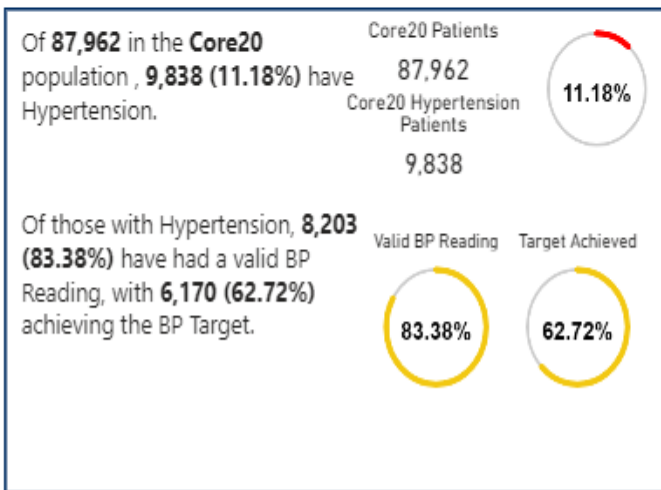
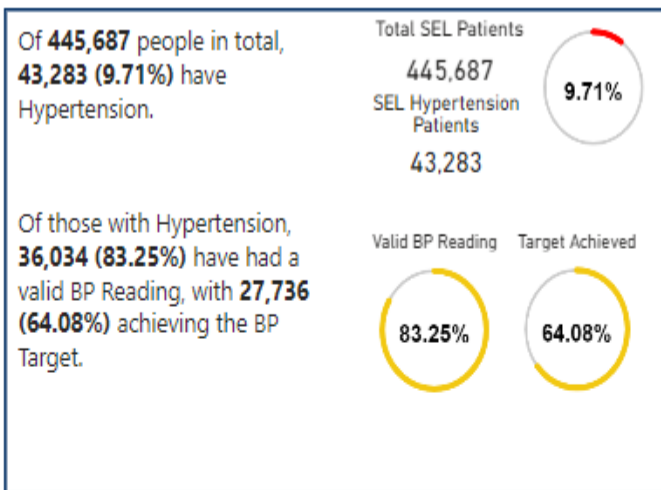
Cancer Prevalence by Deprivation



2.2 Equalities indicators



CORE20PLUS5 dashboard: Hypertension

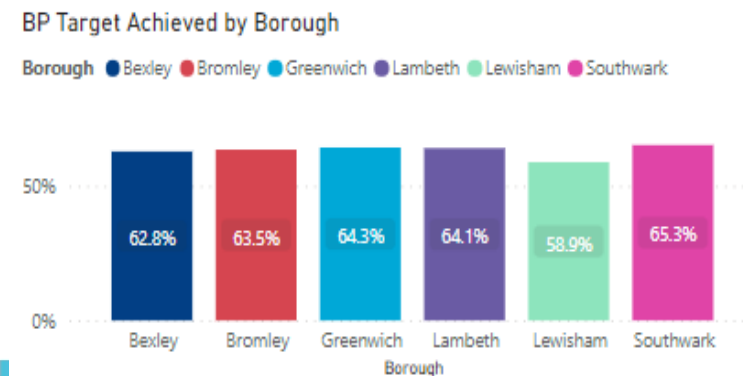
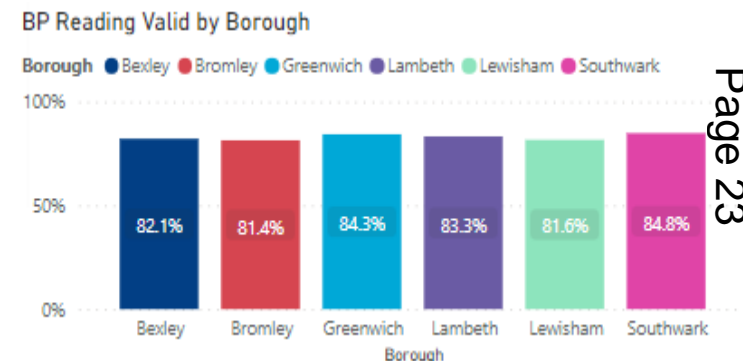
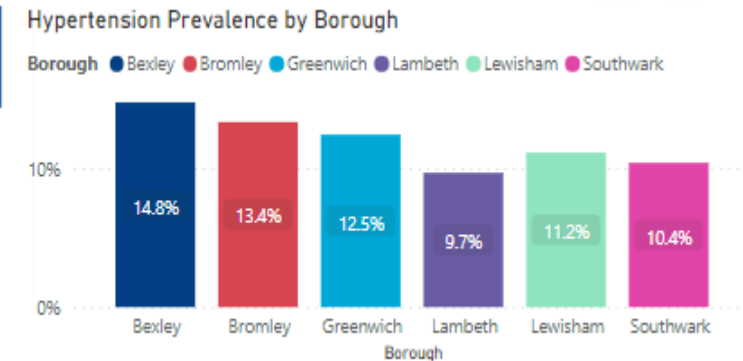
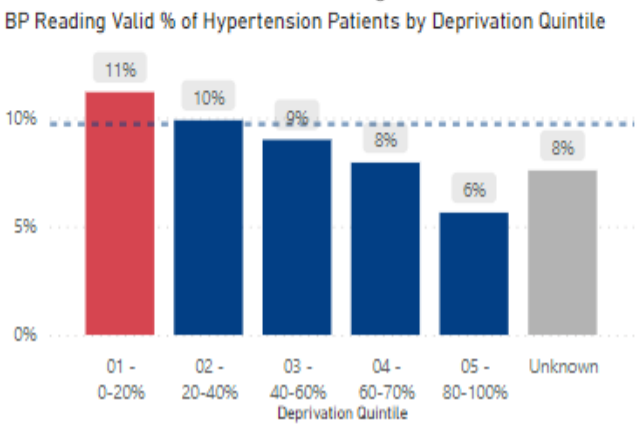
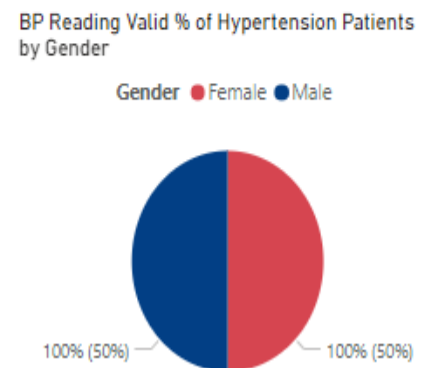
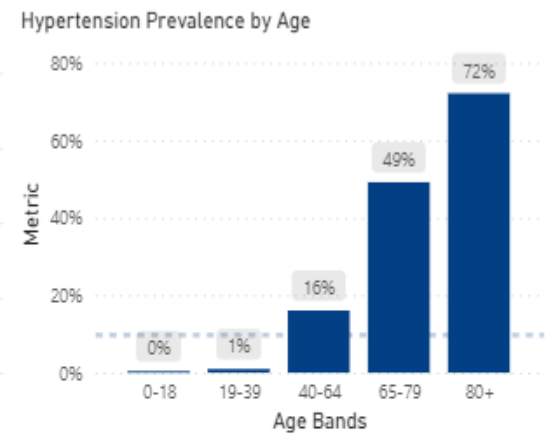
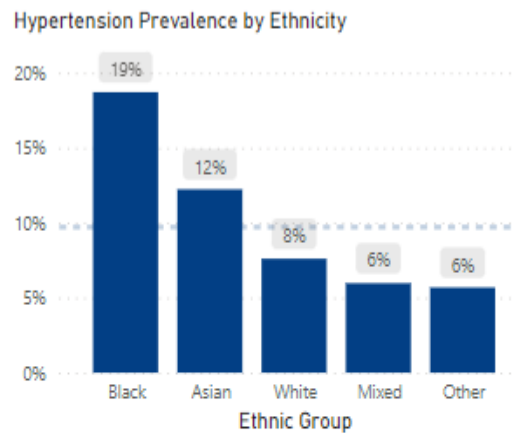


Borough of Practice, PCN, Practice Name:

Core20 Flag:

Relevant Month:

Hypertension Prevalence | BP Reading Valid | BP Target Achieved

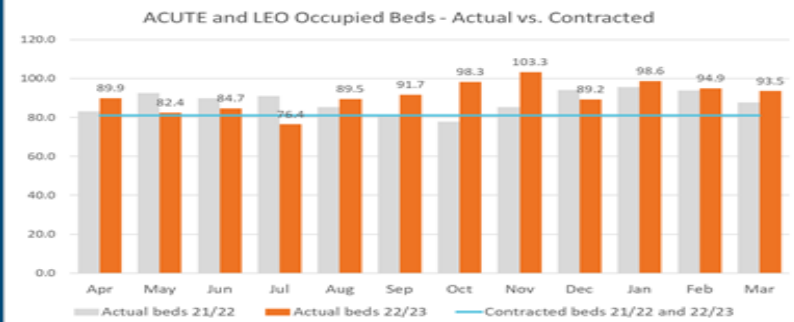


2.3 Alliance Dashboard Highlights



Director / lead	Sabrina Philips, Alliance Director, Lambeth Living Well Network Alliance
Management Lead	Guy Swindle, Deputy Director, Lambeth Living Well Network Alliance
Data source / period	Lambeth Living Well Network Alliance Performance Dashboard, Month 12, March 2023

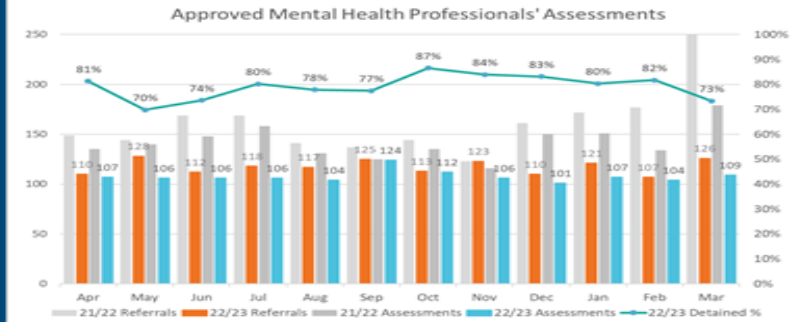
In-patient Beds (Acute)



Key Indicators	M12	Change
Number of beds used in month (Estimated)	93.5	-1%
Number of private occupied bed days (OBDs) used in month	363	14%
Number discharged with length of stay >100 days/ >200 days	8/2	25%

Narrative: Acute occupied beds fell by 1% in M12 March to be 15% over the contracted level of 81.0 beds at month end. Private overspill OBDs rose, being equivalent to 11.7 of the 93.5 beds. 10 long-stay patients were discharged during M12.

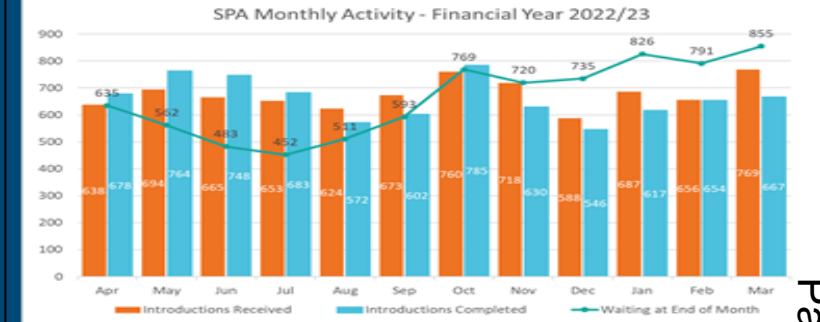
Crisis Pathway



Key Indicators	M12	Change
St Thomas A&E Referrals	346	9%
AMHP referrals (Day Team only)	126	18%
AMHP assessments (Day Team only)	109	5%
AMHP detentions (Day Team only)	80	-6%

Narrative: A&E referrals rose by 18%. Liaison inpatient referrals fell from 38 to 37 in M12 March. AMHP referrals and assessments both rose but detentions as a proportion of assessments fell back to 73%, 6 points lower than the average for the year.

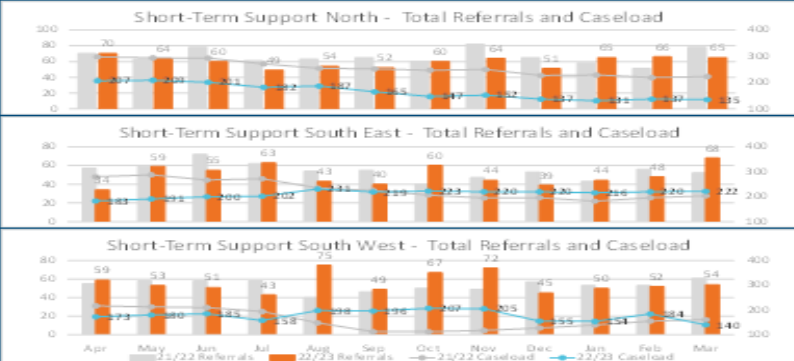
Single Point of Access



Key Indicators	M12	Change
Number of introductions waiting for referral at month end	855	8%
Introductions processed in month, average wait (in days)	33.4	2%
Introductions waiting at month end, average wait (in days)	59.9	-5%

Narrative: Introductions received rose to 769 (+17%) in M12 March, increasing the waiting list to 855 despite out of hours, working. The overall average month end wait was consequently down to 59.9 days (-5%), but limited weekday capacity for urgent referrals saw their average wait rise to 27.1 days (+6%).

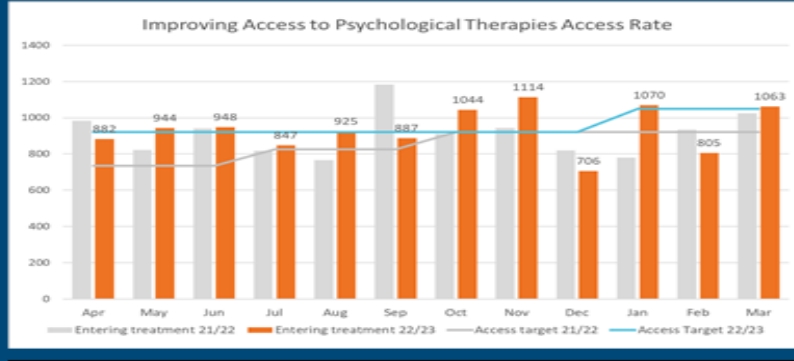
Living Well Centre Activity



Key Indicators	M12	Change
Short Term Support (STS) - Total Referrals	187	13%
Short Term Support (STS) - Total Caseloads	497	-8%
Focused Support (FS) - Total Referrals	58	18%
Focused Support (FS) - Total Caseloads	727	-4%

Narrative: The rise in Short-Term Support referrals occurred in the South-East LWC, and the fall in caseloads was almost all in South-West. The rise in referrals to Focused Support was also all due to the South-East LWC.

IAPT



Narrative:

- The Lambeth Talking Therapies (LTT) access number rose sharply in M12 March, achieving the monthly target but falling short of target for the final quarter overall (-7%).
- Independent providers boosted the proportion of step 3 treatment. Counselling was also higher, with Guided Self Help and online CBT lower.
- The Lambeth Talking Therapies recovery rate in M12 March was at 48%, but higher than 50% for the final quarter overall.

Finance and Risk

Alliance Member Overspend Pick Up	Total £000s
SLAM pick up of SLAM overspend	300
Council pick up of Council overspend	2,400
Total amount picked up	2,700

2021/22 Forecasts	M12 Forecast	Change from M11
Main overspend areas (>£100k over budget)	Forecast Overspend £000s	Change from M11 £000s
Complex Placements (SLAM - IPSA)	1,379	- 4
Supported Living - included Shared Lives	411	- 535
Residential Care (LBL)	546	- 306
Acute Beds	1,457	29
Nursing Care (LBL) - actual income less than forecast	617	- 27
Community Support (LBL) - includes Extra Care	264	- 203
St. Thomas' Liaison	612	16
Home Treatment Team	200	18
Community Forensic Team (SLAM)	255	2
Extra Care	236	6
IPSA - Forensic placements	70	- 3
Mhild Lambeth	28	2
Low Intensity Team (SLAM)	57	- 15

Key Risks
Finance Pressures - risk share agreed, savings being identified
Covid-19 - contingency plans in place to keep services open
SPA Waitlist - management action to deal with staff and system issues
Estates - decant of Lambeth Hospital and increased costs of DBH

3. Integrated Health and Care assurance summary



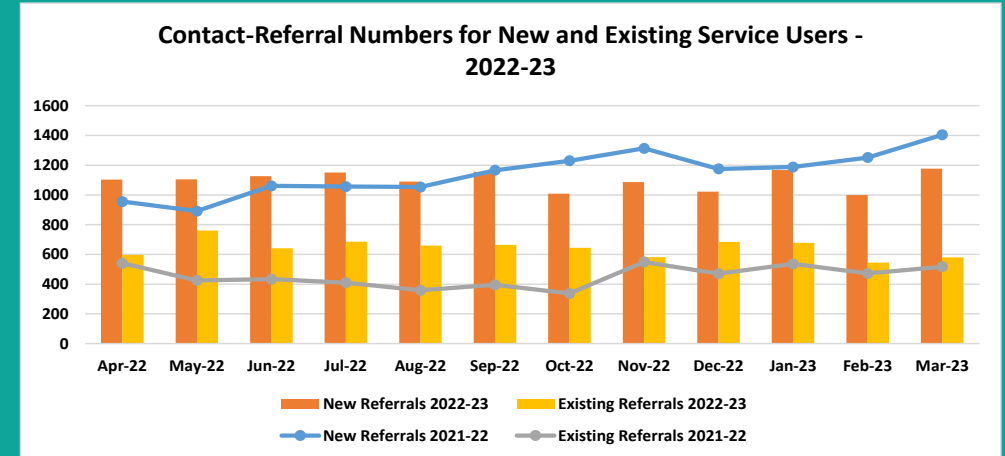
3.1 Adult Social Care



Director / lead	Fiona Connolly, Executive Director Adult Social Care
Management Lead	Richard Outram, Deputy Director Adult Social Care
Data source / period	Mellissa Murphy, Service Improvement Lead – Adults and Health, London Borough of Lambeth. March 2023

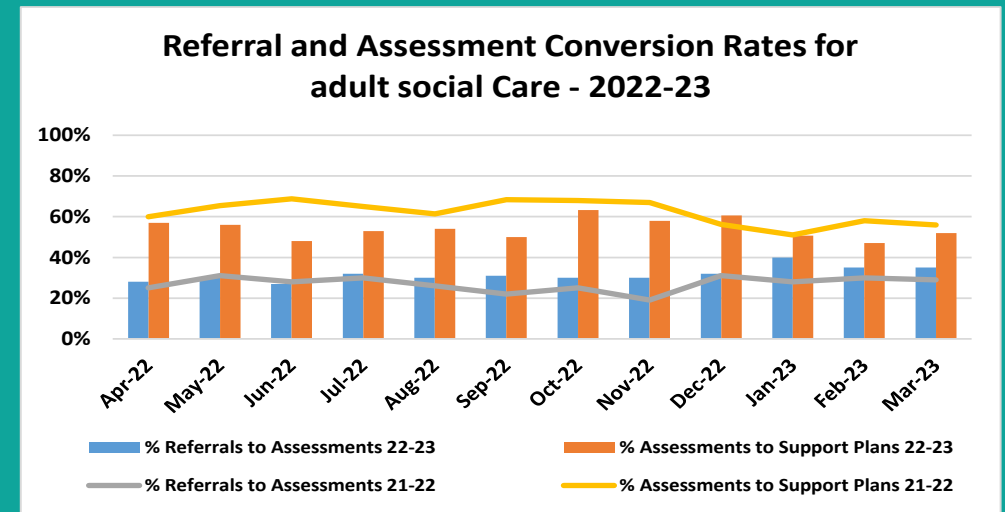
Overall Contact/Referrals completed by all teams

- A total of 1757 Contact/referrals in March. 1177 (65% were for new service users)
- This represents an 14% increase from the previous month. The most significant increases have been reported across i-CAS team
- 346 (20%) were raised as Safeguarding Concerns. This is a 9% increase from the previous month.
- 378 (22%) raised were Merlins. (35% increase from the previous month)



Overall Contact/Referral and Assessment Conversion Rates

- We are calculating the conversion rates for contact-referrals differently this financial year.
- We are just focusing on new service users and excluding Merlins.
- Conversion rates for contact-referrals in March 2023 has remained the same as the previous month of 35%.
- Conversion rates for Assessments to support plans have increased by 5% to 52% in March.



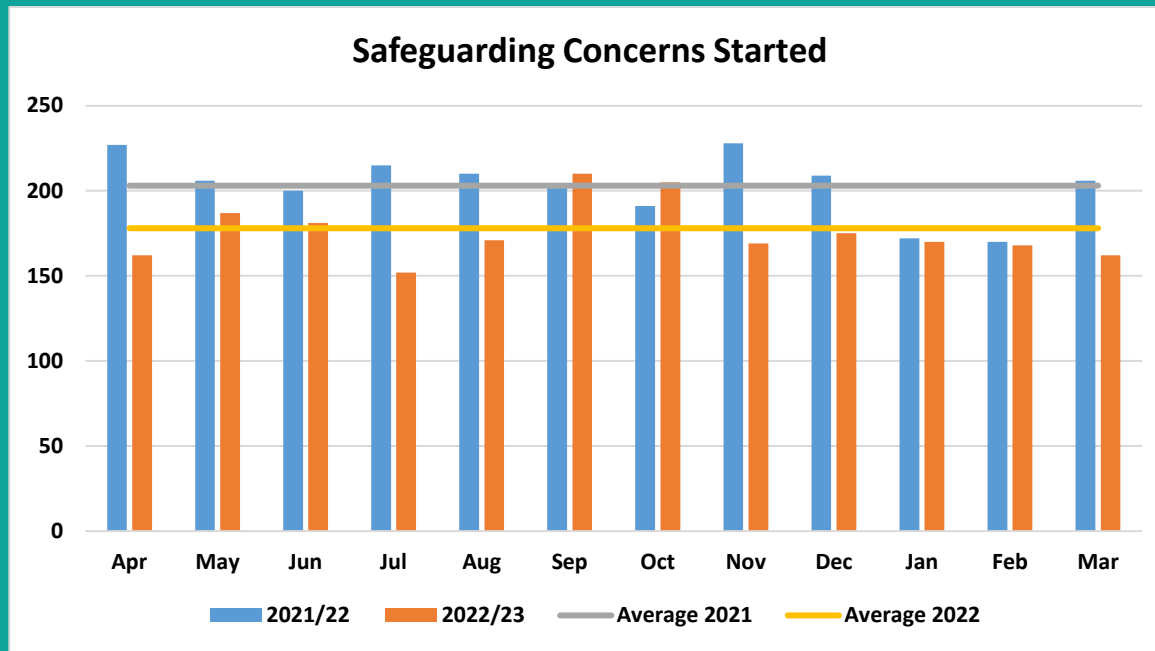
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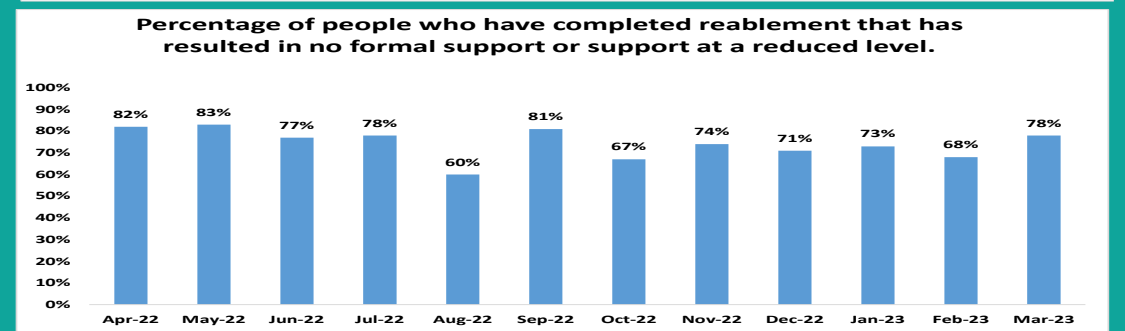
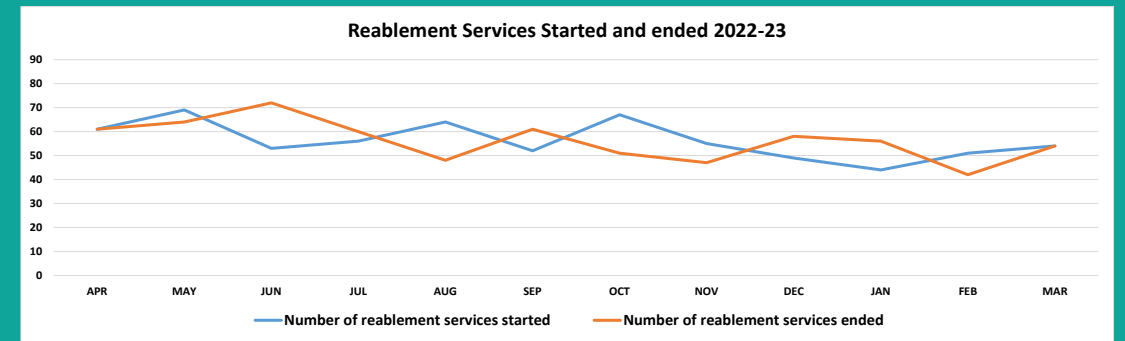
Safeguarding information

- The number of cases started in March have decreased by 6 (4%) from the previous month and is below the same period in the previous year.
- 24 (9%) of cases have been opened for 6 months or more.



Reablement

- There were a total of 54 people who had a reablement service started in March. The average for 2022-23 was 57 and below the previous year of 64.
- There have been a total of 45 people that successfully completed reablement in March and of those 36 had no ongoing support or support at a reduced level.
- In 2022-23 75% of people completed reablement and required no ongoing support or at a reduced level, this is below the 78% reported in the previous year.



3.2 Public Health



Director / lead	Ruth Hutt, Director of Public Health
Management Lead	Ruth Hutt, Director of Public Health
Data source / period	Vince Wakfer Head of Business and Performance Public Health Data: Programmes Year end summary

Staying Healthy

Health improvement service recovery and remobilisation

The key focus during 2022-23 has been the re-mobilisation, improvement and re-design of Health Improvement services post Covid-19. Commissioners have been working closely with the providers of NHS Health Checks, Stop Smoking and Adult Weight Management to support remobilisation and recovery of service activity to pre-pandemic levels.

Alongside remobilising core service activity commissioners have also implemented and reviewed a number of pilot projects to inform and improve future service design and delivery including:

- Piloting new stop smoking offers such as nicotine vaping with Guys and St Thomas and a Cognitive Behavioural Therapy (CBT) approach with Allen Carr.
- Delivery and review of a community partnership-based approach to weight management with Guys and St Thomas and VCS organisations including Mosaic Clubhouse and the Black Prince Trust.
- Clinical case finding with North Lambeth PCN to improve service outreach and participant recruitment.
- Insight and co-design sessions with the Black Men's Consortium to get feedback on key issues and barriers to weight management.
- Trial of dedicated NHS Health Check clinics through the GP Access Hubs.
- Working with Thriving Stockwell to co-design and deliver health and wellbeing initiatives from their two 'Community Living Rooms' for traditionally excluded groups.

Working collaboratively with system partners and building on the learning from the above work and national best practice, commissioners have re-designed and updated the service models for adult weight management and stop smoking. The new models take a much greater focus on embedding services in the community, developing local partnerships and delivering more targeted outreach and engagement with at risk communities, in order to address barriers to access, improve outcomes and tackle health inequalities. These new service specifications are currently out to tender for mobilisation and implementation in Q3 2023-24.

Commissioners have also started a programme of work with SEL ICS and Primary Care Network clinical leads to review and re-design the NHS Health Checks programme with the intention to develop a new delivery model from 2024-25.

Key enablers for this work have been:

- Hybrid approach including return to in person support alongside remote and digital offer
- Closer working between commissioned services and VCS partners to test new community based approaches
- Collaborative approach to service redesign with system wide partners including Public Health specialists, ICB leads, clinical leads and service users.

3.2 Public Health



Director / lead	Ruth Hutt, Director of Public Health
Management Lead	Ruth Hutt, Director of Public Health
Data source / period	Vince Wakfer Head of Business and Performance Public Health Data: Programmes Year end summary

Sexual Health

HIV next steps to Zero

Increasing access to PrEP (Pre-Exposure Prophylaxis, used to reduce the risk of getting HIV) and HIV testing remains a priority action within the strategic action plan and in local work. Our GP lead Ruth Harris is continuing in her role for 2023/24 and is working with GPs and the Public Health data team to ensure access to HIV testing data in primary care. The Sexual Health in Practice (SHIP) primary care training programme is now commissioned across Lambeth, Southwark and Lewisham and with this increased capacity is open to all primary care staff across our Boroughs to increase HIV testing in primary care.

Two of our local VCS organisations have been awarded funding to support local education, promotion, and support to access PrEP. In Lambeth these were Metro and African Advocacy Foundation who are working with local populations less likely to take up PrEP, with the aim of reducing health inequalities.

The LSL sexual health information analyst has developed an impressive Power BI dashboard so that we can track our residents' access to PrEP across our Trusts by demographic characteristics. This will allow us to see whether we are improving access to underserved groups and really achieving our aims.

Emergency Department opt-out HIV testing continues to be implemented at King's College Hospital and Guy's and St Thomas' Hospital NHS Trusts.

The HIV care and support service is being re-commissioned with an updated specification to better meet the needs of people living with HIV and reduce risk of onwards transmission.

Improving access to services

The Lambeth digital access tool is now live to provide SRH (Sexual and Reproductive Health) information for residents and signpoint to services. The intention is to remain as is until we are able to link it to our services online booking systems during, this should progress through 2023/24. We have included this important joint work within our assurance reporting to ensure we can keep track of developing this important access route that our residents have asked for.

Improving services

The reviewed and refreshed HIV care and support services is being commissioned in partnership with users and with coproduction at its heart. Users were involved in the development of the specification and the evaluation of bids.

We are continuing to review our young people's sexual and reproductive provision along with our other outreach and community services with the intention of improving integration between them and our local Trusts and better meet the needs of the most vulnerable groups. We intend this work to be completed for 2024/25. Meetings have started with our local NHS Trust in regards to new service contracts also from 2024/25.

We are developing new service models for primary care and pharmacy with residents engagement starting in the next couple of weeks.

3.2 Public Health



Director / lead	Ruth Hutt, Director of Public Health
Management Lead	Ruth Hutt, Director of Public Health
Data source / period	Vince Wakfer Head of Business and Performance Public Health Data: Programmes Year end summary

Substance Misuse

Throughout the past year, progress has been made in making sure that additional grant funding is invested in ways that will enable more people to access support and help where needed.

The allocation of the supplemental substance misuse treatment and recovery grant (SSMTRG) enabled Lambeth to invest in the substance misuse treatment system to support meeting the aims of From Harm to Hope, the Governments 10-year drug strategy. Commissioners and colleagues worked with wider partners (such as the police, probation, prisons, and treatment providers for example) to capitalise on the funding and develop not only investment opportunities, but also strategic alignment. This did however prove challenging – a depleted and under-invested workforce for example meant that recruitment was particularly difficult. As a result of this, Lambeth tasked a consultant to complete a workforce review. This aligned with the workforce review being undertaken by OHID on a pan-London basis, but it is acknowledged that remedial action being taken to support recruitment will take time to filter down to frontline services.

In addition to the SSMTRG, the Home Office, via the Joint Combating Drugs Unit (JCUDU) asked local authorities to develop Combating Drugs Partnership – a multi-agency approach to meet the aims of the drug strategy. This was established, with Ruth Hutt (Director of Public Health) being the nominated Senior Responsible Officer and the first meeting taking place in November 2022.

Strategic inroads have been made with key partners - particularly the police and Project ADDER, where joint working has been especially strong. Plans have been developed and agreed by OHID for Y2 of the supplementary grant funding with more targeted financial investment and strategic development. In addition to the supplemental grant, the rough sleeping grant has also performed well, with OHID reporting that all our reporting streams are on target, and they are assured that Lambeth is operating well to support rough sleepers and those at risk of rough sleeping.

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3.3 Children's Commissioning



Director / lead	Dan Stoten , Director of Children's Commissioning and Community Safety
Management Lead	TBC, Integrated Associate Director - Children's Commissioning
Data source / period	SLaM 4 boroughs Community Performance Report March 2023, Council system as of March 2023, COVER data UKHSA

Childhood immunisations in primary care

The Quarter 3 2022/23 borough performance across a number of the six-in-one vaccination rates (compared with the London average)

- Children receiving DTaP/IPV/Hib % at 12 months: 90.6% (London average: 87.4 %)
- Children receiving PCV booster % at 24 months: 80.5% (80.7%)
- Children receiving Hib/MenC % at 24 months: 86.6% (81.8%)
- Children receiving DTaPIPv % at 5 years: 76.7% (73.8%)
- MMR performance for Quarter 1 2022/23 (compared with the London average)
 - Children receiving MMR1 at 24 months: 86.2% (85.2% London)
 - Children receiving MMR1 at 5 years: 88.6% (86.9%)
 - Children receiving MMR2 at 5 years: 79.2 % (74.1%)

Domestic Violence

The proportion of repeat cases heard at MARAC has decreased to 28% in Q4 2022/23, from 44% in Q3 2022/23. SafeLives sets the best practice national repeat target at 28-40% as this recognises that nationally, victims of domestic abuse will experience multiple incidents before finding safety: as such, we are meeting the expected target. IDVA services and Police remain the primary referrers for this quarter. The repeat rate for January was 29% which then declined to 23% in February and rose considerably to 34% in March. This could be due to the discussion the MARAC Steering Group had around suitable repeat referrals at the end of January 2023. The overall decrease in repeat referrals may be the result of the discussions and decisions made during the MARAC steering group meeting in January 2023 where concerns were raised about the high number of repeat cases in Q3. We conducted audits into repeat cases referred and reminded partners that the repeat incident must be a standalone incident of domestic abuse. The audits showed that repeat cases were mostly referred by IDVAs and Police, and largely the risk was already being managed appropriately. The Steering Group also agreed to pilot discussing repeat cases at the end of the MARAC agenda for information sharing purposes, unless the panel felt a full discussion was required. By doing this, we have gained the additional time we require to have larger conversations around previously unknown victim/survivors.

The other proposed solution was that the VAWG team delivers regular MARAC learning days to refresh agencies on MARAC processes and to improve practice. Since the MARAC steering group in January 2023, the VAWG officers have delivered a generic MARAC learning day for 105 learners and a learning day for operational reps on their roles and responsibilities, 21 attended.

2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
36%	34%	30%	21%	34%	30.6%	43.7%	28.4%

Mental Health

- Average waiting time for CYP to access first CAMHs assessment appointment Service within the Trust (Face to Face, Video, Phone)



- Average wait time for second appointment (treatment - Waiting Time for second appointment includes the time waited for the first appointment)



Eating Disorder Service

- Referrals received includes all referrals received by SLaM from referring GP (in borough) and includes referrals which were rejected when reviewed by the service.

2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
31	26	25	35	23	19	24	8

3.4 Primary and Community Care



Director / lead	Oge Chesa, Director Primary Care and Transformation
Management Lead	Michelle Elston, Associate Director Primary and Community Care
Data source / period	NHS South East London CCG Primary Care Lambeth Team (SEL Analytics)

Covid Vaccinations – Primary Care

As at 22nd May 2023, 184,847 (41.39%) patients have completed their primary COVID-19 course in Lambeth. This is the 3rd highest of 6 boroughs within South East London (source: SEL COVID-19 vaccination Dashboard). As at 22nd May 2023, 6,349 of Lambeth’s eligible population have received their Spring 23 booster (Source: SEL COVID-19 vaccination Dashboard). As at 22nd May 2023, 59,609 of Lambeth’s eligible population have received their Autumn booster (Source: SEL COVID-19 vaccination Dashboard).

The new spring booster vaccination campaign started on 17 April, with vaccination in care homes for older adults beginning in the same period. The following groups are eligible:

1. adults 75 years and up
2. residents in a care home for older adults
3. individuals aged 5 years and over who are immunosuppressed

This guidance is defined in the [Green Book](#) (tables 3 and 4).

Flu Vaccinations

As at 28th February 2023 uptake against the eligible cohorts was at follows;

- 21,500 (59.4%) vaccinations have been delivered among the over 65s cohort.
- 20,585 (35.6%) vaccinations have been delivered among the under 65 years at-risk cohort.
- 1,347 (28.6%) vaccinations have been delivered among the pregnant cohort.
- 2,577 (37.2%) vaccinations have been delivered among children aged between 2 and 3 years.
- 10,773 (23.1%) vaccinations have been delivered among children aged between 4 and 15 years.

Learning Disability Annual Health Checks

The uptake position on LD Annual Health Checks (AHC) for 2022/23 year end shows 86.6% of service users have had an annual check, achieving locally the 75% national target for this health indicator (data provided by SEL BI Team).

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	0.9%	3.6%	9.3%	16.2%	18.9%	24.7%	31.3%	40.8%	50.4%	56.8%	67.5%	79.8%
2022/23	2.6%	4.9%	9.1%	14.7%	15%	30.3%	42.3%	53.1%	59.6%	69.5%	75.7%	86.6%

3.4 Primary and Community Care



Director / lead	Oge Chesa, Director Primary Care and Transformation
Management Lead	Michelle Elston, Associate Director Primary and Community Care
Data source / period	NHS South East London CCG Primary Care Lambeth Team

Primary Care Delivery Plan

- The National Primary Care Delivery Plan was published on 9 May with a primary focus on recovering access to primary care with its intention to “ tackle the 8am rush and make it easier and quicker for patients to get the help they need from primary care” .
- The plan covers a range of areas focusing on empowering atients, implementing modern GP access, building capacity and cutting bureaucracy. Lambeth primary care teams are working through the implications and taking appropriate action to implement the plan.

Primary Care Winter actions – Lambeth GP Federation

- GP Federation continue to successfully support the PCNs to deliver on the Enhanced Access and the increasing of capacity through Hubs (GPs/Nurses/IPP/ANPs/HCAs) 6-days per week – utilisation continues to be above 95%.
- Additional Enhanced Access capacity across core hours to support business continuity and resilience of local general practice – increase 60 mins per 1000 population to 70 mins per 1000 population
- Federation continue to work with NHS111 to ensure they can directly book into this additional capacity where clinically appropriate – Directory of Service (DOS) has been shared with NHS111 colleagues
- Reduce unwarranted variability across the borough by continuing to develop a more consistent offer for patients, which retains the routine elements of General Practice that patients want – includes different appointment modes e.g. telephone consultation, e-consult, remote monitoring
- GP Federation have fully delivered on the GP Streamer service at GSTT ED Front Door integration between secondary and primary care, – which has now seen the implementation with Southwark GP Federation EA Hubs. This has a very positive impact a total of 5381 patients assessed by GP Streamer as of 31st March 2023. above 30% of these patients have been diverted to primary care where clinically appropriate – development underway to be able to divert Westminster patients to their respective EA Hubs
- GP Federation have successfully provided Respiratory Clinics at Springfield Medical Centre to prevent hospital admission during the winter period. Service is provided 7-days per week 1-6pm
- GP Federation provided addental redirection and primacy cover as EA Hubs during the planned Industrial Action including Sunday/bank holidays
- Increased clinical cover provided by GP Federation to all 9 Nursing Homes in Lambeth to reduce risk of hospital admission / Focus on Discharge to Access beds where relevant
- Clinical Fellow working on key workforce areas to develop the Additional Roles in Primary Care Networks (PCNs)
- Further development of the Flexible Workforce Proposal to secure Lambeth as a ‘Talent Magnet’ Over 400 clinicians signed up to Rotamaster and ready to provide additional workforce capacity in Lambeth. In February this equated to 1038 hours of clinical time.
- LTC Remote Monitoring – Focus on Heart Failure, COPD, Hypertension and SMI (Proof of Concept)

Community Pharmacy

- Pharmacy First Minor Aliment Scheme – looking at ways to run targeted scheme and reduce burden on ED and general practice with a commencement date of 20th March

SELDOC

- Implementation of flu antivirals service for residential settings in Lambeth and Southwark, in conjunction with Princess Royal University Hospital's Pharmacy

3.5 Medicines Optimisation / Long Term Conditions



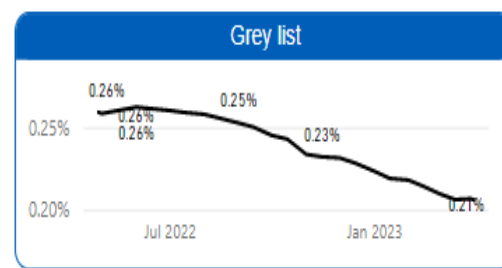
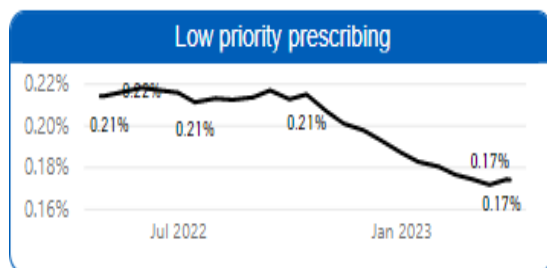
Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Vanessa Burgess, SEL Chief Pharmacist & Director Medicines Optimisation and Long Term Conditions Jenny Sivaganam and Finlay Royle, Assistant Directors Medicines Optimisation and Long Term Conditions
Data source / period	Medicines Optimisation (Lambeth), NHS South East London ICB

Lambeth Together Medicines and Clinical Pathways Group (MCLiP)

- The established Group supports the delivery of medicines and long term condition (LTC) optimisation priorities of the Lambeth Together strategic alliances by developing and implementing strategies to promote high value, safe, effective medicines in LTC management within Lambeth.
- Membership is formed of representatives from the Care Partnership, Primary Care Networks, Local Medical Committee, Community Pharmacy, SLAM, GSTT Community Services, Lambeth Together Strategic Alliances as well as other partners.
- To ensure Lambeth's MO and LTC strategic approach is encompassed, recommendations within 'Good for you, good for us, good for everybody: A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions' is continually at the heart of discussions to define ways of implementation.

The Medicines Optimisation (MOS) and Long Term Conditions (LTC)

- The MO and LTC sections of the Lambeth Primary Care Improvement Scheme (LPCIS) and Premium Specification (PS) for 2022/23 were successfully launched in May 2022 through bulletin announcements and a webinar session. Continuing to prioritise elements of medicines optimisation and LTC management within these schemes endeavours to support general practice to strive towards Lambeth Together's pledge of improving health and wellbeing of Lambeth residents. The focus on reducing unwarranted variation by prioritising individuals who have experienced health inequalities and are at highest risk of poor health outcomes, also, continues. Practice visits completed in early September 2022 embedded the core principles of the MOS and LTC sections and a programme of support was delivered throughout 2022/23. This included re-visiting practices and a further webinar session focussing on: overprescribing; reducing use of low clinical value medicines ('low priority prescribing') and further identifying better value initiatives in Q3. Evaluation of 2022/23 achievements will be undertaken in June. The 2023/24 MOS will launch in May 2023 with a rolling programme of implementation.
- The EZ Analytics (EZA) Medicines Optimisation and Long Term Conditions Dashboards provide real-time data for practices to identify patients for review within the prioritised improvement areas. Figure 1. below gives examples of the tracking data from EZA. Refresh of OptimiseRx® continues to support up to date joint prescribing decision making alongside South East London Integrated Medicines Optimisation Committee (SEL IMOC) recommendations.



These graphs from the EZA MO Dashboard illustrate the continuing progress to embed practice to sustain best value medicines since launch of the MOS and LTC section of the LPCIS & PS: number of patients on 'low priority prescribing' is declining; number of patients on 'Grey List' drugs (not recommended for prescribing) is declining.

Figure 1. Examples of EZA MO Dashboard tracking (1 April 2023)

3.5 Medicines Optimisation / Long Term Conditions



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Vanessa Burgess, SEL Chief Pharmacist & Director Medicines Optimisation and Long Term Conditions Jenny Sivaganam and Finlay Royle, Assistant Directors Medicines Optimisation and Long Term Conditions
Data source / period	Medicines Optimisation (Lambeth), NHS South East London ICB

Vaccines

- Pharmacies have been an important delivery model for Lambeth and we are working with public health and primary care teams to learn from the Flu, Covid and polio programmes as part of wider review of the Lambeth immunisation and vaccination strategy.
- A number of pharmacy sites have been maintained during the spring booster campaign to provide improved access.

Community Pharmacy Services

- Support continues for pharmacies to offer the Hypertension Check enhanced service. 47 Lambeth pharmacies have signed up so far with 33 pharmacies actively providing the service identifying high blood pressures in the community. Work is being undertaken to support CPs in obtaining BP monitoring equipment to increase the number of providers.
- The Pharmacy First pilot is live and will run for 6 months. The pilot is providing access to a selected list of over-the-counter (OTC) medicines free-of-charge by community pharmacies to people who are likely to be socially vulnerable or experience inequalities in access to care. It supports national guidance related to prescribing of OTC medicines, promotion of self care, primary care access recovery guidance and is supported by GP-Community Pharmacy Consultation Service (CPCS).
- Monthly meeting with community pharmacy PCN leads is in place to share, discuss and engage with the wider pharmacy group to enable effective service delivery, develop leadership and we are spreading this across SEL.

3.5 Medicines Optimisation / Long Term Conditions



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Vanessa Burgess, SEL Chief Pharmacist & Director Medicines Optimisation and Long Term Conditions Jenny Sivaganam and Finlay Royle, Assistant Directors Medicines Optimisation and Long Term Conditions
Data source / period	Medicines Optimisation (Lambeth), NHS South East London ICB

Access to cardiovascular diagnostics

- There are six community venues established in Lambeth to provide community Electrocardiogram (ECG) and Ambulatory Blood Pressure monitoring (ABPM). The service has improved access for Lambeth people to receive care closer to their homes, has reduced waiting times for booked diagnostic services (e.g. 12 lead-ECG has 24 hour accessibility) and reduced DNAs (did not attend) through introduction of new IT software. There has been continued increases in activity corresponding to the establishment of the service. The service is planning a pilot to provide housebound people in Lambeth requiring ABPM and Ambulatory ECG; to start in Q1 2023-24.

Respiratory

- Planning for implementation of pan-London adult asthma guidelines (incorporated into CESEL asthma guide) continues. Working with SEL CYP asthma group and CESEL to develop CYP asthma guideline
- We have developed a sustainability resource pack to support Greener NHS practice. Reductions in prescribing of high-carbon inhalers continues, reducing the overall impact on the environment without impacting on quality of care for patients. A SEL respiratory dashboard is in development to support inequalities work.

Diabetes treatment and care

- The consultation and engagement on the recommissioning options for a refreshed Community Diabetes Service (CDS) for Lambeth has concluded. A preferred recommissioning route was approved by Lambeth Together Care Partnership Board 08 Feb 23. The CDS task and finish group with system partners has met twice, to co-produce a refreshed service specification and delivery model with system partners with the aim of reducing inequalities, targeting those most in need in line with CORE20Plus5 principles and drive population health improvements for all.

3.6 Planned and Unplanned Care



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Avril Satchwell, Associate Director, Planned and Unplanned Care
Data source / period	May 2023

Cancer Update

- Cancer CCPL –Dr Marks Adams is working closely with Lambeth Adult Care Transformation Team and the Lambeth Clinical Cabinet, feeding local challenges and issues to SEL ICB Cancer team and the South East London Cancer Alliance (SELCA).
- Lambeth Cancer Working Group (LCWG) – Meeting monthly with a focus on early cancer diagnosis, supporting primary care with a wider system and Lambeth Together approach. Opportunities for funding interventions in Lambeth out of the SELCA transformation funding and the recently released 23/24 PCN DES have been the focus of the meetings, ensuring funding proposals align with local and national priorities and support Primary Care. The group membership has expanded, with further representation across the system.
- Cancer Dashboards – Best practice timed pathway dashboard now live and will support the work in Lambeth to improve usage of number of lower GI referrals with FIT result attached, routes to diagnosis (to support referral practice reviews), use of Teledermatology, and use of Non-Site Specific Symptom pathways.
- PCN Data packs have been created by SEL Cancer Team and the Locality Cancer System Development Facilitator, jointly with Lambeth Cancer CCPL have started to attend PCN visits and Forums in Lambeth.
- Catch 22 Bowel Cancer Screening Initiative – Targeted work is underway to increase the uptake of bowel cancer screening in Lambeth, to date 24 out of the eligible 26 practices have signed up to this initiative. Catch 22 multilingual facilitators have been contacting non responders, with over 4,000 calls made so far, encouraging patients to complete the FIT kit and ordering the Kit on the patients behalf.
- Breast PMS –Agreement to change to Breast PMS in 23/24 and this year will be a preparatory year for practices to focus on developing a consistent approach to coding participation in breast cancer screening, with call/ recall activity in 24/25. Work is underway to support practices with coding correctly, implementing Ardens breast templates and training practice staff.
- Prostate Cancer Texting Initiative and Prostate Cancer Awareness Events –GP Cancer Leads in South East London have developed a template initiative for PCNs to identify men at a higher risk of having prostate cancer, using searches, a florey search and link to Prostate Cancer UK risk checker developed specifically for the initiative. Resource pack and template text messages to send to HR Men have been shared with practices via the GP bulletin and to date one PCN and two practices is taking part in the pilot and further work is underway to raise awareness within our population around Prostate PSA test, with engagement events planned for Q2/Q3 and using PCN EDI Equity Champions to support delivery.
- Jo’s Trust Cervical Cancer Screening Training – offered to all Lambeth non- clinical practice staff to improve their awareness and understanding of cervical screening. This is a London wide initiative with 600 spaces allocated to SEL. To date, Lambeth staff have been the most engaged in sign up in comparison to all other boroughs in SEL.
- Galleri Trial (GRAIL) Phase 2 – Is a Multi Cancer Early Detection Test, Lambeth participants who had already taken part in phase 1 will be sent an invite to attend phase 2 of the study. Lambeth Grail Van will be situated at a Tesco in Brixton from 12th – 21st ST June 23, likely location will be Tesco's car park, Acre lane.

3.6 Planned and Unplanned Care



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Avril Satchwell, Associate Director, Planned and Unplanned Care
Data source / period	May 2023

Urgent Care

- Lambeth and Southwark's UEC Transformation Programme progressing with 3 workstreams and an oversight steering group linked to the outcomes of the missed opportunities and Same Day Emergency Care workshops. These workstreams have developed into three main areas of focus:
 - Engagement and behavioural insights - Gain more detailed awareness of the type of footfall and barriers encountered by public attending ED. Analysis of options to improve local public messaging on sites and to residents. Implemented further GP communications around SDEC and access and public communications in Lambeth and Southwark on options for self care and alternatives to emergency department attendance in line with those produced for Bromley residents.
 - Right Care, Right Time – Access route and alternative appointment slots in community/ primary care and access to these, consider provision of digital access in ED to support direct appointment bookings. Review local protocols for implementation of senior streamers (GP, ED/Medical Consultant, Paramedics). Review the effectiveness and type of SW/AHP in ED and the most efficient and cost effective model across both Trusts to support stream away and prevent hospital re-admissions once seen. Front door support from an additional GP and Navigator was implemented throughout winter at GSTT by primary care to support streaming away to own GP, GP Hub within Lambeth and Southwark or other appropriate service. The success is being reviewed and considerations on what the next steps would be. Kings are also looking to implement a stream away to hub model but is still in its infancy, working their Kings UTC provider (Greenbrook).
 - SDEC - Review and implement best practice standards e.g. Opening times, Access, Ring fenced (no escalation beds), No follow ups in SDEC and other best practice criteria. GSTT have now implemented no follow ups being seen in SDEC and are working to improve other SDEC working practices and access points. Kings and GSTT are introducing multispecialty SDEC and improving access and communications to primary care on access routes, access criteria and other key info on the SDEC services provided at both sites.
- L& S Integrated Winter Plan has been delivered and now being reviewed for effectiveness and lessons learned ahead of next winter and the best schemes deployed.
- Transport, health workforce, Doctors, LAS and teacher strikes have been challenging for local systems, however all systems have worked well implementing contingency plans to manage the risk associated with the strike action along with other expected winter pressures

Planned Care

- Denosumab service in Lambeth provided by the Federation is going well and well received by patients following a brief audit, consideration as to how to commission this going forward is being made at a local and SEL level to ensure cost effectiveness and efficiencies.
- MSK – Get U Better App Pilot until Nov 2023 – Lambeth have 100% of GP practices signed up to the application and able to promote this useful self management tool to patients if they meet the criteria. Reviews are underway to establish feedback from practices on usefulness to consider further extension of the app and roll out across SEL based on Lambeth findings.

3.6 Planned and Unplanned Care



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Avril Satchwell, Associate Director, Planned and Unplanned Care
Data source / period	May 2023

Planned Care (Cont.)

- Community Earwax ENT service – This service went live in July provided by Specsavers with access in all SEL boroughs. Waiting times for this service is around 2 weeks. Currently considering next steps on future commissioning to include domiciliary support for housebound patients.
- Pain Management Pathway – Early discussions have taken place around reviewing provision of pain management services, pathways and treatment available.
- Osteoporosis service review is underway across SEL led by Lambeth to establish a standardized approach to the pathways and management across SEL and to review the most effective way to manage specialist consultations across SEL. Awaiting of this work to form part of the already running Osteo treatment task and finish group in SEL.

3.7 Adults Mental Health



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	David Orekoya, Associate Director Integrated Commissioning-Mental Health
Data source / period	Lambeth LCP Assurance report March 23

Severe Mental Illness Physical Health Checks (no update since last report, metric reported quarterly)

- The NHS has committed to ensuring 60% of people on the SMI register receive a full and comprehensive physical health check.
- Delivery against the SMI physical health check target for 2022/23 remained a challenge across SEL for several reasons including capacity within teams to carry out the physical health checks and issues with data completeness/sharing across different systems. Whilst the 2022/23 Operating Plan target ambition was not met, improvements have been reported for all of the six boroughs and overall SEL performance is up by 14.2% compared to Q3 2022/23. Performance has also significantly improved since 2021/22 by **53.3%**.
- See below Lambeth's SMI annual health checks at Q4, noting substantial improvements when compared to 21/22 and marginally missing the national target.

	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
SMI AHC	26.3%	27.8%	33%	38.7%	36.7%	37.9%	43.5%	59.5%

Lambeth GP SMI register	BMI	BP	Cholesterol	Glucose	Smoking Status	Alcohol Status	6 Health checks
5028	75.2%	76.1%	70.2%	69.8%	77.1%	69.8%	59.5%

- See below SEL performance,

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
SMI AHC	49.0%	56.8%	50.3%	59.5%	48.0%	59.6%	54.2%
Trend since last quarter	+9.5%	+15.8%	+15.7%	+16%	+11.9%	+13.6%	+14.2%

3.7 Adults Mental Health



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	David Orekoya, Associate Director Integrated Commissioning-Mental Health
Data source / period	LWNA report M12

Improved Access to Psychological Therapies (IAPT)

- See table below with IAPT performance on national indicators covering data from 22/23 financial year.
- The Lambeth Talking Therapies (LTT) access number for M12 March was ahead of monthly target. The number of services users accessing the service for the first time rose by 258 (+32%) in M11 February to M12 March, achieving the monthly target but falling short for the 4th quarter overall (-7%). On activity, attended appointments and completed treatments was higher. Independent providers boosted the proportion of step 3 treatment. Counselling was also higher, with Guided Self Help and online CBT lower. The proportion of in-person appointments increased for all treatment types.
- The Lambeth Talking Therapies recovery rate in M12 March was at 48%, under the 50% target.

	Standard	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-22	Mar-23
Number of People Entering into Treatment for Integrated Talking Therapies	Monthly target - 1050	882	944	948	847	925	887	1044	1114	706	1070	805	1063
Integrated Talking Therapies Recovery Rate of People in Treatment	50%	51%	51%	52%	54%	55%	49%	54%	48%	47%	54%	49%	48%
Integrated Talking Therapies Wait to First Treatment (6 weeks)	75%	95%	98%	95%	97%	97%	99%	96%	99%	97%	97%	97%	97%
Integrated Talking Therapies Wait to First Treatment (18 weeks)	95%	100%	97%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%

3.7 Adults Mental Health



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	David Orekoya, Associate Director Integrated Commissioning-Mental Health
Data source / period	SEL LDA dashboard

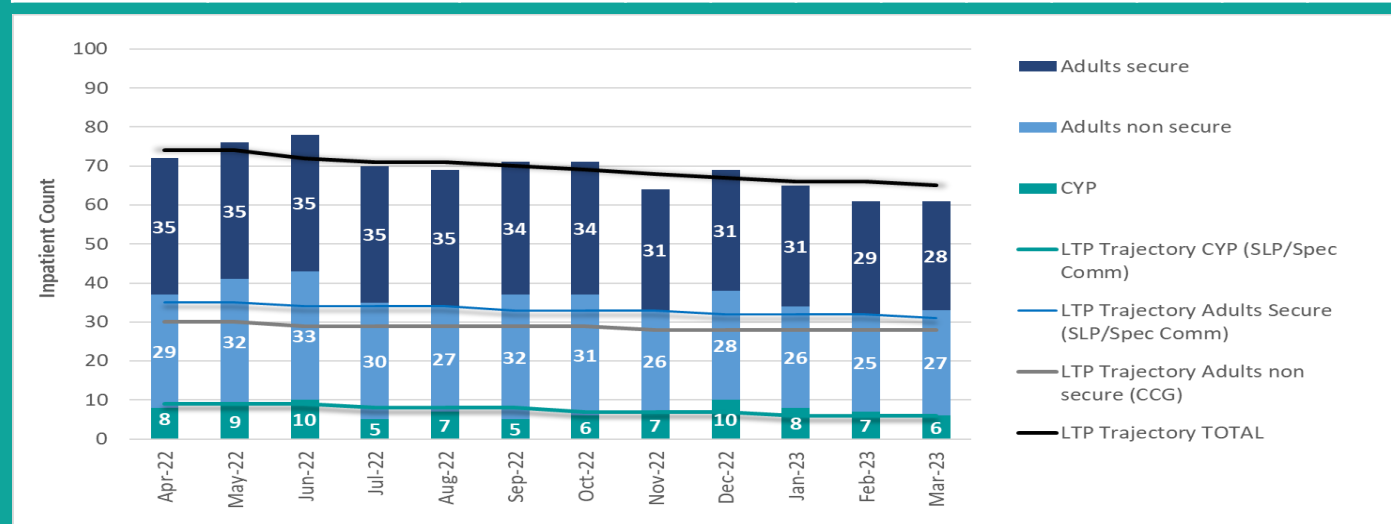
Learning Disabilities and Autism - Inpatient

Central objective of Lambeth LDA programme is to reduce of use of restrictive care through provision of high quality accommodation and care that facilitates more discharge of service users with complex needs to the community from inpatient settings.

Lambeth acting as pilot site for 'One System' Planning approach to ensure MDT discharge planning is underpinned by ICB partners collective ownership of clinical and financial risks for complex discharges.

Continued challenges securing suitable properties for bespoke care arrangements due to housing market volatility. Mitigation by worker with housing provider with good market insight and securing capital grants from NHSE.

		FY 22/23 Q1			FY 22/23 Q2			FY 22/23 Q3			FY 22/23 Q4		
		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23		
Inpatients	Total	78	70	67	71	71	64	69	65	61	61		
	Non secure Adults	33	30	27	32	31	26	28	26	25	27		
	Spec Comm/SLP Adults	35	35	35	34	34	31	31	31	29	28		
	Children	10	5	7	5	6	7	10	8	7	6		
	Adult inpatients per million	55	53	50	54	53	46	48	46	44	45		
Change in month	Net	-4	-6	-1	2	-2	-5	4	-5	-6	-2		
	Admissions	3	2	3	10	2	6	8	5	2	5		
	Discharges	7	8	4	8	4	11	4	10	8	7		



4. Quality

4.1. Quality highlights

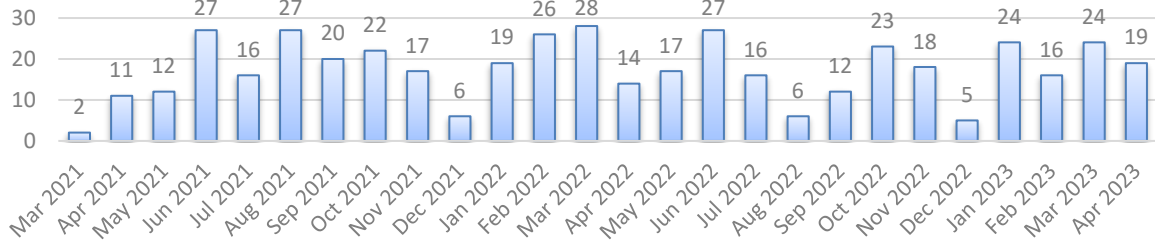


Director / lead	Leads for the 7 priority areas, lead providers & commissioners
Management Lead	Sulaimon Quadri, Senior Quality Manager SEL
Data source / period	SEL Quality – May 2023

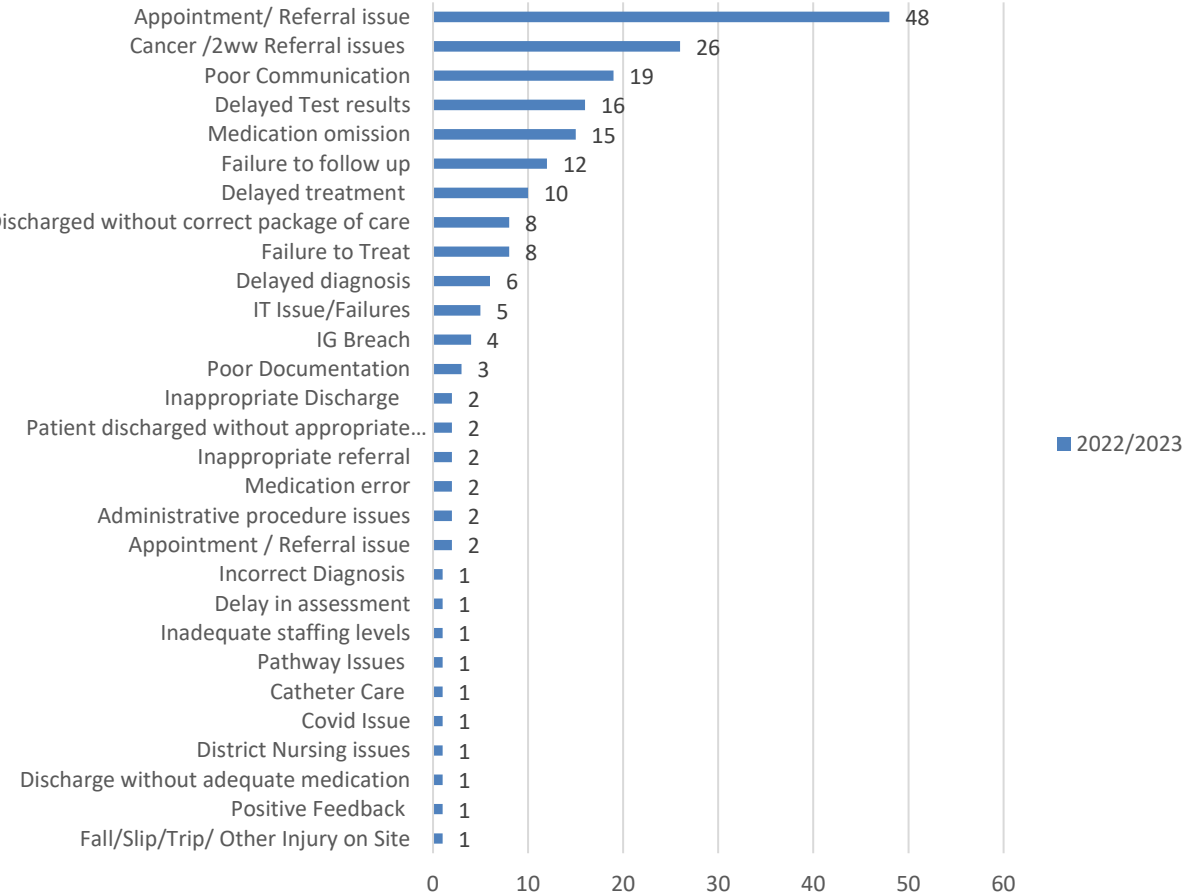
- Proposals outlining a suggested approach for gaining assurance around quality for Lambeth Together has been drawn up and is due to be discussed initially with the Lambeth management team on 6th June 2023. It has been developed through discussions with Lambeth's Clinical Lead, AD Health & Care Planning Intelligence and Strategic Executive Director, recommendations from the National Quality Board for ICS, SEL ICB Quality Committees' terms of reference and plans and reflections from other places' quality approaches.
- There are essentially three strategic drivers informing this proposal:
- The development of the ICS, ICB and LCPs and the division of work across the partnership of these three institutions.
- Within the NHS, a centrally-led move away from a traditional provider/commissioner approach to quality characterised by an assurance focus towards more collaborative and integrated ways of working.
- Lambeth Together's operating context as a centre for a local system that embraces a wide range of partners through its alliances and primary care rather than a centrally-mandated lead for health services only.
- The discussions will also look to establish how best to disseminate and enable shared learning from any serious incidents, investigations and CQC inspections and define the scope and remit of the Quality function within Lambeth.
- The following slides provide some of the intelligence currently collected to assure quality of services and the report will be developed further in future integrations.

Quality Alerts (QA) involving Lambeth Residents

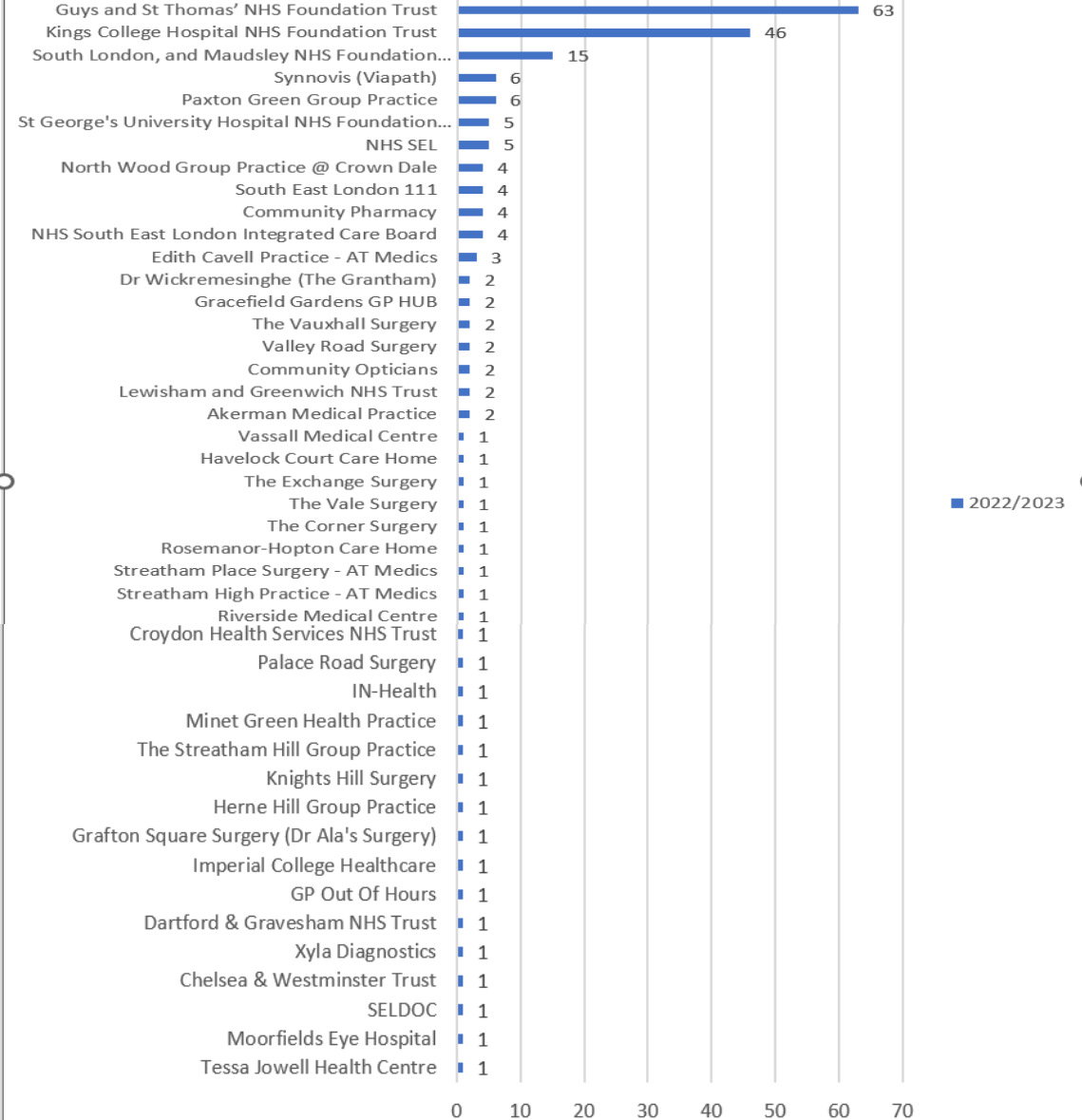
Quality Alerts Reported by Month (April 2021 – April 2023)



Quality Alerts Reported By ICB Theme



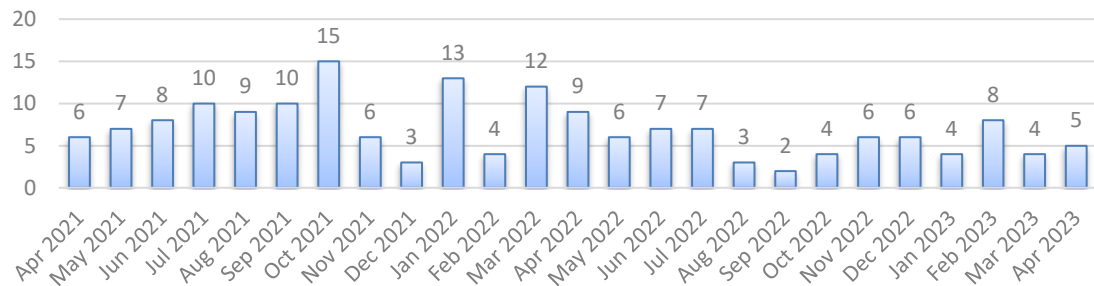
Quality Alerts Reported by Provider



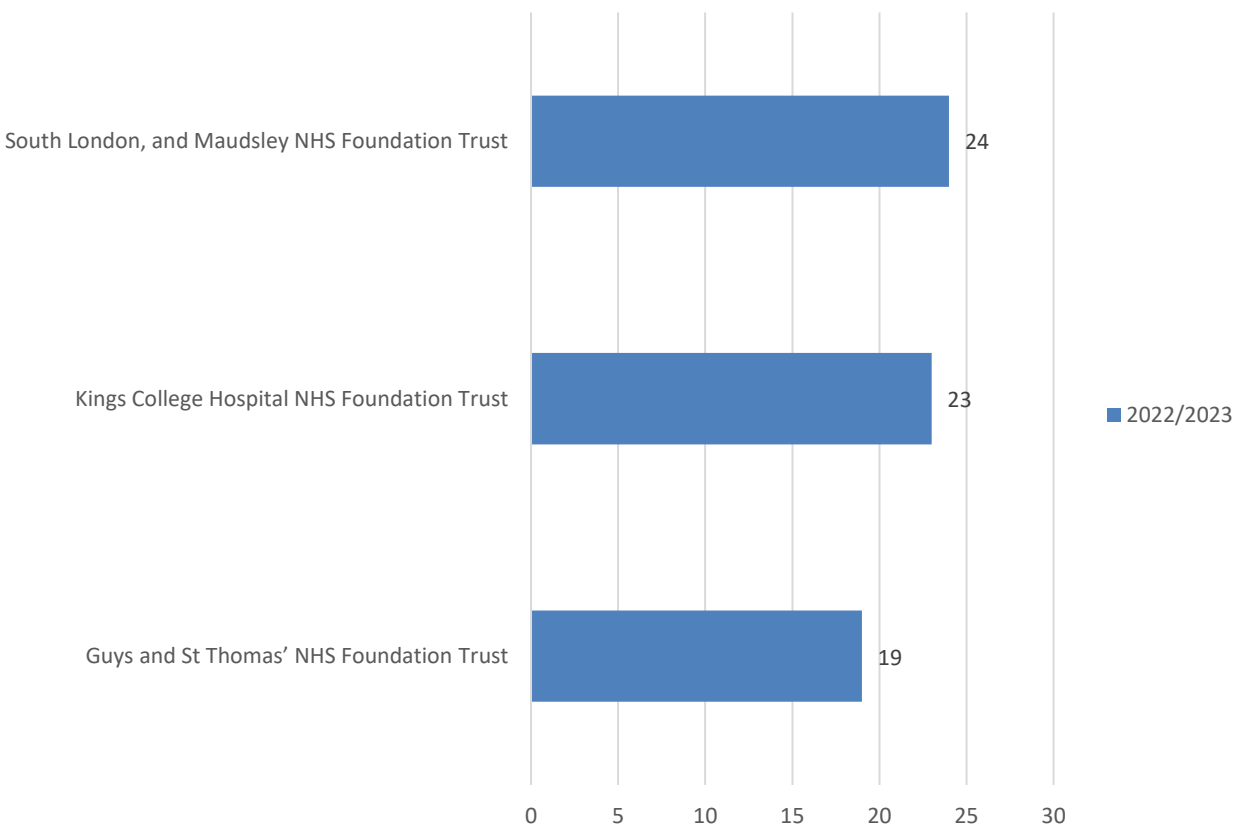
Serious Incidents Involving Lambeth Residents



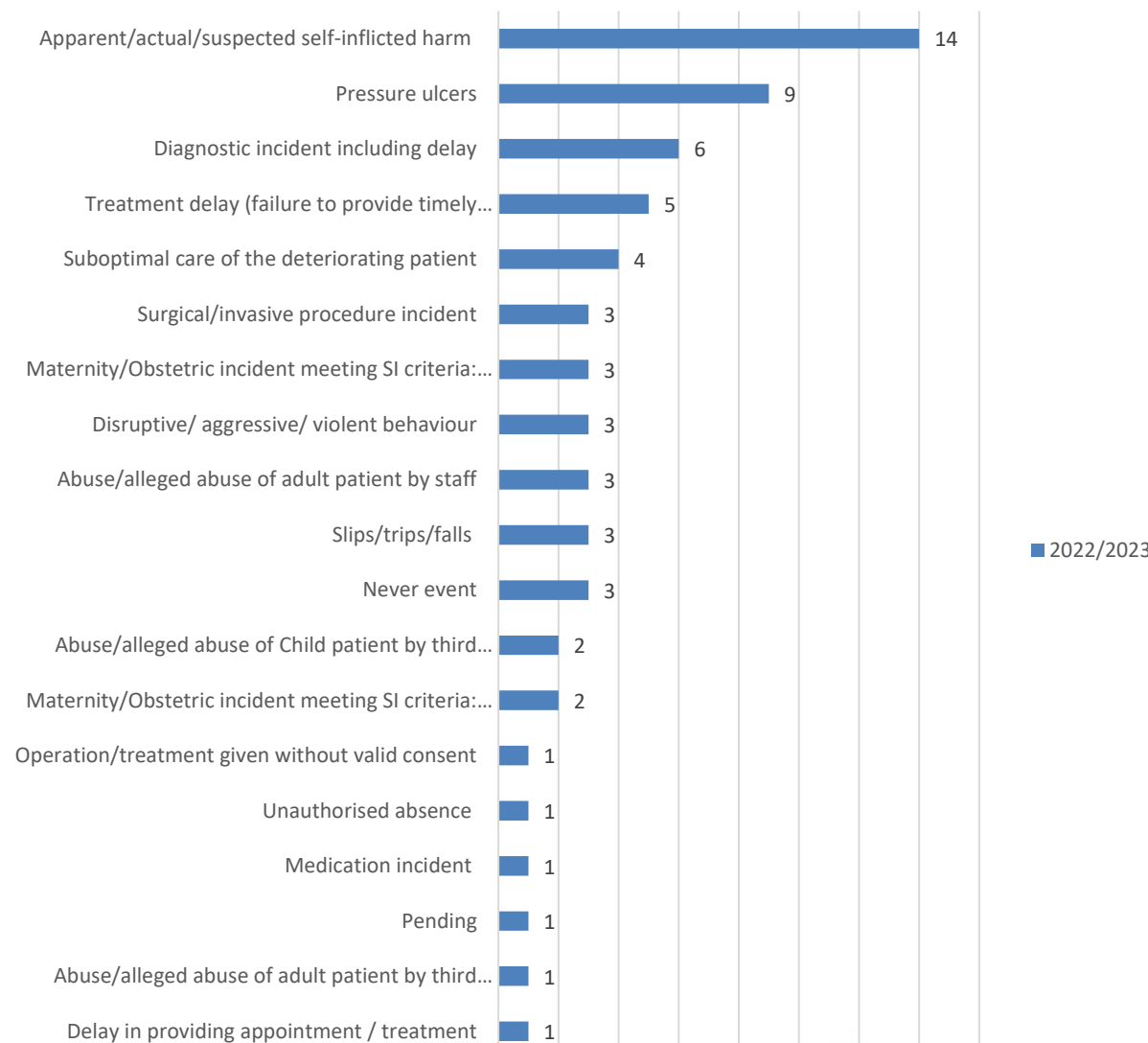
Serious Incidents Reported by Month



Serious Incident Reported by Trust



Serious Incident Reported By StEIS Category



5. Risk Summary



5.1. Risk highlights



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

Lambeth Risk Register

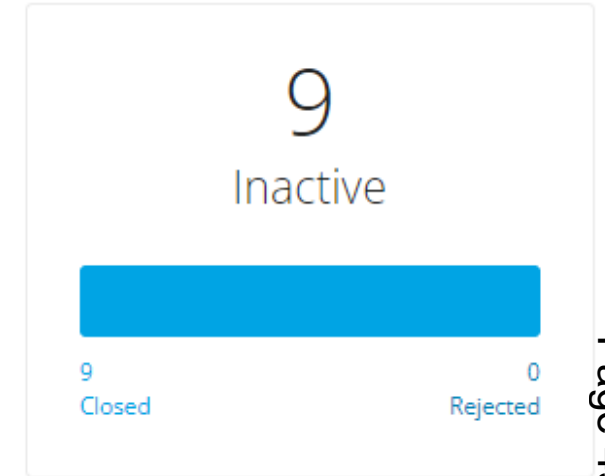
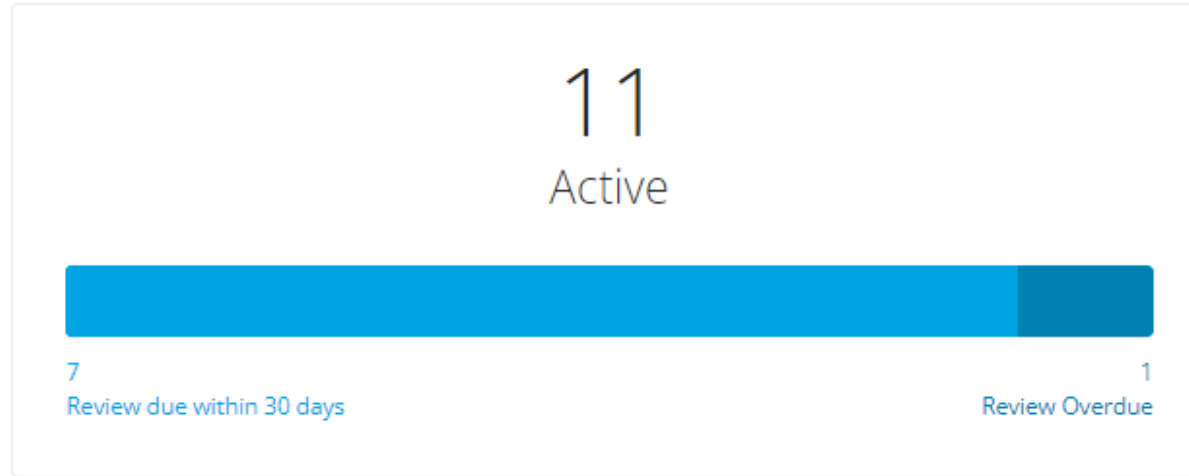
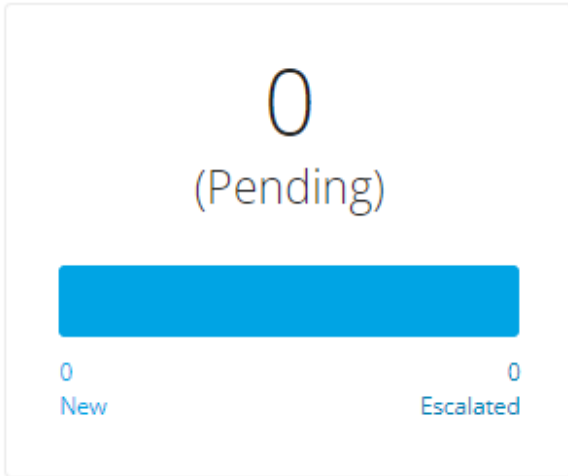
- There are 11 risks currently held within Lambeth.
- Most work has now been completed on the assurance project updating risks to reflect consequences for the ICB.
- Risk Forum was held on the 16th May:
 - SEL Assurance colleagues will attend Lambeth Management team in coming weeks to review the risk register and discuss whether some of our risks fall under the scope of the LCP.
 - Safeguarding risks, what is the actual risk rather than the potential – Risk wording has been updated to give more description to anyone reading the register.
 - Age of risks, should these be escalated or taken off and treated as an issue.
 - Risk 319 requires updating and work is ongoing address this.
- One risk has been closed on Lambeth Risk Register relating to Mental Capacity and Deprivation of Liberty Authorisations
- One new risk opened relating to the opening of New Acute Mental Health Inpatient Unit in within Lambeth Hospital.
- Risk 406 (NHS App and unwanted access to data) although still showing on our register, this will be moved onto the SEL Risk Register once SEL determines an appropriate Risk Owner.



5.1. Risk highlights



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



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Likelihood ▾	Consequence				
	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain	0	0	0	1	0
Likely	0	3	1	1	0
Possible	0	1	4	0	0
Unlikely	0	0	0	0	0
Rare	0	0	0	0	0



5.1. Risk highlights



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

- See below table displaying risk grading

Risk Number and Title	Risk Area	Initial Grading	Current Grading	Target Grading
128 - CAMHS waiting times	Children and Young People	8	9	3
129 – Diagnostic waiting times for children and young people	Children and Young People	8	6	4
132 – Unbudgeted costs linked to Learning Disability	Integrated Adult Commissioning	12	8	6
134 – Safeguarding of Children	Integrated Adult Commissioning	15	10	5
142 – Immunisation Rates	Children and Young People	12	12	3
308 – Lambeth Together, Capacity for Transformation	Primary Care	12	6	12
319 – Continuing Healthcare Budget and Performance	Integrated Adult Commissioning	16	16	8
406 – Risk posed to those experiencing domestic abuse as a result of patients over 16 in England having automated access to more detailed information from their medical records through online apps from 1 November 2022	Integrated Adult Commissioning	20	20	9
419 - Primary Care Estate -Business Continuity	Primary Care	15	15	8
452 – Cost Pressures linked to the reprovision of the Lambeth Hospital	TBA	12	8	6

6. Finance Summary

6.1. Finance highlights



Director / lead	Andrew Eyres, Strategic Director: Integrated Health and Care
Management Lead	Pete Hesketh, Assistant Director Finance, LBL, Edward Odoi Associate Director Finance NHS South East London CCG
Data source / period	Lambeth Council Finance and Performance Report, South East London CCG Finance Performance Report.

2022-23 (M12) Lambeth Borough (SEL ICB)

- The Month 12 (March 2023) full year budget was £152.1m. The borough reported an overall £0.5m final outturn overspend for 2022-23 (Month 12). The reported position includes a £1.9m overspend on Continuing Healthcare, £1.4m overspend on Prescribing, offset by underspends in Acute, Community, and Corporate budgets.
- The Continuing Healthcare position was based on the number of clients and cost of care packages.
- The Prescribing month 12 position was based upon M01-10 2022/23 actual data and represents an adverse in-month movement as the PPA (Practitioner Performance Advice) information is provided two months in arrears. The cost pressure is predominantly driven by NCSO (No Cheaper Stock Obtainable) and Category M (Cat-M) prices.

2022-23 (M12) Lambeth Council

- The M12 full year Adults & health budget was £103.7m, of which £100.8m relates to Adult Social Care. The M12 2022/23 expenditure variance against the budget was a broadly break-even position. This was made possible through the use of non-recurrent funding and without that funding there would have been an overspend of £2.5m against the base budget. The pressures that resulted in the base budget overspend of £2.5m are likely to continue into future years.
- The base budget overspends that are likely to remain a pressure in 2023/24 are mainly related to the cost of packages of care in Adult Social Care. Learning Disabilities had a £1.7m overspend which was due to large increases in expenditure on purchased care resulting from the greater acuity of clients that have come into the service over the last two years. The Older People service had a £2.3m overspend as there have been increases in client numbers and expenditure, particularly in home care and nursing care, which have exceeded significant increases in the budget. Although most areas of social care expenditure increases are mainly due to increased acuity, for older people residential and nursing care there is some evidence that it is also due to increased demand and relatively static capacity to meet that demand, resulting in higher unit costs. Grant funding and other income are resulting in underspends in other areas that off-set these overspends and result in the overall break-even position.

Annex

A1 Glossary



Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
ADHD	Attention Deficit Hyperactivity Disorder	GSTT	Guy's and St Thomas' NHS Foundation Trust
AHC	Annual Health Check	H1	Half 1, referring to the first 6 months of the financial year, April - September
AQP	Any Qualified Provider	H2	Half 2, referring to the last 6 months of the financial year, October - March
BAF	Board Assurance Framework	HDP	Hospital Discharge Programme
BI	Business Intelligence	ICS	Integrated Care System
CCG	Clinical Commissioning Group	KCH	King's College Hospital NHS Foundation Trust
CCLP	Clinical Care Professional Lead	KPI	Key Performance Indicator
CHC	Continuing Healthcare	LBL	London Borough of Lambeth
CQC	Care Quality Commission	LSAB	London Safeguarding Adults Board
CYP Alliance	Children and Young People Alliance	LSCB	London Safeguarding Children Board
DIPC	Director of Infection Prevention and Control	LSCP	Local Safeguarding Children Partnership
EDI	Equality, Diversity and Inclusion	LSL	Lambeth, Southwark and Lewisham
DoLS	Deprivation of Liberty Safeguards	LTEG	Lambeth Together Equalities Group
FTE	Full Time Equivalent		
GP	General Practice	LTSB	Lambeth Together Strategic Board
GSTT	Guy's and St Thomas' NHS Foundation Trust	LWC	Living Well Centre

A1 Glossary



Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
LWNA	Lambeth Living Well Network Alliance	SLaM	South London and Maudsley NHS Foundation Trust
MCA	Mental Capacity Act	SMI	Severe Mental Illness
MHST	Mental Health Support Team	SMT	Senior Management Team
MLTC	Multiple Long-Term Conditions	STP	Sustainability and Transformation Partnership
MO	Medicines Optimisation	ToR	Terms of Reference
NCSO	No Cheaper Stock Obtainable	VAWG	Violence Against Women and Girls
NEV	Nine Elms and Vauxhall	VCS	Voluntary Care Sector
NHSPS	NHS Property Services		
NWDA	Neighbourhood and Wellbeing Delivery Alliance		
OHID	Office for Health Improvement and Disparities		
PAU	Project Appraisal Unit		
PPA	Prescription Pricing Authority		
QA	Quality Alerts		
QIPP	Quality Innovation Productivity and Prevention		
SEL	South East London		
SI	Serious Incident		

A2 Source material



An extensive range of material exists to provide assurance for Lambeth Together and Lambeth's Integrated health and care arrangements. These are used to update each section of this integrated report. As such, there is some variety in the number and look of assurance measures, and the period to which it relates, although every effort is made to use the most current and visual information available.

- Adult Social Care
- Equalities
- Primary care
- Medicines Management / LTC
- Delivery Alliances (i.e. LWNA) & Priorities
- Children's commissioning
- Integrated Health & Care Business Plan
- Finance
- Quality
- Risk
- Enablers
- Lambeth Together Recovery Plan
- Public Health
- NHS Long Term Plan
- SEL borough assurance report
- Planned & unplanned acute

