

## LAMBETH TOGETHER CARE PARTNERSHIP

Date: **Thursday 16 November 2023**

Time: **1.00 pm**

Venue: **In Person at Lambeth Town Hall, Mayor's Council Chamber and [Microsoft Teams Meeting](#)**

### Members of the Committee

Name	Current Job Title
<b>Clinical and Professional Members</b>	
Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, Psychiatrist South London, and the Maudsley NHS Foundation Trust
Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Di Aitken	Lambeth Together Care Partnership Board Co-chair, GP, Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead - Southeast London Integrated Care Board
Fiona Connolly	Corporate Director of Housing and Adult Social Care, Lambeth Council
George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead
Ruth Hutt	Director of Public Health, Lambeth Council
<b>Community Members</b>	
Cllr Jim Dickson	Lambeth Together Care Partnership Board Co-Chair. Cabinet Member for Healthier Communities (job-share), Lambeth Council
Cllr Judith Cavanagh	Young People's Champion, Lambeth Council
Cllr Marcia Cameron	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Lilian Latinwo-Olajide	Programme Director, Black Thrive, Lambeth
Richard Wiltshire	Patient and Public Voice Member
Sarah Flanagan	Patient and Public Voice Member
Sue Gallagher	Lambeth Together Care Partnership Board Lay Member
<b>Executive Members</b>	
Andrew Eyres	Corporate Director of Integrated Health & Care, Lambeth – Southeast London Integrated Care Board
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust - Southeast London Integrated Care Board

Nathalie Zacharias	Director of Therapies, South London and the Maudsley NHS Foundation Trust - Southeast London Integrated Care Board
Paul Coles	CEO, Age UK Lambeth
Sarah Austin	Chief Executive Integrated and Specialist Medicine, GSTT NHS Foundation Trust
Therese Fletcher	Managing Director, Lambeth GP Federation - Southeast London Integrated Care Board
<b>Non Voting Members</b>	
Mairead Healy	Chief Executive, Healthwatch Lambeth
Penelope Jarrett	Chair, Lambeth Local Medical Committee, GP
<b>Exec Team not Board members but required to be in attendance</b>	
Jane Bowie	Director of Integrated Commissioning (Adults) Lambeth Council and ICB
Oge Chesa	Director of Primary Care and Transformation NHS South East London (Lambeth) Integrated Care System
Richard Outram	Deputy Director Adult Social Care Lambeth Council and ICB
<b>Director Lead; Children's Services</b>	
Dan Stoten	Director of Integrated Children's Commissioning and Youth Services - London Borough of Lambeth & NHS South East London Integrated Care System
<b>EDI Lead</b>	
Juliet Amoa	Associate Director, EDI Community Health and Engagement, Lambeth Council
<b>Alliance Directors</b>	
Sabrina Philips	Alliance Director, Lambeth Together Living Well Network Alliance
Josepha Reynolds	Alliance Director, Lambeth Together Neighbourhood and Wellbeing Delivery Alliance
Simon Boote	Programme Lead, Lambeth Together Children and Young People's Alliance
<b>LT Programme Lead</b>	
Chris Moretti	Lambeth Together Programme Lead
<b>Deputies - see note</b>	
Alice Jarvis	Acute & General Medicine (AGM), Integrated Local Services (ILS), and Therapies & Rehabilitation (T&R)
Anna Clough	Site Chief Operating Officer, Kings College Hospital NHS Foundation Trust
Joanna Johnson	Medical Specialties (Med Specs), Specialist Ambulatory Services (SAS), Clinical Imaging & Medical Physics (CLIMP), Dental, and Pharmacy

## Further Information

If you require any further information or have any queries please contact:  
Charli Nelson, Project Manager: [cnelson@lambeth.gov.uk](mailto:cnelson@lambeth.gov.uk), 020 7926 6583

## **AGENDA**

	<b>Page Nos.</b>
<b>1     Agenda</b>	<b>1 - 4</b>
<b>1a    Introductions</b>	
<b>2     Declarations of Interests</b>	
<b>3     Review of Minutes</b>	<b>5 - 18</b>
<b>4     Lambeth Together Care Partnership - Place Executive Lead       Report</b>	<b>19 - 26</b>
<b>5     Carers Strategy</b>	<b>27 - 78</b>
<b>6     Lambeth Together Primary Care Commissioning Committee       (PCCC) Update</b>	<b>79 - 84</b>
<b>7     Diabetes Community Diabetes Service</b>	<b>85 - 102</b>
<b>8     Lambeth Together Assurance Update</b>	
<b>9     Deep Dive: Living Well Network Alliance</b>	<b>103 - 130</b>
<b>10    Questions from public attendees</b>	
<b>11    AOB</b>	

This page is intentionally left blank



## Lambeth Together Care Partnership Public Forum and Board Meeting in Public

In Person at Lambeth Town Hall, Mayor's Council Chamber & [Microsoft Teams Meeting](#)  
Thursday, 16 Nov 2023 | 1:00pm – 5:00pm

### AGENDA

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

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
1 p.m.	<b>Public Forum</b>		
60 mins	<b>Welcome and introductions</b>  <b>The Public Forum and how to take part</b>  <b>Questions from the public</b>		<b>Cllr Jim Dickson</b> <i>Co-Chair</i>
2 p.m.	<b>Board Meeting in Public</b>		
1.	<b>Introductions</b> <ul style="list-style-type: none"> <li>▫ Welcome, introductions and apologies</li> </ul>		<b>Dr Di Aitken</b> <i>Co-Chair</i>
2.	<b>Declarations of Interest</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to declare any interests on items included in this agenda</li> </ul>		<b>Dr Di Aitken</b> <i>Co-Chair</i>
3.	<b>Review of Minutes</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to approve minutes and review any matters arising from the Lambeth Together Care Partnership Board meeting in Public on 21<sup>st</sup> September 2023</li> </ul>	Paper enc.	<b>Dr Di Aitken</b> <i>Co-Chair</i>
4. 2:10pm (10 mins)	<b>Lambeth Together Care Partnership - Place Executive Lead Report</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to receive an update on key developments since the last Lambeth Together Care Partnership Board meeting in Public on 21<sup>st</sup> September 2023</li> </ul>	Paper enc.	<b>Andrew Eyres</b> <i>Place Executive Lead, Strategic Director, Integrated Health, and Care</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
5.  2:20pm (45 mins)	<b>Carers Strategy</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to approve and endorse the Lambeth Carers Strategy 2023-2028</li> </ul>	Paper enc.	<b>Josie Brooks</b> <i>Lead Commissioner, Lambeth</i>  <b>Alice Dias</b> <i>CEO Carers Hub Lambeth</i>  <b>Margaret Ashmead</b> <i>Lambeth Carer</i>
6.  3.05pm (10 mins)	<b>Lambeth Together Primary Care Commissioning Committee (PCCC) Update</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to note the update on discussions held at the Primary Care Commissioning Committee on 07 September 2023 and ratify the decisions made</li> </ul>	Paper enc.	<b>Sue Gallagher</b> <i>Board Lay Member</i>  <b>Oge Chesa</b> <i>Director of Primary Care and Transformation</i>
3:15pm	<b>BREAK</b>		
7.  3:25pm (20 mins)	<b>Diabetes Community Diabetes Service</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to note the update on the Lambeth Community Diabetes Service, support and contribute to the future aims of the Service</li> </ul>	Paper enc	<b>Jenny Sivaganam</b> <i>Interim Associate Director Medicines and Long Term Conditions (Lambeth)</i>  <b>Dr Stephen Thomas</b> <i>Clinical Director – Medical Specialties and Specialist Ambulatory Service</i>  <b>Dr Dulmini Kariyawasam</b> <i>Clinical Lead for Diabetes from the Lambeth Community Diabetes Service, Diabetes and Endocrinology, Guy's and St Thomas' NHS Foundation Trust.</i>
8.  3.45pm (10 mins)	<b>Lambeth Together Assurance Update</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report for September 2023</li> </ul>	Paper attached	<b>Sue Gallagher</b> <i>Board Lay Member</i>  <b>Warren Beresford</b> <i>Associate Director Health and Care Planning and Intelligence</i>
9.  3:55pm (50 mins)	<b>Deep Dive: Living Well Network Alliance</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to note the progress of the LWNA in delivering its business plan and the success of the PCAN (Primary Care and Alliance Network) and IPS (Individual Placement Support) service</li> <li>▫</li> </ul>	Paper enc	<b>Guy Swindle</b> <i>Deputy Director - Living Well Network Alliance</i>  <b>Rosie Ostridge</b> <i>Clinical Service Lead, Lambeth Primary Care Network</i>  <b>Richard Blackburn</b> <i>PCAN Meetings Facilitators</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
			<b>Telixia Inico</b> <i>Senior Practitioner/ Team Leader</i>  <b>Adebola Jay-Alechenu</b> <i>Senior Employment specialist</i>
10.  4:45pm (10 mins)	<b>Questions from public attendees</b> <ul style="list-style-type: none"> <li>▫ An opportunity for members of the public to ask further questions</li> </ul>		<b>Dr Di Aitken</b> <i>Co-Chair</i>  <b>Cllr Jim Dickson</b> <i>Co-Chair</i>
11.  4.55pm	<b>AOB</b>  <b>Close</b> <i>Date of next meeting: 18<sup>th</sup> January 2024 (virtual)</i> <ul style="list-style-type: none"> <li>▫ <i>Public forum, 1pm-2pm</i></li> <li>▫ <i>Board meeting in Public, 2pm-5pm</i></li> </ul>		<b>Dr Di Aitken</b> <i>Co-Chair</i>

This page is intentionally left blank

## LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

**Thursday, 21<sup>st</sup> September 2023, 2pm  
Microsoft Teams Virtual Meeting**

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

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

[Part 3 Meeting Recording - Item 6 to Item 10 \(Inclusive\)](#)

[Lambeth Together Care Partnership Board Papers](#)

### Members Present:

Cllr Jim Dickson	Lambeth Together Care Partnership Board Co-Chair. Cabinet Member for Healthier Communities (job-share), Lambeth Council
Dr Di Aitken	Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead
Andrew Eyres	Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
Anna Clough	Site Chief Operating Officer, Kings College Hospital NHS Foundation Trust (deputising for Julie Lowe, Site Chief Executive, Kings College Hospital NHS Foundation Trust)
Cllr Judith Cavanagh	Young People's Champion, Lambeth Council
Cllr Marcia Cameron	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Dr George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead
Fiona Connolly	Corporate Director of Housing and Adult Social Care, Lambeth Council
Lilian Latinwo-Olajide	Programme Director, Black Thrive, Lambeth
Nathalie Zacharias	Director of Therapies, South London, and Maudsley NHS Foundation Trust
Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Paul Coles	Chief Executive, Age UK, Lambeth
Raks Patel	Project and Engagements Manager, Healthwatch Lambeth (deputising for Mairead Healy, Chief Executive, Healthwatch Lambeth)
Rich Wiltshire	Patient and Public Voice Member
Ruth Hutt	Director of Public Health, Lambeth Council
Sarah B Flanagan	Patient and Public Voice Member
Sue Gallagher	Lambeth Together Care Partnership Board Lay Member
Therese Fletcher	Managing Director, Lambeth GP Federation

### Apologies:

Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Dr Penelope Jarrett	Chair, Lambeth Local Medical Committee
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust
Mairead Healy	Chief Executive, Healthwatch Lambeth
Sarah Austin	Chief Executive Integrated and Specialist Medicine, GSTT NHS Foundation Trust

### In Attendance:

Edward Odoi	Associate Director of Finance, Lambeth, Southeast London Integrated Care Board
-------------	--

Guy Swindle	Living Well Network Alliance Deputy Director
Jane Bowie	Director of Integrated Commissioning (Adults), Lambeth Council and Southeast London Integrated Care Board
Joseph Reynolds	Neighbourhood and Wellbeing Delivery Alliance Programme Director
Oge Chesa	Director of Primary Care and Transformation, Southeast London Integrated Care Board
Sabrina Phillips	Living Well Network Alliance Programme Director
Warren Beresford	Associate Director, Health and Care Planning and Intelligence, South East London Integrated Care Board
Alexandra Eastaugh	Public Health Intelligence Analyst, Lambeth Council
Ese Iyasere	Public Health Consultant, Lambeth Council
Richard Sparkes	Deputy Director of Social Care
Robert Goodwin	Programme Manager, Combating Drugs Partnership
Simon Boote	Children and Young People Alliance Lead
Chris Moretti	Lambeth Together Programme Lead

## 1 Introductions

Those present introduced themselves. Apologies were noted from Julie Lowe, with Anna Clough (AC) deputising, Sarah Austin, Penelope Jarrett, and Mairead Healy, with Raks Patel (RP) deputising.

Welcome to Nathalie Zacharias (NZ) who has taken over Kirsten Timmins' role as a Board member and Simon Boote (SB) as the new Children and Young People's Alliance Lead.

### Reporting back from the Public Forum

Dr Di Aitken (DA) welcomed members to the meeting and noted the topics discussed during the public forum that included:

- The potential privatisation of NHS services, namely the Camberwell NHS dialysis centre and its move to Brixton and the AT Medics practice in Streatham.
- Naloxone access for frontline police and emergency services.
- The waste disposal site fire on Shakespeare Road and the concerns around toxic fumes.
- Access to new Covid vaccination appointments.

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

- A video demonstrating the excellent work providing personalised care which was launched at the recent Carers' Sector Awards was played. To view the video, please click [here](#).

The following discussions were also had:

- Sarah Flanagan (SF) gave an update on the work she has been completing within the community as a Patient and Public Voice Member (PPV), namely, accessing the Project Smith Community Connectors at Healthwatch, attending a study day for joint pain, and visiting the Lambeth Health and Wellbeing Bus to have her blood pressure taken. SF wanted to highlight how well-attended the bus was. SF also mentioned it is World Mental Health Day on the 10<sup>th</sup> October and the Age-Friendly event at the Oval on the 30<sup>th</sup> September. SF had noted that Healthwatch were running projects for digital inclusion and wanted to reach out to members to encourage the south Asian population in the borough to attend these projects, as they tend to miss out due to a language barrier.
- Andrew Eyres (AE) reported on the ongoing industrial action and explained that strike action was currently underway this week, with junior doctors and consultants on strike. This is the first

time both junior doctors and consultants were on strike at the same time, and as such, this presented an additional risk. AE reported that trusts are doing an excellent job responding to patients' urgent care needs and maintaining services as best they can. The real impact of the strike would be felt by cancelled procedures and appointments, and that Trusts are still in the process of recovery from activity lost during the pandemic. Further industrial action is planned for October and at a time close to the date Guy's and St Thomas' and King's are implementing a new information system, which is a major transformation piece.

- AE also explained we are seeing an increase in the numbers of Covid being reported, although we are not seeing a big change in admissions to hospital. As a preventative measure, the NHS has brought forward the roll out of the vaccine programme for those most at risk. The roll out started 11<sup>th</sup> September, with local vaccination sites including 34 pharmacies, 3 primary care network sites and the Guy's and St Thomas' site. GPs are responsible for administering vaccines to those who are housebound.

## **2 Declarations of Interest**

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

None were declared.

## **3 Minutes from 20 July 2023 Meeting**

- The [minutes](#) of the meeting of Thursday 20 July 2023 were agreed as an accurate record of the meeting, subject to;
- Rich Wiltshire (RW) asked for a comment he made at the July meeting to be added to the minutes. The comment was RW had witnessed the increased and growing spread of Covid in the communities that he was a part of. He also noted the outsized negative impact Covid has on the vulnerable and self-employed.
- Penelope Jarrett (PJ) had a comment sent in advance regarding matters arising, surrounding a governance process for the PCCC (Primary Care Commissioning Committee), which Sue Gallagher (SG) commented has been addressed and resolved at the July meeting (where PJ was not in attendance).

## **4 Lambeth Together Care Partnership – Place Executive Lead Update**

Andrew Eyres (AE) gave thanks to trust colleagues for attending today's meeting given the operational challenge presented by industrial action. AE gave an overview of key highlights in his Place Executive Lead report, and the following discussions were had:

- Sue Gallagher (SG) mentioned the report refers to a survey being done with ethnic minority communities and asked if there was any resistance to people being asked to complete a survey and if there are any learnings about how to best engage. SG also noted, the report refers to the community living room being a great idea for adults and asked if there is anything similar for young people.
- AE mentioned the survey SG was referring to was the Age Friendly survey and there would be further feedback once the current discovery phase was complete. Ruth Hutt (RH) explained that whenever we do surveys, we try to make sure we have representation across all groups and if not, this is addressed through focus groups and trusted networks.
- AE also explained we do have some dedicated facilities for young people, but they are not a 'living room' for children. Investment into voluntary organisations working with young people is



funded through the Lambeth Made Safer programme, with opportunities for young people to attend homework clubs, sports, etc.

- Cllr Judith Cavanagh (JC) commented on Lambeth having the lowest uptake of using 111 services and asked if that was a sign people can get hold of their GPs or is that because more people are accessing A&E. AE explained access in Lambeth is good compared to other places and we have extended access arrangements based on public feedback with increased capacity on Saturdays, and with more appointments after 5pm.
- RW commented on the GP survey responses which are good or very good and explained that it is his experience of his local practice in Brixton. DA added to JC's point that within the National GP Patient survey, Lambeth is the best performing in South East London and the figures show how easy it is to access a GP by phone – the national average is 48% whereas Lambeth is 61%. AE explained that means 39% are still struggling to access their GP via phone so we cannot become complacent.
- RW had a question about the new electronic system, namely, for users and patients with multiple long-term conditions who visit multiple clinics and trusts, historically have relied on doctors copying different people into correspondence, so will their records be in one place as it will be much more helpful? RW also asked what are the changes and how are we progressing with the system? AE explained the benefits of the system go beyond that as there will be a new patient app which will bring together clinical systems for professionals but will allow interface with patients themselves to interact with their care and appointments. Anna Clough (AC) explained it is a large scale of implementation at one time, but that it will be worth it because of the benefits.
- Cllr Dickson (JD) wanted to make sure members were aware that a 111 'press 2' service for those with a mental health issue is due to launch shortly, to allow for patients to be directed to the right services. JD welcomed this service and is interested to know more about how it will work in terms of linking patients with local Lambeth services. JD explained this is a big step forward and asked for some more information. AE explained this could be brought back to a future meeting.

**Action: Age Friendly Discovery findings to be presented at a future Board meeting.**

**Action: 111 Press 2 service to be presented at a future Board meeting.**

#### **RESOLVED**

1. Board members to note the update of key developments since the last Lambeth Together Care Partnership Board meeting in Public on 20<sup>th</sup> July 2023.

To view the report accompanying this item, refer to pages 11 to 17 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 03:35 – 21:17.

#### **5 Children and Young People Alliance – Deep Dive**

Simon Boote and Raj Mitra presented on the Children and Young People's Alliance. The following discussions took place:

- DA was pleased to see the emphasis on two-way communication with different groups. DA uses Twitter and LinkedIn but young families use TikTok, Instagram, etc. so asked if we are going to modernise the mediums we use and use those mediums to work with that cohort of people?
- SB explained the discussions were had in a meeting he attended earlier in the week and the Alliance has it specifically in their plan, as the way in which children and young people communicate is different in terms of apps they use, so we need to understand the trend and what will give us most interactions. We need to work with our communications team on how



best we get our message out there. RM explained we need to go out and talk to young people so we can find out and explained we need to continue to talk to them.

- SG was very excited to hear about the Alliance and was particularly worried about two groups: single parents and those children who do not attend mainstream school. SG is aware that single parents are most vulnerable when it comes to the cost-of-living crisis and poverty and wondered if we could instil plans to talk to single parents and children about things that would help them. SG noted with those children excluded from school, we need to consider how vulnerable they are to get picked up by gangs or become involved in violence, so SG wondered whether there were plans to talk to staff in pupil referral units and individuals themselves so we can consider what creative ways we can use to try and steer their path in a positive way.
- SF asked about the length of time it will take to put this plan into practice – will it be a year, or 2 years, for example?
- PJ stated with a comment sent in advance that this is such important work, but the report is heavy in governance and hard to understand in the absence of any associated verbal report. As GPs, we are in alignment with parents in valuing stability and the one-stop shops provided by children's centres. Will these be retained and strengthened?
- JC asked where the priorities for the plan have come from and if children and young people have been a part of those discussions to say what the priorities are.
- SB answered regarding single parents and explained that the alliance is linked with the maternity system. There is a piece of work looking at those who may find it difficult to access services and there has been a recent piece of work where five charities link with and support those groups of people. Five reports are due and three are imminent at the end of October so we will make sure to acknowledge the work when it goes on and get the right things in place to put recommendations from those reports in place.
- Regarding children out of education, there is a focus on that and recently, Guy's and St Thomas' hired a nurse to support the mental health for those out of the education system. This was a difficult position to fill so this is a good news story.
- We pulled the plan together in terms of different elements – we need robust governance in place so logically, this needs to be in place to enable the work we want to deliver. We are looking at the structure of the alliance and will work with programme and project teams – there are several people we need to work with us to deliver against the plan. We have in place specific timelines that will then follow on from that work and the plan is very long-term and we do not want to rush. RM explained there have been lots of plans over the years and this is a new plan – we have an emotional health and wellbeing scheme in Lambeth and South East London, so things are going on currently - this plan is a refresh for the future.
- In terms of children centres being strengthened and retained, we are not looking at things that are currently happening to replace them, it is heavy in governance, which I understand if you are reading the slides without the commentary attached but it's not about shutting things down or making things complex, it's just an aim to provide a firm foundation for progress and to highlight all the work being done within the alliance. The plan's focus is stability. RM explained that if anything, we will strengthen the children's centres and the worry is, we have the centres, but they are underutilised.

#### **RESOLVED**

1. Board Members to note the proposed plan for the Children and Young People's Alliance.
2. Board Members to discuss any points of the plan that are of interest.
3. Board Members to highlight any areas of missed opportunity or concern.

To view the presentation accompanying this item, refer to pages 19 to 32 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 21:31 – 59:09.

**6 Lambeth Together Assurance Update**

Sue Gallagher and Warren Beresford updated the Board on the Lambeth Together Assurance Group.

- SG noted the papers included were for May and not for the more recent July meeting. SG explained there was also an Assurance meeting this week, which would be for September, but that will be presented at the November Board. SG explained that the Assurance group focused on three outcome areas:
  - People know where to go to get the right help and are told at the right time and in the right place for their needs.
  - People have healthy mental health and emotional wellbeing.
  - People are immunised against vaccine preventable diseases.
- SG explained there has been some subsequent developments around the Assurance report and we are continuing to try and refine it. PJ has sent comments in advance about the relating to the risk report.
- PJ stated that the Assurance pack contains a lot of dense information, it is hard to read and often also hard to interpret, even for someone like PJ who is close to much of the work and used to looking at data and there are examples where PJ cannot tell if we are doing well or badly. It would be more appropriate for the Executive, with highlights only coming to the Board. Highlights would cover where we are doing well, and where we could do better.
- PJ also asked if the primary care estates risk was only about physical buildings, or does it also cover IT? PJ sees this as a significant risk area, but it is on the South East London risk register. The other potential risk in primary care is the number of GPs leaving, either due to retirement or to work elsewhere.
- SG explained we are struggling to meet some of the national standards in relation to cancer and immunisations and other areas we have usually done very well in but are not currently doing so, i.e., dementia screening and recovery rate for talking therapies.
- Warren Beresford (WB) explained in July we launched the new format of the report. Which would continue to focus on the Health and Care Plan. In the report and as part of the Health and Care Plan planning process, we identified impact measures to make sure we were moving forward with the outcomes and within the report in July, we reported on half of those. In September, we were reporting on almost all those impact measures. WB ran the new highlight report through the Board PPV, RW, to make sure it was accessible to the public. One of the pieces of feedback was it is a huge report so how do we sort it out and where are we in terms of our progress. The report does have a summary highlight page, but we will develop a scorecard for an at-a-glance summary.

The following was discussed:

- On primary care risks point, South East London are building a dashboard and one of the things they will want to build into that is, how resilient practices are across the system. We will consider with Oge Chesa (OC) and WB how that might play into our reporting of risks.
- RM mentioned there is a risk relating to GP premises and asked if this is reflected on the risk register? AE and SG confirmed it is and it is deemed a high risk.

SG wanted to thank members for being very helpful in contributing to the assurance meeting and report.

**Action: Review meeting dates for the Assurance Group alongside the Board meetings.**

**Action: Oge Chesa and Warren Beresford to review primary care data reporting to assess how resilient practices are in terms of estates, IT, and workforce.**

**RESOLVED**

1. Board Members to note the accompanying report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report.

To view the presentation accompanying this item, refer to the supplementary paper.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 00:12 – 10:50.

**6 Adult Social Care Assurance**

Fiona Connolly presented on Adult Social Care Assurance. The following discussion was had:

- Cllr Marcia Cameron (MC) expressed that the team have been working so hard, concisely, and efficiently regarding this work. MC spoke to the person from the Care Quality Commission (CQC) yesterday and comments were very positive around how Lambeth are doing. MC explained there had been an enormous amount of data collection The inspectors are going to look at the customer experience and how we support people in making decisions for themselves, especially those with mental health and physical disabilities. MC wanted to flag that there are a lot of occasions where we could promote more on what we are doing well
- RM agreed with MC as RM spent an afternoon with the initial contact team who do amazing work. We need to break down the walls around adult social care and celebrate the work we are doing - social workers want to come out and see what GPs do and this would be a good way to get people working together. RM highlighted again how impressive the team were.
- SG mentioned in the Assurance meeting this week there was a presentation which showed King's was doing well in offering supportive employment for those with learning disabilities, but Guy's and St Thomas' did not feature so the question we posed was is there going to be a focus on Guy's and St Thomas' engagement? The question we have known for years now is customer satisfaction in relation to home care, the stability of the person who visits and if they have time to have a chit chat is very important and secondly, if they are connected into multi-disciplinary teams, should they have multiple needs, is also very important so I wondered if we are at a point to commission home care providers to provide home carers for small neighbourhoods to maximise recruitment potential for those who do not have resources to travel or have care needs where they need to manage the hours they work?
- Guy Swindle (GS) stated that adult social care and mental health is a core member of the Living Well Network Alliance so offered any help required with the inspection.
- FC thanked GS for his offer. FC explained we must demonstrate working together in one system to deliver holistic care and that we are joined up in the places we need to be joined up in and mental health is a good example of that. Those services are the ones we are cross cutting with other providers so we can demonstrate how effective we work but that does not mean we do not have challenges, so we need to know our current position in adult social care – what is going well, what areas need developing. We are responsible for prevention, which is a huge area for us, working with GPs and initial contact is a good example of partnership with Age UK. There were lots of referrals coming into adult social care, 80% were signposting and the voluntary sector are more skilled at signposting. We are still finding too many assessments that are not leading to care and support. We want to make sure we are working with those who really need it so that is a good example of how we are trying to work with the voluntary sector in adult social care.
- FC explained we need to be aware of what our organisations offer and do the work together that prevents people becoming unwell earlier than they need. To MC's point, it is intense, but that's ok as we have been able to bring in extra resource, in particular around communications. Our measure of success will be if everyone has the same narrative of adult social care, so we are working with communications teams to define that narrative. Before the inspectors come, they will ask for a raft of information which will be data driven and the data will drive them to

areas we are doing well in, to sense check those and then where we are not doing so well. We need to consider what we are doing about the areas that need improving and what are we doing with the data to drive improvements because improvements mean better outcomes.

- To SG's point, around neighbourhood working, colleagues are working hard in this space. We have seen the business case for how we want to go out to procure neighbourhood-based models of care and support. The main reason for that is local people knowing local workers as they live in the area, building relationships with nursing teams and housing officers. We need to bring everyone together to share intelligence and keep people well.
- In terms of contacting us, we have good websites and good details on websites. If we take the case of housing and people who want to complain, not many people complain, but what is clear is our own systems and processes do not make it easy as we have multiple entry points for talking about housing, so we are streamlining that into a single point of contact. I do not see those same challenges with people trying to contact us regarding adult social care, I believe people can contact us quite easily.
- PJ raised a question, sent in advance, around forms and the formatting. Richard Sparkes (RS) says there is a dedicated email address GPs can use to contact adult social care and they can attach any form that is relevant to them and make a referral. We do have an online form we encourage other professionals to use, and we have done work to simplify that. We encourage professionals to use the online forms so phonelines are kept open to those who are not good with digital platforms. RM confirms practices are still sending documents to the incorrect email and explained Mina and her team agreed to provide information on what adult social care does, the statutory duties and the email address, the form to use and RM will distribute this information to practices in Lambeth. RS will pick up outside the meeting.

**Action: Richard Sparkes to provide information on adult social care responsibilities, their statutory duties and to reissue email addresses and forms to use to GP practices in Lambeth.**

#### RESOLVED

1. Board Members to note the new external inspection regime for Adult Social Care
2. Board Members to consider those areas where support is requested from the Lambeth Together Care Partnership Board

To view the presentation accompanying this item, refer to pages 33 to 48 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 11:06 – 49:30.

## 7 Substance Misuse – Deep Dive

Ese Iyasere (EI), Robert Goodwin (RG) and Mike Kelleher (MK) gave a deep dive on Substance Misuse:

- DA asked what should GPs and GPs in training should be looking out for in terms of physical problems – should they be looking for liver problems or should they be screening people for chronic obstructive pulmonary disease, for example?
- MK explained if you look at mortality in working age adults under age 55, the vast cause of it is related to drug and alcohol abuse and the lead cause of death in the under 55s is liver disease. The main cause of liver disease is alcohol so when it comes to patients in GP surgeries and picking up the causes, GPs can do the simple AUDIT-C screening to identify people who drink too much and then make the relevant referrals. The other big physical health killer we see is Chronic Obstructive Pulmonary Disease (COPD) - when we look at alcohol dependant patients, about 80% of them smoke and with Opioid dependant patients, about 90% of them smoke. When you look at the general adult population, only about 15% of them smoke. When you think about 5% of the population are drug or alcohol dependant and nearly 100% of them smoke, that is about a third of people who are smoking and are either drug or alcohol dependant. We

run a smoking cessation clinic and have a community respiratory team come to our services in Brixton and run a clinic where they check people for COPD and offer treatment for asthma and COPD. These are the two big issues practices should be looking out for.

- AE noted the data is striking but it would be helpful to see numbers as well as percentages. Secondly, what MK describes is taking a population health approach, yet, the services are still reliant on individual referrals, so is there any way we can use this population health approach to have a pull referral rather than a push approach. How do we look at databases to pull people in?
- George Verghese (GV) was interested in mental health crisis presentations and believes what is turning up a lot into our emergency departments are mental health patients, probably well known to the system but are exacerbated by substance misuse issues. For the GP, how they connect with substance misuse and dual diagnosis workers can be a little challenging at times. GV wondered if we could think about solutions to that going forward.
- JD asked when health leads had conversations with the Office of Health Improvements and Disparities (OHID) in August, some of our partners were saying a big constraint was on recruitment and workforce development. JD understands it does not apply to us in Lambeth but would be interested to know if there is a dimension there at all. At the same time as us not seeing the referral rate rise as much as we would like, we do see a lot more street homeless people whose situations appear to be driven by addiction so the public would be wanting us to use whatever means possible to help get those street homeless people into treatment. JD wondered if those links are as strongly developed as they could be.
- SG is interested in the prison system and whether the team know the reasons why we are getting so few people into treatment once they come out of prison.
- Raks Patel (RP) asked what happens once the individual gets the service, is there any information about outcomes?
- Nozomi Akanuma (NA) believes what is missing in terms of identifying needs and providing interventions is the neuro and cognitive side of the consequences of substance misuse. Quite often, the number of those affected is small, but it still takes up a lot of resources to deal with and not many people have that level of expertise across the borough, which may be why there is a bit of a gap with these situations.
- EI explained we do have access to specific numbers so we can get those. Regarding pulling people in rather than waiting for referrals, we are looking at how we frame things regarding alcohol and how we ensure that message resonates with people who have those problems and that they feel comfortable and confident enough to come forward and access treatment. This would also answer the question around prevention – we are working with the rough sleepers' team and their outreach service to engage rough sleepers while the team is out and about. We can understand the type of rough sleepers we have, where they are from, what pulls them into Lambeth, etc., so we are on top of that and produce targeted, bespoke solutions. We are in the process of pulling together an outreach team dedicated solely to substance misuse, above and beyond what the team already do.
- In answer to GV's question, it is clear that in Lambeth, wherever people turn up, they should get support. MK explained their team talks a lot with the mental health team and looks at things that can be done but does realise more than can be done. NA adds there is a dual diagnosis worker post and believes the interface within the local relationship is effective NA believes the challenge around how we will eliminate discrimination or different treatment is a lot bigger than getting extra staff members and notes that, within our control, we treat people with mental health conditions and substance misuse conditions without using the word disorder or discriminating. NA agrees there is a lot more to do.
- GV mentions the Staying Well Clinic and that it would be a good idea for the local substance misuse worker to attend that clinic. NA explains there is a Primary Care Network Living Well Centre virtual clinic which we have enrolled into 6 out of 9 Primary Care Networks, so we are in the first phase of enrolment. NA said more will come. GV asks that a substance misuse worker attend an hour or 30 minutes every other week. MK can take that away from the meeting.



- MK wanted to note on AE's point – the reason referral numbers are so low and self-referrals are so high is because there are no barriers to people coming in to see us. We will see people without asking many questions.
- EI answered JD's question around workforce – we are in a good place in Lambeth. RG explained we did a workforce development review and found it is a national issue and we did not find anything particularly problematic regarding Lambeth. We are feeding into a regional workforce development group and are working across South East London where issues are shared, how we train people, how we retain people, etc. is shared.
- Regarding the prison question, RG explained we are looking at our main feeder prisons, where the numbers of people are and how we compare with other areas and we are working with them, such as Croydon, which has a higher referral uptake than us so we are finding out what they are doing right, how can we share learnings, etc. We are hearing from prisons that every local authority wants prison workers inside and prisons cannot accommodate that so we are working with Croydon and Southwark to see if we could get one or two workers inside to represent our boroughs and link to services – this is due to the pressure on the prisons. We are working with NHS England who are commissioning prisoner's health within the prisons, to link in our services with them. We are moving forward a lot with that. Private prisons have made it clear they will not let local authorities in. EI added that we are all talking to each other and helping each other make links with each borough.
- MK answered RP's question about what happens when people go through the service – we provide treatment in line with national guidance. There are two things we do – we harm reduce; we keep people alive until they make their choice. There is a lack of rehab space, due to 13 years of lack of money and there is a difficulty getting things in place, but we have considerable amounts of community rehabilitation and are doing our best to integrate with physical and mental health care.
- AE wanted to follow up on the self-referrals and asked is there something we need to do to make people aware of that? MK noted the numbers are going up but there are a lot of myths DA is speaking to GPs in the borough, MK is speaking to pharmacists, but there is always more we can do to ensure people know they can self-refer. We do not screen people out; everyone will be seen.

**Action: Ese Iyasere to provide specific numbers with the presented data provided.**

**Action: Mike Kelleher to find out if a substance misuse worker can attend the Primary Care Network Living Well Centre virtual clinic.**

**Action: Consider how we promote self-referral into the services.**

#### **RESOLVED**

1. Board Members to support Lambeth in achieving the ambitions of the drug strategy regarding numbers in treatment.
2. Accept the offer of free training related to substance misuse in Lambeth.

To view the presentation accompanying this item, refer to pages 49 to 65 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 49:37 – 1:45:30.

#### **8 Questions from public attendees**

There were no questions from public attendees.

**9 AOB**

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as 16<sup>th</sup> November 2023 and will be held in person and virtually. The venue is to be announced.

GS explained that South London and Maudsley colleagues were happy to attend Mosaic Clubhouse to administer vaccinations for colleagues and service users. GS agreed a date would be arranged. This follows a discussion during the break where SF asked if Mosaic colleagues would be included in vaccinations for healthcare colleagues.

**Action: GS to arrange a date for Mosaic Clubhouse to receive their Covid vaccinations.**

The meeting ended at 16:58.

CHAIR  
LAMBETH TOGETHER CARE PARTNERSHIP BOARD  
Thursday 21 September 2023

This page is intentionally left blank



## September Action Log

### Lambeth Together Care Partnership Board

Date Raised	Action	Owner	Action Due Date	Current Status	Open/ Closed
21/09/2023	Age Friendly Discovery findings to be presented at a future Board meeting.	Lambeth Together Project Manager	16/11/2023	Added to LTCP Board Forward Plan	Closed
21/09/2023	External communications on the launch of the new electronic system at Guy's and St Thomas' and King's to be circulated to Board members.	SA / AC	16/11/2023	Circulated 30/10	Closed
21/09/2023	111 Press 2 service to be presented at a future Board meeting.	Lambeth Together Project Manager	16/11/2023	Added to LTCP Board Forward Plan	Closed
21/09/2023	Review meeting dates for the Assurance Group alongside the Board meetings.	Lambeth Together Project Manager	16/11/2023	Meeting dates have been reviewed.	Closed
21/09/2023	Oge Chesa and Warren Beresford to review primary care data reporting to assess how resilient practices are in terms of estates, IT, and workforce.	OC / WB	16/11/2023	The approach to resilience was discussed 1st Nov and will be picked up by Primary Care Transformation and Operational Group. The group will feed up to the LTPCCC who then feed into the board.	Closed
21/09/2023	Richard Sparkes to provide information on adult social care responsibilities, their statutory duties and to reissue email addresses and forms to use to GP practices in Lambeth.	RS	16/11/2023	Information provided to Raj to share with colleagues.	Closed
21/09/2023	Ese Iyasere to provide specific numbers with the data provided for Substance Misuse %	EI	16/11/2023	Numbers provided and circulated to Andrew Eyres	Closed

This page is intentionally left blank



## Lambeth Together Care Partnership Board

<b>Title</b>	Lambeth Together Place Executive Lead Update
<b>Meeting Date</b>	16 November 2023
<b>Author</b>	Andrew Eyres – Strategic Director, Integrated Health and Care
<b>Lead</b>	Andrew Eyres – Strategic Director, Integrated Health and Care

This item is for;

<input checked="" type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Ratification</b>
-------------------------------------	--------------------	--------------------------	-------------------	--------------------------	-----------------	--------------------------	---------------------

Recommendations;

The Lambeth Together Care Partnership Board is asked to;

1. Note an update on key developments since the formal Lambeth Together Care Partnership (LTCP) Board meeting in public on 21<sup>st</sup> September 2023.

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

N/A. Individual items addressed at various fora.

Summary and Impact on Inequalities

An update to the Lambeth Together Care Partnership Board (LTCP) from the Lambeth Place Executive Lead Andrew Eyres, reporting on key issues, achievements, and developments from across our Partnership.

This page is intentionally left blank

## Lambeth Together Care Partnership

### Place Executive Lead Report 16<sup>th</sup> November 2023

**Andrew Eyres; Strategic Director, Integrated Health and Care**



#### **‘Our Health, Our Lambeth’**

We are approaching the 6 month milestone since we launched our comprehensive five-year Health and Care Plan '[Our Health Our Lambeth](#)'. As a Care Partnership, we have committed to in excess of 200 ambitious activities that will feed into the successful delivery of our 3 key aspirations for the health and care of our Lambeth patients and residents:

- 1) People lead healthy lives and have good physical and emotional health and wellbeing for as long as possible
- 2) Physical and mental health conditions are detected early and people are supported and empowered to manage these conditions and avoid complications
- 3) People have access to and positive experiences of health and care services that they trust and meet their needs

Recent appointments to a number of key leadership roles will enable us to work at pace towards our overarching goal of tackling unfair and avoidable differences in health between different groups and supporting them to lead healthier lives. Our three Delivery Alliances; Children and Young People Delivery Alliance, Living Well Network Alliance and the Neighbourhood and Wellbeing Delivery Alliance, alongside our focused Programmes; Homeless Health, Sexual Health, Staying Healthy, Learning Disabilities and Autism and Substance Misuse, remain committed to these activities working across Lambeth Together partners. We acknowledge and understand that this is just the start, and we intend to evaluate, learn, reflect, and refine as we go. You can continue to track the progress of our outcomes in our Assurance updates on our [Lambeth Together website](#) and through Partnership Board reports.

#### **System Pressures and Industrial Action**

The latest NHS industrial action took place as a co-ordinated strike between the junior doctors and the consultants on 2<sup>nd</sup> to 5<sup>th</sup> October. As we reported in September, junior doctors have voted in favour of potential action up until 29th February 2024. The period of dispute has added considerable pressure on our health and care services; however, we continue to work closely with all system partners to implement measures to minimise disruption and any possible adverse impacts to services and our patients. Whilst we have addressed access to urgent care services the impact will be felt through delayed appointments and planned procedures. Within this context and the wider demand and financial challenges faced by all organisations, we finalised and circulated our Lambeth and Southwark Urgent Care System plans for this winter on 3<sup>rd</sup> November.

#### **Electronic Patient Records System (EPIC) Launch**

Congratulations to colleagues at Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts who have jointly introduced their EPIC electronic health record system. The new system will replace multiple

clinical systems in use across both Trusts with a single, integrated, and comprehensive electronic health record. Epic allows everyone involved in a patient's care to have access to their records, whether in hospital, in a community clinic, or at home. This will also enable Health and Care staff an overview of a patients' care, allowing them to work more effectively and have more time to spend with patients. The launch of EPIC across the two Trusts is the largest of its kind in the UK and a significant undertaking. To accompany EPIC a new patient portal MyChart, giving patients better direct access to information about their care is being implemented. You can find out more information about [Epic](#) and [MyChart](#).

### Management Cost Reduction

The ICB commenced its consultation with ICB staff on 16<sup>th</sup> October concerning proposals to address the national requirement for a 30% reduction in management costs, starting from April 2024. The consultation runs for 45 days to 29th November. This is a significant ask and will not be without impact on the overall capacity and capability of the ICB. It will require us to work in more productive ways and to work in a more collaborative fashion across SEL System partners. In Lambeth, we already have the most integrated structure in terms of our joint working across the NHS and Lambeth Council and within our Alliance partnership working. We have sought to sustain and build on this integrated approach. We have also mitigated the impact, to some extent, through the use of budgets committed previously on a non-recurrent basis, through the release of existing vacancies and through opportunities for closer collaborative including working with Southwark around urgent and planned care.

### Our Delivery Alliances

**Living Well Network Delivery Alliance:** The Alliance has been working closely with the Lambeth Collaborative to plan and develop a large Open Space public engagement event. This externally facilitated event, which is free and open to all, is to be held on the 23<sup>rd</sup> November. People from across Lambeth communities with diverse experiences and perspectives of mental health and services, and a desire to see change, will come together to find solutions to the question *'How can we work together to enable people who experience mental unwellness in Lambeth to live full lives?'* This will be held at St Matthew's Church, Brixton (opposite the Lambeth Civic Centre) between 09:45 and 16:30. More details can be seen [here](#).

The Alliance continues to manage high demand and various spells of industrial action whilst maintaining services and reducing the number waiting to be assessed by our Single Point of Access

**Children and Young People Delivery Alliance:** The Alliance is making notable strides. The work plan for the CYP Alliance has been approved, setting a clear direction for its efforts. CYP Alliance Board meetings have been lined up for rest of the coming year and for next year. An in-depth review of the Alliance's governance structure has been finalised, with the outcome currently awaiting Board endorsement.

A significant emphasis at the early stages of this programme has been on effective communication and engagement. To this end, community working groups are being established, and there's active collaboration with community partners. In partnership with Child Friendly Lambeth, a communications strategy is being co-produced. The support for local events, such as the Teen Wellness event at West Norwood Library in November, is evidence of the programme's commitment to community engagement.

Performance-wise, the CYP programme is identifying and extending support to various services and initiatives. Notable mentions include the Educated Other Than at School Service. This crucial service, hosted by Evelina London Children's Hospital, caters to children who do not fit into mainstream education. Another significant initiative is the Unaccompanied Asylum-Seeking Children service. Hosted by Child and Adolescent Mental Health Services, this programme supports some of the most vulnerable children seeking refuge in the Lambeth borough.

## Neighbourhood and Wellbeing Delivery Alliance:



Since April 2023, Social Prescribing Link Workers have run six health and wellbeing events, from North Lambeth to Streatham, engaging with 100s of residents. These were general Health and Wellbeing events, but also with a specific focus in mind. The Black Health and Wellbeing event held in May in Streatham (jointly organised by Streatham PCN and Streatham AT Medics PCN), was attended by over 300 people. There were also events focussing on Women's health, chronic pain, an LGBTQ+ lunch and a wellbeing event for the Latin community. These events were possible thanks to funding from the NWDA's Health Inequalities fund, allocated to each PCN and used by the Social Prescribing Link Workers to organise the events.

## Organisational Development (OD) and Clinical & Care Professional Leads (CCPLs)

We had our second workshop away day in September. Our OD programme has a particular focus on equality, diversity and inclusion and we have prioritised taking forward our anti-racist approach, through learning and development sessions and sharing resources. The work to complement the Board OD programme includes sharing the learning across our Alliances, and Partnership teams. Regular internal learning sessions are hosted by Leaders in our Partnership, on their role and / or organisation. The most recent session was hosted by two of our Local Care Partnership CCPLs (Clinical and Care Professional Leads) Dr Raj Mitra and Dr Nozomi Akanuma. They presented on the role of a CCPL, supporting people to work together across organisations and professions to improve the health and wellbeing of people in their patch.

To find out more about the areas of CCPL lead areas you can visit [Our Clinical and Care Professional Leads - Lambeth Together](#). Lambeth CCPLs meet as a forum every three months, to share learning and peer, working to support and develop opportunities to improve Clinical and Care Effectiveness. The latest forum included an update from Primary Care Estates and Sustainability colleagues on the SEL ICS sustainability programme, designed to support de-carbonisation within primary care. There were three presentations from our CCPLs, Dr Rebecca Whitnall presented on Workforce. Dr Alison Davidson presented on the IRIS Domestic Abuse Programme, including in-house specialist domestic violence training sessions for Practice colleagues. Dr Raj Mitra focussed on our Staying Healthy Programme. Dr Mitra gave examples of the great work underway including, tobacco control, healthy weight and obesity, food and physical activity, including the new leisure service contract, food poverty action plan and the review of NHS health-checks. The Lambeth Health and Wellbeing hubs and the Health and Wellbeing Bus have been successful in enabling colleagues to reach out to communities to provide blood pressure checks, share information, advice and support.

## Adult Social Care (ASC) CQC Assessment Mock Inspection

The CQC is in the process of launching a new inspection framework for local authorities, having last inspected adult social care (ASC) in 2008. Lambeth ASC has arranged a mock inspection process to prepare for this new statutory requirement. Dr Carol Tozer, an experienced ex Director of Adult Social Services, was commissioned to undertake a thorough CQC assurance-readiness assessment of Lambeth's ASC services against the quality themes published by CQC in their inspection framework: working with people; providing support; ensuring safety; and leadership.

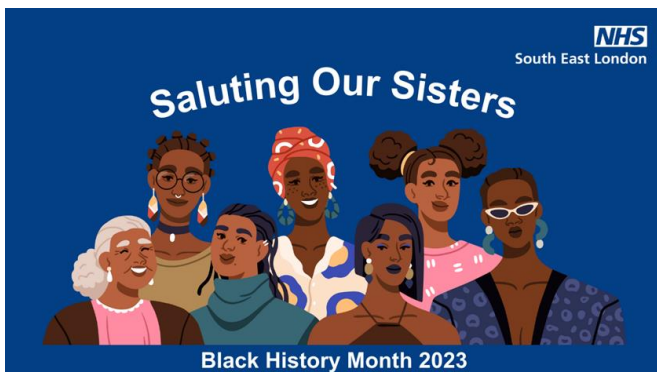
It was conducted through a week-long mock inspection visit from 30th October to 3rd November which involved case file audit and meetings with people with lived experience and carers; frontline colleagues and managers throughout ASC; local care providers; key partners (including the local NHS and the voluntary and the community sector); and corporate leaders and partners. We received initial positive feedback on 3rd November and are now awaiting the final report and key recommendations.



## Special Education Needs and Disabilities (SEND) Annual Review

Colleagues from within the children's team welcomed colleagues from Ofsted and the CQC this month as part of our annual conversation in relation to the Local Area Special Education Needs and Disabilities (SEND) inspection framework recently, with the last inspection being done under the old framework in January 2022. The new framework, as with the old one, focuses on the local area response to SEND, including education, social care and health. The Annual Review focused on progress with implementing the new Lambeth Inclusion Plan and to ensure the Partnership is aware of its strengths and challenges. Colleagues were able to give a good account of the strengths and areas for development. A special thank you to Sophie Garner who led the work on bringing partners together to complete our self-assessment.

## Equality, Diversity and Inclusion (EDI)



The EDI group has focused additional efforts and resources to support with the high number of Black History Month celebrations happening across the Partnership in October. It was lovely to experience the weekly quizzes at South London and Maudsley, Lambeth Libraries' vast celebration programme, the council's staff celebration event, and other activities and online engagement to reflect the contributions of Black people to the borough. We had a wonderful month of learning and appreciation. The theme for Black History Month 2023 was "Celebrating our Sisters," and

Lambeth's Poet Laureate, Abstract Benna, created a special piece titled "Hidden Women Behind the Movement", which can be viewed [here](#).

We also celebrated Black History Month at our weekly Lambeth Together Executive Meetings with updates and presentations including;

- The work underway to develop the London Inspire Programme, supported by the Caribbean and African Health Network (CAHN) which aims to improve access to health and build trust in the healthcare system from black communities. You can find further details at [www.inspireblackhealth.london](http://www.inspireblackhealth.london)
- Brixton Immortals Dominoes Club, who are doing great work taking the staying healthy messages to the communities they engage with whilst also offering Health Checks and advice organised by Lambeth PCNs to those attending their community events
- Lambeth Somali Community Association (LAMSOM) presenting on the challenges of tackling health and wellbeing issues in the Somali community
- Brixton Soup Kitchen updating on their developments including the refurbishment of their premises
- Update from our Partners at Black Thrive led by Lilian Latinwo-Olajide
- Angell Town Beacon Project - who provide services at neighbourhood level to local communities to tackle health inequalities and their approach with faith based organisations

The EDI group received presentations from projects funded through the SEL ICB Health Inequalities Funding. We received updates on the work of PCN Equity champions such as additional hypertension clinics which have seen positive results. The LGBTQ+ subgroup updated on their progress in mapping LGBTQ+ focused work across the partnership and put out a call to the group for more members of the LGBTQ+ community interested in joining the subgroup and exploring areas for collaboration. The group intends to focus on 2 or 3 projects, one of which is expanding on the Pride in Practice approach and looking at the next steps needed to grow this work, as well as the new Pride in Care work. The group will also explore the work Southwark has done with the trans and non-binary care clinics to see if this is an area the group could explore for Lambeth.



## Age Friendly Festival



My last report referenced planning for the Age Friendly Festival to be held at the Oval set against a context in which Age UK recently reported that only 13% of Londoners over the age of 60 believe the capital is "a place where older people are valued".

Over 325 residents and 70 volunteers from the Council and local organisations attended a fantastically engaging event. The day featured twenty stalls and many different activities including crafts, memory cartography, spinach planting, dominoes, keep fit sessions, a choir, and a tea

dance. The Health and Wellbeing Bus delivered 35 flu and 25 covid jabs and had very many individual conversations on health and wellbeing with those attending. Many people were keen to share their views and wanted to stay in contact after the event, including as part of an Older People Panel. The Festival made the BBC London Tonight news. I'd like to thank all who organised and took part in such a great event as we continue to make Lambeth an Age Friendly Borough.

This page is intentionally left blank



## Lambeth Together Care Partnership Board

<b>Title</b>	Carers Strategy Update
<b>Meeting Date</b>	16 November 2023
<b>Author</b>	Josie Brooks (Lead Commissioner, Lambeth), Alice Dias (CEO Carers Hub Lambeth), Margaret Ashmead (Lambeth Carer)
<b>Lead</b>	Josie Brooks, Lead Commissioner

This item is for;

<input checked="" type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>	<b>Discussion</b>	<input checked="" type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Ratification</b>
-------------------------------------	--------------------	--------------------------	-------------------	-------------------------------------	-----------------	--------------------------	---------------------

Recommendations;

The Lambeth Together Care Partnership Board is asked to;

1. Approve and endorse the Lambeth Carers Strategy 2023-2028

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

- Lambeth Together Executive Group
- Lambeth Together Staff Briefing
- Joint Strategic Oversight Board
- Carers Collaborative Strategy Group
- CMB – Healthier Communities

Summary and Impact on Inequalities

Summary:

Board members are asked to approve the Lambeth Carers Strategy document.

Impact on Inequalities:

We know that unpaid carers are more likely to experience poor health outcomes, particularly poor mental health; when asked what the main issues and challenges facing carers are, 71% of Lambeth carers said managing their mental health and emotional wellbeing.

Carers are at greater risk of financial hardship; 900,000 full-time unpaid carers nationally rely on Carer's Allowance, which at only £76.75 a week is the lowest benefit of its kind.

Carers' health is known to be worse than that of non-carers due to the pressures of the role and is compounded by many factors. Caring has been announced as being a social determinant of health by Public Health England.

Through close collaboration with carers and the organisations who support them, we have co-developed 7 clear priorities for delivery between 2023-2028. These priorities seek to address the inequalities faced by carers:

1. Mental, physical, and emotional wellbeing of carers
2. Integrated pathway and carers support offer
3. Equipped workforce
4. Visibility, recognition, identification, and awareness of Carers
5. Empowering Carers
6. Carer equity
7. Helping to prevent financial hardship.

# Lambeth Carers Strategy



Working in partnership for a healthier borough

# Presenters

- Josie Brooks – Lead Commissioner, Lambeth Integrated Commissioning Team
- Alice – CEO of Carers Hub Lambeth
- Margaret Ashmead – Carer in Lambeth



# Opening reflections

- By Margaret Ashmead, Lambeth Carer



Working in partnership for a healthier borough

# Context

- All-ages strategy – collaboration between adult’s services and children’s services
- Across health and social care – collaboration across multiple teams, including acute and primary care
- Partner developed – piece of work has been developed with Carers Hub Lambeth as co-partners



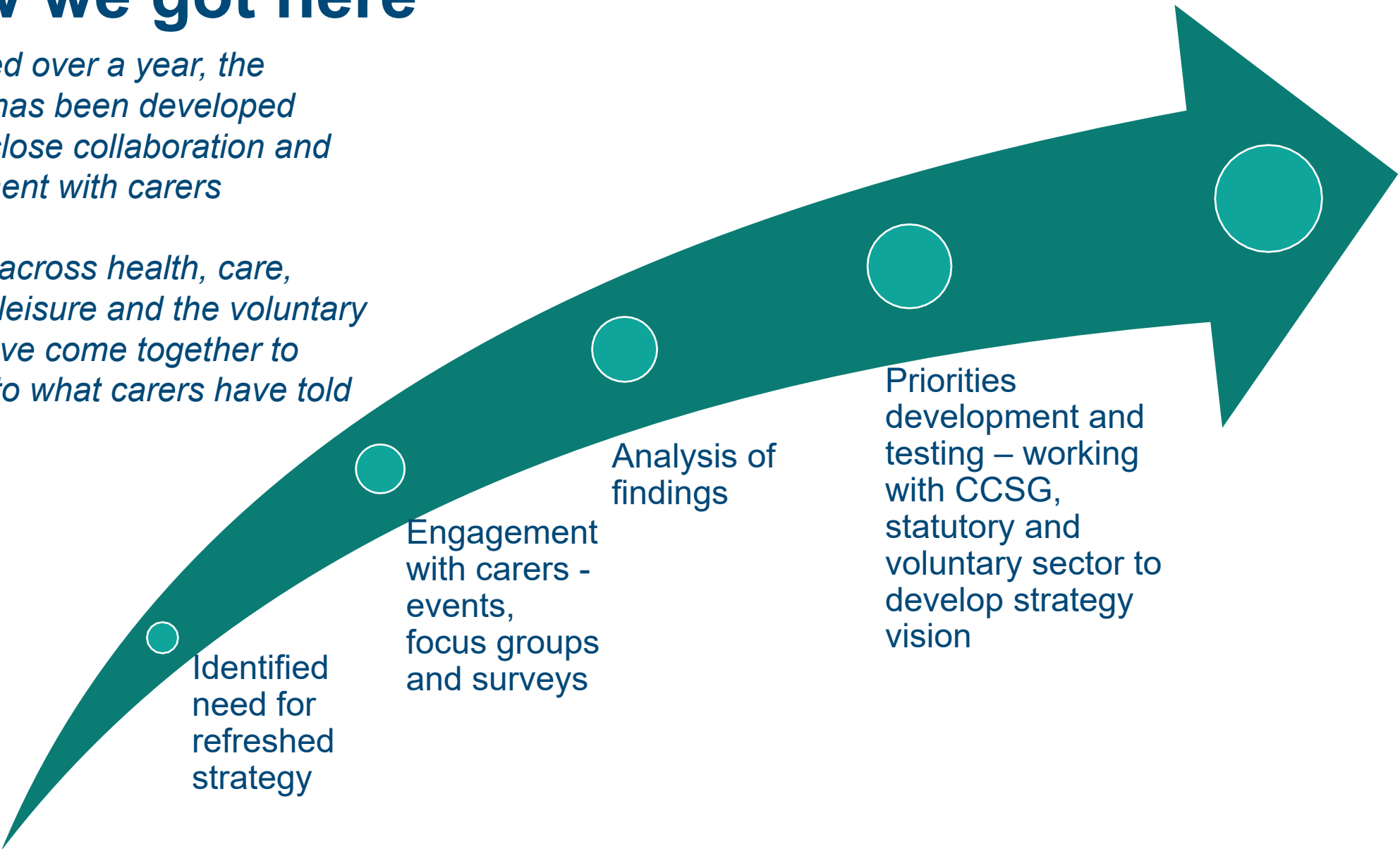


# How we got here



*Developed over a year, the strategy has been developed through close collaboration and engagement with carers*

*Partners across health, care, housing, leisure and the voluntary sector have come together to respond to what carers have told us*



**Renewed strategy for 2023-2028, with 7 clear priorities**





## What we found:

- 71% of carers surveyed said managing their mental health was a challenge
- Carers told us they needed a break
- Young carers are more likely to experience adverse mental health outcomes

## What will be delivered:

- Carers offered discounted memberships and Pay and Play at Active Lambeth sites
- We will work with carers to review the respite pathway
- Recognise the specific needs of young carers in commissioning activities
- Work with parent carers to shape short breaks service



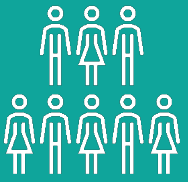
# INTEGRATED CARERS PATHWAY AND SUPPORT OFFER

## What we found:

- Carers don't always find it straightforward to navigate support
- Carers aren't always aware of the services available to them
- We can build upon our work as an integrated system

## What will be delivered:

- We will identify opportunities for integration and partnership working
- We will map carer service offer and support pathway across Lambeth and produce transparent and accessible information on support pathways.
- We will involve and support carers during hospital discharge



# EQUIPPED WORKFORCE

## What we found:

- 70% of carers surveyed highlighted 'improved recognition of my needs across the council, NHS and community' as a key priority
- Carers don't always feel recognised by professionals

## What will be delivered

- We will expand the Carers Champion initiative
- We will launch carer awareness training
- We will expand the Carers Collaborative network
- We will promote a whole-family practice approach



## What we found:

- It took most people between 1-5 years to realise they were a carer
- Carers feel underappreciated
- Identifying carers is crucial in order to provide support

## What will be delivered:

- We will develop opportunities to recognise and reward Carers for their contribution
- Promote carers' needs and rights
- Recognise specific needs across all Carer groups and at different stages of the caring journey
- We will ensure proactive identification of carers





## What we found:

- Carers feel disempowered
- Carers don't always know about their rights and eligibilities
- Carers want a seat at the table for decision making

## What will be delivered:

- Create accessible and regular opportunities for Carers to share feedback and experience
- Involve carers in decision-making
- Raise carer awareness of eligibilities and rights
- Champion peer support





# CARER EQUITY

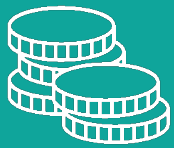
## What we found:

- Black Caribbean and Black African residents are more likely to be in a caring role
- Different cultural contexts mean some carers are less likely to self-identify as a carer
- Women are slightly more likely to become carers than men
- Carers experience health, financial and social inequalities at a higher rate than non-carers

## What will be delivered:

- Raise awareness, promote training opportunities and share best practice around equality, inclusion and diversity
- Address culturally appropriate support
- Explore barriers to access





# HELPING TO PREVENT CARERS FROM FINANCIAL HARDSHIP

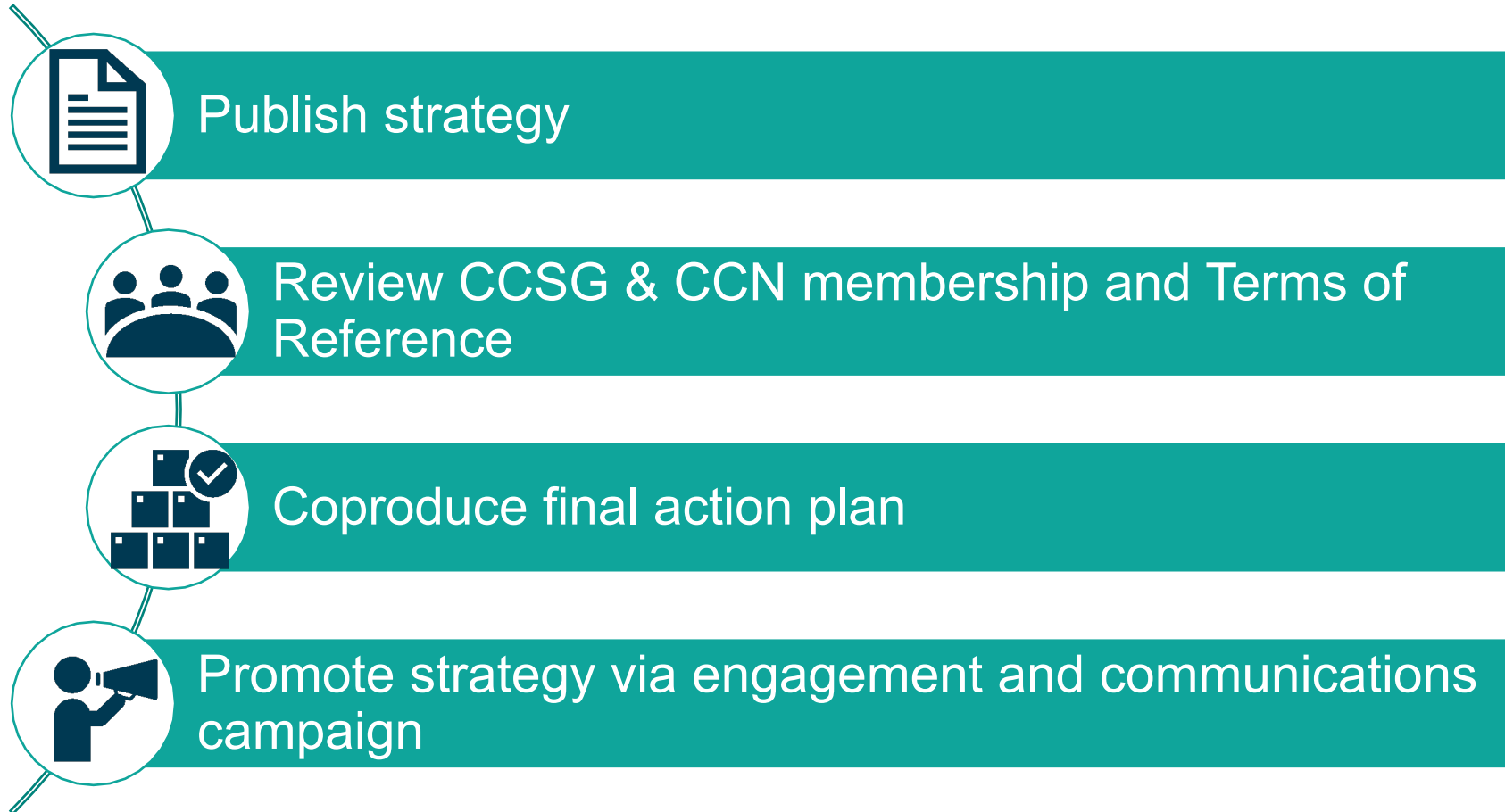
## What we found:

- Caring can take a significant toll on carers' finances
- Financial impact of caring poses a significant challenge, causing stress, worry and ill-health
- Carers told us caring impacts their ability to work full-time and there is a lack carer-friendly workplaces

## What will be delivered:

- Increase professional awareness of the financial implications of caring role and hidden poverty
- Identify and support carers as a group at higher risk of economic hardship
- Expanded discount programme via Lambeth Carers Card
- Supporting parent carers with the financial impact of caring
- Develop a Lambeth carers policy for Lambeth staff.

# Next steps



# Questions



This page is intentionally left blank

# Lambeth Carers Strategy 2023-2028

## Contents

Foreword .....	2
Carer foreword .....	3
1. Introduction .....	4
1.1 Our vision .....	4
1.2 Our values .....	4
1.3 Who is a carer? .....	5
2. Carers in Lambeth .....	6
3. Local Context .....	8
4. National context.....	9
5. Priorities .....	9
5.1 Mental, physical and emotional wellbeing of carers .....	10
5.2 Integrated carers pathway and support offer.....	13
5.3 Equipped workforce.....	14
5.4 Visibility, recognition, identification and awareness of Carers .....	15
5.5 Empowering Carers.....	17
5.6 Carer equity.....	18
5.7 Helping to prevent carers from financial hardship. ....	19
6. How will we know how we're doing?.....	1
6.1 Draft action plan .....	1
1. Appendices .....	1
1. Definitions .....	1
2. 2021 Census.....	1
3. Policy and legislative context .....	3
4. Regional policy.....	7
5. Carers support in the Borough .....	7
6. Building on the Framework for Action.....	8
7. Consultation Scope and Findings.....	9

## Foreword

*Councillor Jim Dickson and Councillor Marcia Cameron, Cabinet Member for Healthier Communities (Job Share)*



Lambeth is home to over 18,000 unpaid carers, looking after friends and family members who wouldn't be able to get by without their support. This could be down to illness, disability, addiction or a mental health condition, and each carer's experience is different. Caring can be rewarding, but we must also recognise that caring can have a significant impact on carer's lives.

This strategy seeks to recognise carers' significant contribution and set the direction for how we want to work together with our communities and partners to support carers in Lambeth. We know that caring can affect individuals' health, wellbeing, finances, and relationships, but we also know that there is a lot we can do to respond to some of these challenges and effect meaningful change to the lives of unpaid carers.

This strategy has been developed in partnership with carers themselves, who have graciously given their time to tell us what's important to them and inform the priorities of this strategy. The strategy is also the product of close collaboration with Carers Hub Lambeth, partners across the Health and Care system, and other partners within the voluntary sector.

I'd like to thank all those who have contributed to the work of this strategy, in particular Lambeth carers, who have generously shared their lived experiences, and provided their time and expertise to shape the priorities which will inform our work over the next five years.

We are living through times of great uncertainty and pressure, but it is our ambition that, over the next 5 years, we will work alongside carers and partners to deliver the ambitious priorities of this strategy to ensure that carers in Lambeth have access to the support and tools they need within a community who recognises their contribution.

## Carer foreword



Margaret, Carer

I am honoured to write the foreword for Lambeth strategy.

In my capacity as a carer for over 25 years, to both my special needs daughter and 92-year-old mother, I've witnessed the dedication of carers in Lambeth. As a member of Carers Hub Lambeth and Carers4Carers, I can empathise with their struggles especially our young carers who play a pivotal role in the lives of family members including my own who are now young adult carers.

Being a carer can provoke a complex mix of emotions. It can be both rewarding and frustrating, and it can also be costly in terms of financial security, loneliness and isolation, as well as health and mental well-being. Each carer's experience is unique to their circumstances and the care and support they provide can vary.

However, carers share many similar experiences and challenges which impact the different aspects of our lives. It is sad to say many do not even recognise themselves as carers, making it vital to ensure they are identified and receive support. It is often an unsung role, and one that many will take on at some point in their lives.

Each year, unpaid carers save the government £162 billion, yet carers face increasing financial hardship and health challenges.

Lambeth aims for all families and carers to be recognised, valued, and included as equal partners in the care and support of our loved ones. And that's why this strategy, with consultation and support of carers and a team of agencies need to work together to deliver this strategy. The strategy builds on past effort to empower carers to have a quality life of our own.

All of us carers are an inspiration for our community.

# 1. Introduction

## 1.1 Our vision

Our vision continues to be as it always has been - for families and carers in Lambeth to feel recognised, valued and included as equal partners in the support and care for the person they care for. Equally we want families and carers to have full, enjoyable and confident lives in their own right alongside their caring role.

Being a carer can impact social, financial, mental, and physical wellbeing. Our vision is to recognise and support carers from the earliest opportunity, and to help them to live well whilst they provide care. We want to do this by committing to our seven priorities outlined in this strategy, to empower carers to access help and services so that being in a caring role doesn't lead to financial hardship, social isolation, or poorer health.

## 1.2 Our values

Through collaboration with carers and the people who support them, we have identified four values which will guide our work.

### Value 1: Collaborative

Collaboration is at the heart of this strategy's delivery. We will nurture the relationships built with carers and stakeholders from health, social care and the voluntary sector to deliver the priorities of the strategy. We will work together to promote collaboration and coproduction borough-wide through the Carers Collaborative Strategy Group.

### Value 2: Carers first

Carers voices will be at the centre of our work. We will identify and build in regular, continuous opportunities to consult, engage and coproduce with carers. Lambeth partners will respect and recognise carers' experiences and respond in a holistic and personalised way.

### Value 3: Inclusive and equitable

Tackling inequality is a priority for Lambeth. We know that carers are more likely to experience poor health outcomes, financial hardship and face barriers accessing support, with carers from Black, Asian and Multi-Ethnic backgrounds at even greater risk. Partners will collaborate to address the inequalities carers face, and work to respond to the specific, diverse needs of all carers in the borough.

### Value 4: Striving for progress

We will proactively work towards improving carers' lives in Lambeth. We will do this by ensuring progress is regularly reviewed, monitored and measured and that channels are established for continuous learning and improvement. Through the Carers Collaborative Strategy Group, we will ensure partners actively contribute towards strategy delivery and that we hold one another to account.



## 1.3 Who is a carer?

A Carer is someone who provides vital care and / or support to a family member, friend or someone in their community, free of charge. The care needs could be because of disability, impairment, ill health, frailty, or substance misuse. Carers can be any age and come from any background. Many carers manage their caring responsibilities around their paid employment or education. Without carers, the challenge and pressure on health and social care would be even greater than it is.

Not all carers are the same and experiences of caring can vary significantly. There are people who are happy to be defined as a carer, those who would not consider themselves a carer and people who do not want to be recognised as a carer. Carer experiences are dynamic and variable throughout the day, week, month and beyond.

This strategy considers all carers over the age of 5.

### **Young Carer**

A young carer is someone between the ages of 5 and 18 who provide care to someone who would otherwise not be able to manage without their help. Often young carers care for parents and other relatives.

### **Young Adult Carer**

A young adult carer is someone between the ages of 16 and 25 who provide care to someone who would otherwise not be able to manage without their help.

### **Adult Carer**

An adult carer is anyone over the age of 18 who looks someone who would otherwise not be able to manage without their help.

### **Parent Carer**

Parent carers provide support to their children, including grown up children who could not manage without their help. The child or adult can be ill, disabled, have a mental health condition or issues with substance misuse.

### **Spousal Carer**

A spousal carer is someone who cares for their spouse or long-time partner with tasks they wouldn't be able to manage without their help.

### **Former Carers**

A former carer is someone who used to be a carer, but no longer provides care in the same way due to a number of factors such as the death of the person they cared for, inability to care due to own health or the person no longer wanting or needing care.

## 2. Carers in Lambeth

The most recent Census data tells us Lambeth is home to over 18,000 unpaid carers aged over 5, equating to 6% of our population. However, it is expected this number is much higher, with Carers UK estimating the real figure around 46% higher than Census data suggests.

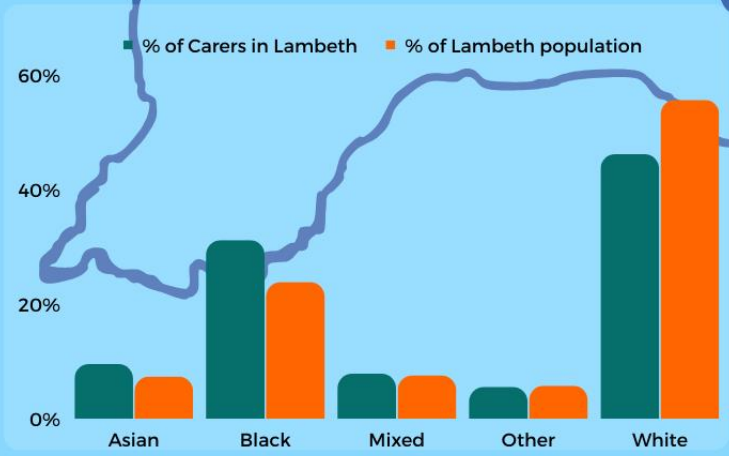
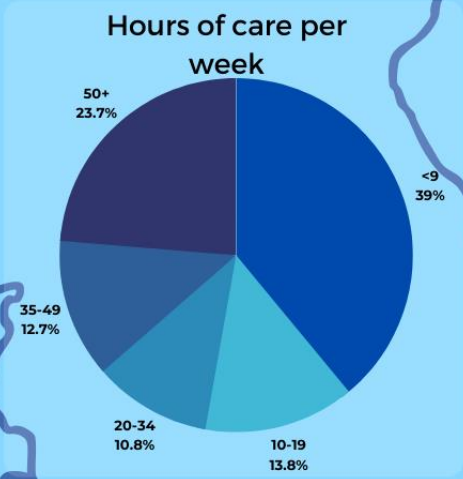
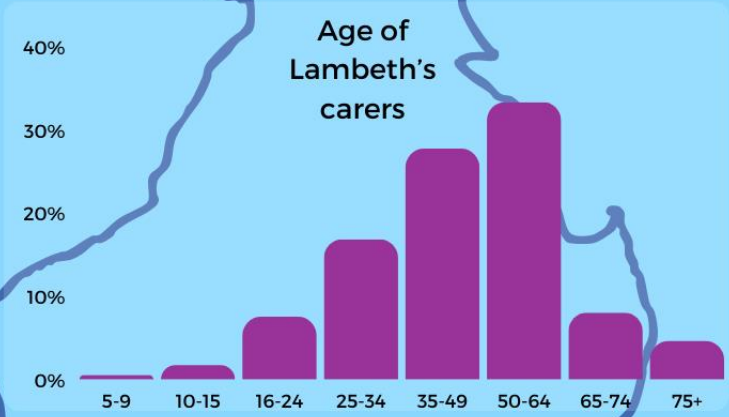
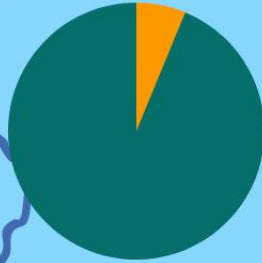
Census 2021 data for Lambeth reflects some key information about unpaid carers in Lambeth, such as:

- Of those providing care, 39% provide less than 9 hours per week, 23% provide over 50 hours a week, with an average of 12% providing between 10 to 19, 20 to 34 or 35 to 49 hours.
- The proportion of carers who are Black is 7% higher than the proportion of Black individuals in the borough. Asian groups are also overrepresented by 2%, whilst White groups are underrepresented by 10%.
- The largest proportion of carers are aged 50-64 (33.3%), followed by 35-49 at 27.7% and 25-34 at 16.8%.
- Carers are more likely than non-carers to have a long-term health condition.

It's important that we recognise demographic data when considering how we support carers, to make sure we are providing appropriate support for everyone.

# Who provides care in Lambeth?

6% OF OUR POPULATION PROVIDE UNPAID CARE



### 3. Local Context

Our 2017 strategy, “*Working together with Families and Carers - A Framework for Action*” set out plans to bring together carers with both statutory and non-statutory agencies to collaborate and support carers in our borough. It led to the formation of the Carers Collaborative Strategy Group (CCSG), which consists of health and social care workers, carers and representatives from voluntary sector organisations working with carers in Lambeth. Now five years on, we are building on the success of the 2017 framework and refreshing our strategy to better address the issues that carers are facing in our borough today. Co-production with key partners has been instrumental in identifying the needs and considerations of unpaid carers in the Lambeth.

The new strategy has been developed in partnership with Carers Hub Lambeth and the CCSG and has been informed by close collaboration and consultation with unpaid carers, the people who support them, health and care agencies, the local voluntary sector and the wider community.

Our borough plan, Lambeth 2030, is an ambitious and positive drive towards improving the lives of Lambeth’s residents. Carers are a part of that, and this strategy has been put together with carers, upholding our commitments in the borough plan to working together to transform the borough, listening to our communities and understanding their experiences.

Support for unpaid carers is a key part of realising our ambitions to become a borough of equity and justice; we can’t do this without ensuring carers are not disadvantaged by their caring role, and can have the same access to healthcare, education, and housing as anyone else. This strategy outlines our aims to provide cohesive support to unpaid carers to achieve this.

Alongside this, our priorities are aligned with Our Health, Our Lambeth, Lambeth Together health and care plan 2023-28 and we will work within the Living Well Network Alliance and Children and Young People’s Alliance Programme to realise our ambitions to develop, refresh and embed engagement with those we support and their carers. This includes work to implement changes as part of the Patient and Carer Race Equality Framework (PCREF) programme to improve the access, experience and outcomes of the people we support from our Black, LGBTQ+ and other minority communities through regular engagement.

Recognising many young, adult and parent carers are supporting individuals with Autism and Learning Disabilities, our strategy is closely aligned with the Lambeth All Age Autism Strategy 2023-2026. We will seek opportunities to co-deliver on the priorities identified by carers throughout the implementation of each strategy.

This strategy for carers also connects with our Health and Wellbeing Strategy 2023-2028, which sets out Lambeth’s priorities to improve health and wellbeing in the borough. In doing so, it builds on collaboration between Lambeth council, the NHS, the voluntary, community and faith sectors, and local people.

## 4. National context

Research by Carers UK highlights that the Covid-19 pandemic brought about a 29% increase in the number of carers in the UK. This strategy gives partners an opportunity during a difficult context, of cost-of-living crisis and systemic inequity, to refresh our commitments in supporting people providing care in Lambeth, underpinning this with strategic priorities that will help us to improve the lives of as many carers as possible.

The strategy has also been designed to contribute towards frameworks addressing carers' rights under government legislation. The Care Act 2014 put several additional rights in place for carers, including a focus on promoting wellbeing, putting duty on local councils to prevent, reducing and delaying support needs, conducting carers' assessments based on needs, meeting carers' eligible needs, and for the council to provide quality information and advice to carers.

This works in tandem with the Children and Families Act 2014 which gives young carers and young adult carers in England a right to a carer's assessment or transitions assessment and the right to have their needs met, aiming to reduce the burden on young carers. It also looks to improve the rights of parent carers, setting out the duty of a local authority to assess carers of disabled children under 18 if they have apparent needs, or request an assessment.

The NHS Long Term Plan also recognises the impacts of a caring role on individuals health and identifies areas that can be improved to support carers, such as carer-friendly GP practices and mental health support and prevention work for young carers.

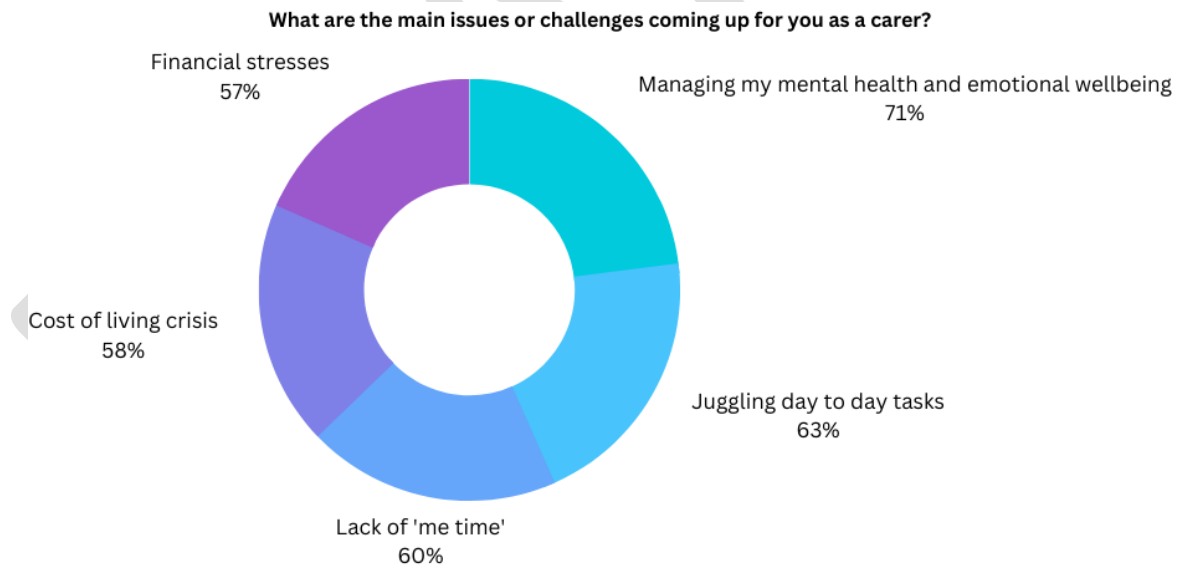
This strategy aims to work in line with this government legislation and alongside plans set out by Government, NHS and our borough to deliver for unpaid carers in Lambeth.

## 5. Priorities

Through close collaboration with unpaid carers and other partners, we have developed seven priorities to deliver our shared vision for how we will support carers in Lambeth. These priorities build upon what has been achieved during the term of the 2017 framework and sets out a refreshed direction, informed through our consultation.

1. Mental, physical and emotional wellbeing of carers
2. Integrated carers pathway and support offer
3. Equipped workforce
4. Visibility, recognition, identification and awareness of Carers
5. Empowering Carers
6. Carer equity
7. Helping to prevent financial hardship

## 5.1 Mental, physical and emotional wellbeing of carers



**Source:** Lambeth Adults Carers Strategy Survey. Respondents were able to select multiple answers.

Carers told us that their caring role can have a negative impact on their overall wellbeing, especially when they aren't able to access a break from their caring role (respite). The pressures of being a carer can affect individuals' wellbeing in several ways. Many people in a caring role may not have the time or capacity to look after their own mental and physical health due to their focus on providing for the person they are looking after. Additionally, a lack of time and space for oneself can lead to loneliness and isolation. Many young people who have caring responsibilities notice a long-term negative impact on their physical and mental health and well-being. National research by the Carers Trust and the University of Nottingham found that almost a third of young

people surveyed (29%) reported that their own physical health was 'just OK', whilst 38% reported having a mental health problem. Caring responsibilities for young carers can also negatively impact their experience in education. Action for Children have found that over a quarter of young carers aged 11-15 regularly miss school, leaving a lasting effect on their life chances.

We know carers in Lambeth are more likely than non-carers to have reduced physical mobility. Over half of Lambeth's Primary Care Networks (PCNs) also reported a disproportionate number of carers having felt isolated from others in the past 12 months. This demonstrates the need to address both physical and mental needs of carers when providing support.

For adult carers and young carers (under the age of 16) and young adult carers (aged 16-21), specific support is offered by local partner Carers' Hub Lambeth. As part of Lambeth's emotional and wellbeing services, the Hub has been commissioned to provide short breaks for all young carers and young adult carers. Short breaks offer children and young people opportunities to engage in positive experiences and activities that help their personal and social development, such as afterschool clubs, weekend, or holiday activities.

To support carers to stay well while they are caring, it's important that partners are working together to facilitate access to resources and facilities which reduce the obstacles for improving the mental, physical and emotional wellbeing of carers.

#### What we will do:

- **Expand carers' access to leisure activities.** We know that access to regular exercise is vital for overall health and wellbeing. We also know that carer access to such opportunities can be limited due to the financial pressures they face because of their caring role.

We will work with partners across the borough to develop opportunities to increase the accessibility of leisure opportunities, including launching reduced price memberships and pay-on-the-day entry to Active Lambeth sites for carers who have a Lambeth Carers Card.

- **Support carers to access health and wellbeing support.** Carers told us that they rarely prioritised their own health, and wanted clear ways to access support when they needed it. Partners will work together to raise the awareness and profile of carers across health and social care to achieve increased identification of carers and appropriate support at a local level. We will support practitioners to prioritise carer health and wellbeing during assessments and ensure support is identified and discussed.

Primary Care will work with partners and carers to develop ways to support carer health and wellbeing, including working with General Practices to improve the intervention and support offer for carers.



We will continue to commission training for carers to support carers to carry out their caring role safely and raise carer knowledge of their rights and entitlements.

- **Provide a carers assessment for all eligible carers.** Carer's assessments are one of the first steps in increasing the sustainability of caring by providing holistic support to carers so they can continue their caring role with the correct resources in place. In 2022-2023, 1,530 carers assessments were completed by Adult Social Care (ASC) and 95%+ of identified carers were offered a carers assessment, over 50% of which were new carers. Lambeth ASC will ensure these standards are maintained and built upon to ensure we continue to recognise people in a caring role and identify their support needs through a statutory carer assessment. Childrens' Services will work with families and carers to improve the assessment process, deliver a whole family approach, and ensure that all carers, including parent carers, young carers and siblings, are part of the standard assessment process.
- **Review our respite pathway.** Respite can be an essential part of the support offer for carers in Lambeth, to facilitate the time and space to step away from caring responsibilities and recuperate. We will review our respite pathway and speak to carers about their experience of accessing respite to ensure we are providing a clear, accessible route to respite for both planned and emergency breaks.
- **Promote mental health support available for carers.** The demands of caring can take a significant toll on carers' mental health. We will ensure that Lambeth's universal mental health offer and single point of access are well promoted to carers and the organisations who support them. We will work with partners delivering mental health support to ensure the profile of carers is regularly raised and opportunities for partnership working to support carers are identified. We will also work with carers to identify gaps in provision and explore ways we can reduce the mental impact that caring can have. We will commit to improving our Children and Adolescent Mental Health services (CAMHS), prioritising young carers for support, with a focus on raising awareness of young carer mental health in schools.
- **We will recognise the specific emotional health and wellbeing needs of young carers.** We will do this by recognising the mental and emotional health and wellbeing of young carers as a priority group in our recommissioning of services and support for children and young people, drawing on the experience and expertise of our young carers as well as that of the Lambeth Parent Carer Forum. We will ensure that Lambeth's Local Transformation Plan proactively works with partners to identify and support carers in need of mental health support, including through a focus on raising awareness of the specific support needs of this group through our work with schools, including through our Mental Health Support Teams (MHST). In line with the Children and Young People's Mental Health and Emotional Wellbeing Plan, we will design and deliver a multi-agency Single Point of Access (SPA) to mental health support, drawing together a range of services seeking to support children and young people and their families.



- **Provide respite support for parent carers by providing short breaks.** We are committed to providing short breaks to parent carers. To shape the future of our Short Breaks service, we will proactively engage with parent carers, ensuring that forums such as the Lambeth Parent Carer Forum, are represented throughout the process and influence the service delivered.

## 5.2 Integrated carers pathway and support offer

Coordinated, integrated support means that carers can easily identify the routes available to access support. It also means that services work together to achieve the best possible outcomes for carers and ensure carers do not have to tell their story multiple times. It can be difficult, and takes time, for people to identify themselves as carers, so when they do, the most effective route to support is through a pathway that is accessible, clear and easy to use.

Having an integrated pathway and support offer across services will ensure that people in caring roles can access information about available services, financial assistance, respite options, and wellbeing support. Our aim is to reduce the burden on carers, allowing them to focus more on their responsibilities without the added stress of navigating complex systems.

### What we will do:

- **Identify opportunities for integration and partnership working.** Under the direction of Lambeth Together, we are committed to sustained collaboration and closer integration between health and care services. Lambeth Together is a local partnership of the voluntary and community sector, the NHS, Lambeth Council, and other partners, focused on improving health and wellbeing and reducing inequalities for people in Lambeth through an integrated health and care system. Building upon the existing structures and systems in Lambeth, we will identify further opportunities for integrating services, working together across organisations and systems to respond to the needs of carers. One element of this will be examining the transitions pathway from Children's to Adult's services to improve outcomes for young people and parent carers.
  - **Develop closer working links between social care and housing.** We will continue to develop the integration of Adult Social Care and Housing and proactively identify opportunities for collaboration and partnership working. With a number of key projects throughout 2023-2028, we will ensure carers consulted and considered. Where appropriate, we will identify carers in our review of housing policy and procedures and take account of the specific challenges carers face.
- **Map carer service offer and support pathway across Lambeth.** It is vital to establish what support exists for carers across our statutory and non-statutory systems so that we can communicate this clearly with carers and those who support them. We will conduct an in-depth mapping exercise of carer services and the carer pathway across Lambeth to establish how this is working and how we can improve the experience of carers throughout the lifetime of the role.

- **Produce transparent and accessible information on support and care pathways.** There are many established services for carers in Lambeth, but both carers, practitioners and organisations told us that it wasn't always easy to identify what is on offer or navigate this pathway. We will ensure that simple, transparent information is available for carers and people who support them to demystify the systems in place and promote the services available in borough.
- **Involve and support carers during hospital discharge.** Aligning with the Health and Care Act 2022, we will work to make sure we involve carers in discharge planning and ensure they have the information they need following discharge. We are committed to piloting a Carers Hospital Discharge service at both King's College Hospital and Guy's and St Thomas' Hospital, aimed at identifying carers and providing holistic support and information.

### 5.3 Equipped workforce

**Over 70% of carers surveyed highlighted 'improved recognition of my needs across the council, NHS and community' as a key priority for this strategy.** We recognise that an equipped workforce is essential to being able to support carers. We are committed to supporting workers across statutory organisations, commissioned providers and the voluntary sector to have the knowledge, skills and resources to confidently understand issues affecting carers offer person-centred, effective support.

When staff in schools, health and social care are equipped with the tools and knowledge to identify carers and recognise their needs, carers are more likely to feel better supported in their role and access targeted support. Carers are also more likely to be recognised early on in their caring role, contributing towards improved outcomes and a more sustainable caring journey.

#### What we will do:

- **Expand the carers professional's Carers Collaborative Network to include professionals from across the system to share learning and embed good practice.** Building upon the success of our 2017 framework, we will use the established Professionals' Network to bring together professionals from across systems to collaborate, share learning, insights and best practice. By coming together, we will be able to better respond to the needs of carers.
- **Expand the Carers Champion model.** The Carers Champion model has been pivotal in promoting awareness and support for adult carers. The initiative seeks to identify lead staff to promote the profile of carers, increase workforce knowledge and share best practice and learning. Following a successful roll-out across Adult Social Care, we are committed to continuing the success of the Carers Champion model by expanding the Carers Champion program to Children's services practitioners and other partners. Providing resources, tools, and training to empower Carers Champions will increase

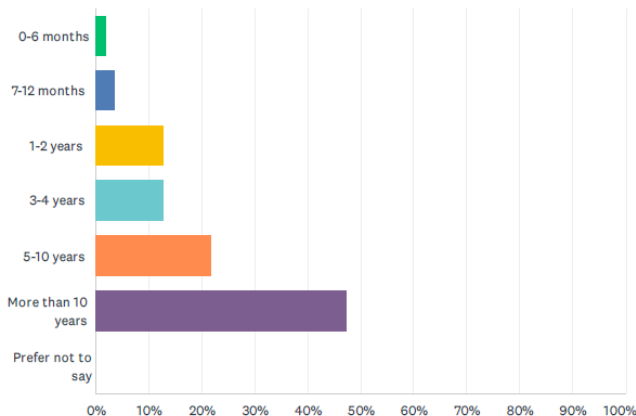
their ability to effectively advocate for carers' needs and promote the adoption of best practices across the borough.

- **Embed Carers awareness training for Council staff.** A well-informed workforce is vital for providing quality care and support to carers. We will develop and implement a comprehensive Carers Awareness Training offer for targeted groups of staff members across the Council, and seek to share this training with other statutory partners. This training will seek to equip staff with the knowledge and skills needed to understand and address the unique challenges faced by carers.
- **Promote a whole-family practice approach across the system.** We recognise the impact of caring on families, and so we will promote a whole-family practice approach across Adults' and Childrens' services. This approach will be supported by a review of the transitions pathway to consider the needs of the entire family unit when assessing need and delivering support. Collaborating with community organisations, health and social care will ensure a coordinated approach to supporting the holistic well-being of carers and their families.

## 5.4 Visibility, recognition, identification and awareness of Carers

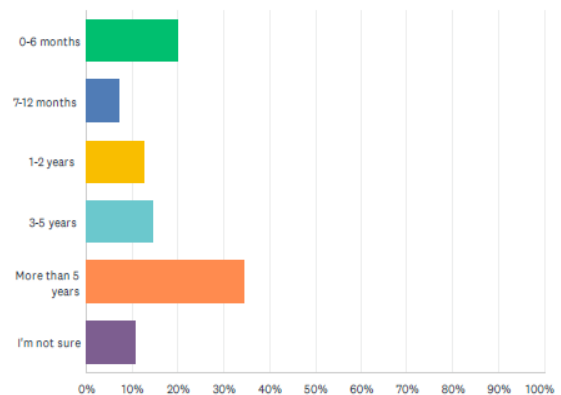
Q6 How long have you been a carer?

Answered: 55 Skipped: 33



Q8 How long had you been caring before you realised you were a 'carer'?

Answered: 55 Skipped: 33



One of the barriers to supporting carers is that they are often not identified. Identifying carers as early as possible means they can access the support they need to carry out their role. There can be several barriers to identifying carers, not least because many people do not recognise that they are carrying out a caring role. In their State of Caring Report 2022, Carers UK identified that 51% of carers take over a year to recognise their caring role, and 36% take over 3 years. In Lambeth, most carers surveyed told us they have been caring for 10 years or more, but it took 35% of carers over 5 years to realise they were a carer. It can be particularly challenging for carers who are looking after family members to realise they are providing

care; this is especially true for parents caring for their own children and for carers looking after their spouse or partner. It is for these reasons we need to consider ways to recognise and identify carers; to ensure they receive the support they need.

The Children and Families Act (2014) requires local authorities to take reasonable steps to identify young carers in their area. Lambeth Council commissioned Carers' Hub to undertake the Young Carers Assessments in the borough. Carers' Hub has a dedicated young carers referral and assessment service, which identifies and supports young carers in the borough. Once identified, the service provides 1:1 targeted support around emotional wellbeing, finances, education, and other practical activities drawing on appropriate expertise and utilising evidence-based methods. There are over 900 registered young carers in the borough, but we know that there are likely many more who might benefit from support.

Due to the challenges in recognising the number of carers, the visibility of carers and their wellbeing can suffer. Our goal is to improve the ability to identify people in a caring role, raise the profile of carers so that carers are more likely to identify themselves, and recognise the contribution made by carers in borough.

#### **What we will do:**

- **Develop opportunities to recognise and reward Carers for their contribution.** Carers make a significant contribution to our community, and it is important that we find ways to recognise this contribution. Building upon the success of the Lambeth Carers Card, we will actively seek out opportunities to increase the number of discounts and offers provided to carers by engaging with local businesses and organisations. We will also develop opportunities to recognise carers for their contribution while raising the carer profile, including a exploring a Lambeth Carers Awards.
- **Review systems to ensure proactive identification of carers across systems and at grass roots level.** Proactive identification of carers is key, and it's important that partners are supported to identify carers across the system. Tying in with our integrated pathway and equipped workforce, we will work together to equip partners with the tools they need to identify carers and link them in with information and support. Recognising that 7 in 10 carers start their caring journey in the NHS, we are committed to working towards the greater identification of carers within primary care and hospital settings.
- **Promote carers' needs and rights across systems and departments.** The Care Act 2014 provided a framework for recognising carers and their rights. We will continue to work to ensure that carers are supported, and their rights recognised. Building upon this, we will also seek to promote carers' needs and rights more broadly, and in doing so aim to raise the profile of carers so that departments across the local authority and the community recognise their role is supporting carers. By doing so, we aim to develop a greater understanding and recognition of carers' issues across systems and departments.
- **Recognition and awareness raising of specific needs across all Carer groups and at different stages of the caring journey.** No caring experience is the same and caring

can be impacted by a number of factors, such as the needs of the person they are caring for, stage of life of the carer and the cared for person, and their socio-economic circumstances. We will work to ensure the varied experiences of carers are recognised, and that carers can access the right support at the right time throughout their caring journey. Aligning with the commitments set out in the Lambeth All Age Autism Strategy, we will collaborate to organise dedicated seminars and workshops for GPs to understand the unique needs of autistic individuals and their families.

- **Address the needs of older carers.** A significant proportion of carers in Lambeth are over the age of 50, although the true scale is thought to be much higher. This group is often hidden, with many spousal and familial carers not recognising themselves as a carer entitled to support. Older carers often provide many hours of care and support while their own health suffers. This can lead to a significant impact on their physical and mental health, as well as their ability to manage financially. With the older population of Lambeth increasing, it is important to ensure our borough is a place that meets the needs of all of us as we age. Lambeth is committed to developing a local approach to becoming an age friendly borough, building on World Health Organisation's (WHO) framework – creating social and built environments that promote healthy and active later lives for all residents, including carers.

## 5.5 Empowering Carers

72% of carers surveyed told us that making sure carers know about their rights, what they are entitled to and the support available would make a difference to them. During our consultation, many carers told us they felt disempowered but didn't know how to access support, or that they didn't feel support would make enough of a difference to them. We will seek to address this by exploring ways to empower carers with the tools they need to manage their caring role, and ensure carers are respected and involved as equal partners where there are decisions which affect them.

### What we will do:

- **Create accessible and regular opportunities for Carers to share feedback and experience.** We will work to develop regular opportunities to engage with carers to seek feedback, problem solve and make decisions. We will regularly review these opportunities to ensure that they are accessible and personalised, and make changes when needed. Most importantly, we will act upon feedback where possible and be accountable. We are committed to continuing our established engagement opportunities, such as the South London and Maudsley NHS Foundation Trust service user and carer advisory group and will continue to include carers on our Directorate committees. We will ensure carers are paid for their time spent improving and advising SLAM services through our involvement register.
- **Involve carers in decision-making.** Carers can be impacted by decisions made across systems such as health, care and housing. We will raise the profile of carers across systems, advocate for their involvement in decision making and seek to empower carers

to share their experience. We are committed to engaging and coproducing with carers for all relevant commissioning decisions, and will plan this into our decision making processes.

- **Champion peer support.** Carers are experts by experience, and peer support provides an important opportunity for carers to connect, share experiences, information and insights with others. It can also reduce feelings of isolation by building genuine relationships and support systems. There are several types of peer support, such as organic friendships, structured networks and sessions facilitated by organisations. We are committed to continuing to commission peer support and exploring opportunities to expand and maximise this support by championing peer-led groups alongside facilitated sessions. We will also seek to explore other models of carer-led support, such as carer advocacy.
- **Raise carer awareness of eligibilities and rights.** Equipping carers with information about their entitlements and rights is key to empowerment. We are committed to the ongoing funding of carer advice, support and training. We will ensure transparent information is available on Council websites, and that carers are signposted to information outlining their eligibilities, rights and the support available.

## 5.6 Carer equity

Lambeth is a hugely diverse borough, with the largest LGBTQ+ community in London, a large Caribbean and African community and growing Spanish, Portuguese and South American communities. As outlined in Lambeth 2030, Our Future, Our Lambeth, equity is the golden thread that ties together all that we do in Lambeth. We know carers experience health, financial and social inequalities at a higher rate than non-carers and that these inequalities are deepened where existing structural inequality exists. We are committed to becoming a fair and equitable borough, which seeks and delivers justice through all that we do - and this applies to our vision for carers.

Borough-level data shows Black Caribbean and Black African communities are more likely to be in a caring role, with this being especially true for Black Caribbean individuals. We know that certain cultures are less likely to identify as a carer, and that barriers to support can be faced by several different groups, such as those from the LGBTQ+ community or those who experience language barriers. Furthermore, women are slightly more likely to become carers than men, and that this can be a contributory factor in experiencing financial, social and health inequality. It's vital that our commitments to supporting carers recognise these issues alongside the intersectional issues that specifically impact them.

### What we will do:

- **Raise awareness, promote training opportunities and share best practice around equality, inclusion and diversity.** We will develop training opportunities around supporting the diverse needs of carers across the range of protected characteristics. We will use our established CCSG and Professionals Network to share work and best



practice around anti-racism, culturally appropriate support and LGBTQ+ support for carers. We will expand our Carers Champion model to include LGBTQ+ and Black and Multi-Ethnic champions.

- **Address culturally appropriate support.** We will review our existing service offer and conduct asset mapping to examine potential gaps in provision and address these through our commissioning processes. We will actively identify and engage with a diverse range of carers to ensure representation in service development and decision making. We will work collectively across the Living Well Network Alliance to improve experiences and recovery outcomes for black service users and carers through access to the right culturally appropriate care and support that meets people’s needs.
- **Explore barriers to access.** We will explore and identify potential barriers to accessing support, such as cultural and language barriers, and seek to address these. We will identify disconnected groups and seek to raise awareness of caring and the local support offer.

Linked with the Empowering Carers priority, we will proactively work to connect with carers whose voices may be heard less often. We will do this by collaborating with a diverse range of carers, the organisations who support and advocate for them, and develop opportunities to engage, feedback and inform decision making.

## 5.7 Helping to prevent carers from financial hardship.

Caring can take a significant toll on finances for several reasons; caring can limit or remove access to employment, prevent the ability to save for the future, incur additional costs in the way of travel, equipment, utilities and, for those who are eligible, Carers Allowance is one of the lowest benefits of its kind at £76.75 per week, and can only be access by carers earning £139 or less a week.

Carers from all groups told us that the financial impact of caring posed a significant challenge, causing stress, worry and ill-health. Carers also raised challenges including the impact of caring on their careers, the ability to work full time, a lack of flexibility from employers and a lack of carer-friendly workplaces. Carers shared instances of not being able to afford food, and the exhausting nature of having to always budget carefully.

Recognising the current economic context, it’s more important than ever for Lambeth to support carers to mitigate the negative financial impacts of caring.

### What we will do:

- **Increase professional awareness of the financial implications of caring role and hidden poverty.** We will use our established Carers Champion model and Professionals Network to raise awareness of the financial challenges facing carers, collaborate with carers groups to share learning and best practice and ensure practitioners are trained to effectively support carers to mitigate the financial impact of caring.

- **Identify and support carers as a group at higher risk of economic hardship.** In 2023, Lambeth announced a £10m package of support for the most vulnerable groups in the borough, of which carers were identified as one. We will continue to work together to highlight the impact of the increased cost of living on carers and provide ongoing support and provide ongoing support to mitigate this impact, including information and advice, benefits maximisation support and responding to urgent need.
- **Supporting parent carers with the financial impact of caring.** We will continue to invest in support for parent carers and are committed to supporting carers with additional costs of caring, such as transport costs. In consultation with parents and parents, we will also seek to improve access to available benefits, financial support and access to Ofsted registered childcare for children with SEND.
- **Expanded discount programme via Lambeth Carers Card.** We will actively seek out opportunities to increase the number of discounts and offers provided to carers by engaging with local businesses and organisations, including access to leisure and food. We will develop a Young Carers Card to equally recognise and reward young carers.
- **Develop a Lambeth carers policy for Lambeth staff.** As a leading employer in Lambeth, the council values and celebrates our highly diverse workforce and community and recognises that equality and inclusion are key success factors of our organisation. We will lead the way in becoming an employer of choice for carers in Lambeth by developing a corporate carers policy. By doing so, we seek to raise the profile of carers, empower managers to support staff in a caring role, highlight entitlements for caring staff to support staff to sustainably provide care for as long as they wish to do so. Additionally, we will engage local business to raise awareness of carers to encourage organisations to explore ways they can support working carers within their organisations.




## 6. How will we know how we're doing?




The priorities within this strategy, borne out of close collaboration with stakeholders, outline our plan for the next five years. We have developed a draft action plan utilising feedback received during the consultation period, pulling together the detailed aspirations shared by carers and other key stakeholders.

Utilising the Carers Collaborative Strategy group, we will co-produce the final action plan with carers alongside representatives from statutory services and the voluntary and community sector. We will agree together what success looks like, and how we will measure success. Progress will be monitored quarterly via the group and updates will be provided to Lambeth Together Care Partnership Board and other partners.


### 6.1 Draft action plan


The below action plan will be finalised with input from stakeholders by February 2024. This will include the identification of action owners and timescales where relevant.

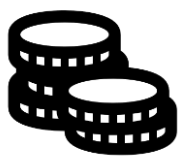
Priority 1		What's being delivered?
	<b>Mental, physical, and emotional wellbeing of carers</b>	Expand carers' access to leisure activities
		Support carers to access health and wellbeing support
		Provide a carers assessment for all eligible carers
		Review our respite pathway
		Promote mental health support available for carers
		Recognise the specific emotional health and wellbeing needs of young carers.

Priority 2		What's being delivered?
	<p>Integrated carers pathway and support offer</p>	Identify opportunities for integration and partnership working
		Develop closer working links between social care and housing
		Map carer service offer and support pathway across Lambeth
		Produce transparent, accessible information on pathways to support
		Involve and support carers during hospital discharge
Priority 3		What's being delivered?
	<p>Equipped workforce</p>	Expand the carers professional network to include professionals from across the system to share learning and embed good practice
		Expand the Carers Champion model
		Promote a whole-family practice approach
		Embed Carers awareness training and support for staff
Priority 4		What's being delivered?
	<p>Visibility, recognition, identification and awareness of Carers</p>	Develop opportunities to recognise and reward Carers
		Review systems to ensure proactive identification of carers across systems and at grass roots level
		Promote Carers needs and rights across systems and departments
		Recognise and raise awareness of different needs at all stages of caring journey

		Address the needs of older carers
--	--	-----------------------------------

Priority 5		What's being delivered?
	Empowering Carers	Create accessible and regular opportunities for Carers to share feedback and experience
		Involve carers in decision-making
		Champion peer support
		Raise Carer awareness of eligibilities and rights

Priority 6		What's being delivered?
	Carer equity	Develop and promote training opportunities and share best practice around equality, inclusion and diversity
		Address culturally appropriate support
		Explore barriers to access

Priority 7		What's being delivered?
	Helping to prevent carers from financial hardship	Increase professional awareness of the financial implications of caring role
		Identify and support carers as a group at higher risk of economic hardship
		Expand the Lambeth Carers Card discount program
		Develop a Lambeth carers policy for Lambeth staff
		Continue to invest in support for parent carers, including support to access all available benefits and financial support.
		Improving access to Ofsted registered childcare for children with SEND

DRAFT

# 1. Appendices

## 1. Definitions

The Care Act 2014 defines a carer as an adult who provides or intends to provide care for another adult (an “adult needing care). A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

The Children and Families Act 2014 defines parent carers as: “A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility”.

The Children Act 1989 defines a young carer as a person under 18 who provides or intends to provide care for another person (but this is qualified by section 17ZB(3)).

Young adult carers are young people aged 16–21 who care, unpaid, for a family member or friend with an illness or disability, mental health condition or an addiction.

## 2. 2021 Census

According to the 2021 Census, there were 5 million unpaid carers aged 5 plus living in England and Wales. While the overall figure decreased since the 2011 Census, an increase in the proportion of carers caring for 20 plus hours per week was shown. It is important to note that the figures set out in the Census are likely to be an underestimation, due the impact of conducting the census during a pandemic. In addition, the number of people with caring responsibilities and roles who do not self-identify as a carer and have not yet recognised their own caring role. This is a particular issue for young carers. Research by Action for Children states that it is usually only when they reach secondary school that they realise their home life is different from their friends.

The 2021 Census reported there were **18839 living in Lambeth**. The Census provides a snapshot of those caring in our borough.

### Age Breakdown

Aged 15 years and under	410
Aged 16 to 24 years	1404
Aged 25 to 34 years	3165

Aged 35 to 49 years	5217
Aged 50 to 64 years	6268
Aged 65 years and over	2372

### Hours of care per week

Provides 9 hours or less unpaid care a week	7343
Provides 10 to 19 hours unpaid care a week	2604
Provides 20 to 34 hours unpaid care a week	2036
Provides 35 to 49 hours unpaid care a week	2388
Provides 50 or more hours unpaid care a week	4468

### Gender Identity

Gender identity the same as sex registered at birth	16749
Gender identity different from sex registered at birth but no specific identity given	86
Trans woman	52
Trans man	30
All other gender identities	47
Not answered	1463

Female 11159

Male 7549

### Sexual Orientation

All other sexual orientations	152
Bisexual	360
Gay or Lesbian	751
Not answered	1823
Straight or Heterosexual	15344

### Disability

Not disabled under the Equality Act	14297
Disabled under the Equality Act: Day-to-day activities limited a little	2890
Disabled under the Equality Act: Day-to-day activities limited a lot	1521

### General Health

Good Health - 14166

Not good health - 4542

### **Ethnicity**

Asian, Asian British or Asian Welsh- 1791

Black, Black British, Black Welsh, Caribbean or African - 5854

Mixed or Multiple ethnic groups - 1473

White: English, Welsh, Scottish, Northern Irish or British - 6402

White: Irish - 428

White: Gypsy or Irish Traveller, Roma or Other White - 1857

Other ethnic group - 1029

### **Economically Active**

- **11839** (7363 - 19 or less, 2751 - 20 to 49 hrs, 1724 - 50 + hrs)

### **Economically Inactive includes student, retired, long term sick or disabled, other**

- **6591** (2291 19 hrs or less, 1605 20 - 49 hrs, 2696 - 50 + hrs)

## **3. Policy and legislative context**

Carer support in Lambeth is informed by National level health and social care policy and legislation.

The [NHS Long term plan](#), launched in 2019 outlined the NHS Commitment to Carers including maintaining a focus on identifying and supporting carers, emergency planning, improving young carer identification and support in general practice, support to improve care for carers from excluded and marginalised communities, and encouraging the adoption of carer passports.

NHS England have developed a set of core [Commissioning Principles for Carers](#) to underpin the effective commissioning of services and support for carers. They provide a useful checklist for commissioning strategies and plans which it is recommended should be supported across all of our commissioning work in Lambeth:

1. Think Carer, Think Family; Make Every Contact Count
2. Support what works for carers, share and learn from others
3. Right care, right time, right place for carers
4. Measure what matters to carers
5. Support for carers depends on partnership working
6. Leadership for carers at all levels
7. Train staff to identify and support carers
8. Prioritise carers health and wellbeing
9. Invest in carers to sustain and save

## 10. Support carers to access local resources

The Commissioning for Carers Principles form part of [NHS England's Commitments to Carers](#).

National Government's **Health and Care Act 2022** included the following new duties relating to carers:

- For NHS England and Integrated Care Board to consult carers on commissioning or policy decisions affecting services.
- For NHS Trusts and Foundation Trusts to involve carers, where appropriate, in planning for hospital discharge as soon as is feasible
- For Integrated Care Boards to promote the involvement of each carer, where appropriate, in relation to decisions about prevention, diagnosis, treatment and care.

In addition, it included the provision from April 2023 for the Care Quality Commission to independently review and assess how well local authorities deliver their social care responsibilities.

National government set out their plans for social care reform in their [2021 People at the Heart of Care White Paper](#), stating *"The way that the adult social care system works in partnership with and supports carers is critical. Our vision for adult social care is one that places people at its heart – and that includes recognition and support for unpaid carers so that they are empowered to live happy, healthy and fulfilling lives."* The strategic approach set out for carers included funding to kick-start changes in carers services (including around respite and peer support), a focus on identification, recognition and involvement of unpaid carers, and finally steps to support the social and economic participation of carers. The White Paper states: "We want unpaid carers to be able to say:

- "I am supported to provide care as I wish and do so in a way that takes into account my own access to education, employment, health, and wellbeing.
- "I have a life outside caring, and I am able to remain connected to the people who matter to me."
- I know my needs are equally recognised and my goals and aspirations are respected and fulfilled."
- "I have the right information and advice to be able to make informed decisions."
- "I have access to appropriate support, that suits my needs including respite care and carers'

National government has issued the follow-up policy paper [Next step to put People at the Heart of Care in](#) April 2023. The latest policy paper reiterates the existing £25 million funding to improve carers services and to make assessment processes simpler and more accessible for carers and their cared for.

There is no current National Carers Strategy or Action Plan for unpaid carers. However, social Care reform is seen as building on the most recent Carers Action plan for England covered 2018 - 2020 and retained 'the strategic vision for recognising, valuing and supporting carers from 2008, which has been the vision of successive governments' and covered the following themes: services and systems that work for carers, employment and financial wellbeing,



supporting young carers, recognising and supporting carers in the wider community and society and building research and evidence to improve outcomes for carers.

## **The Care Act 2014**

The Care Act 2014 introduced additional rights for carers in terms of assessment and access (for those eligible) to direct support. It affirmed the need to co-produce care and support across children and adult services. The Care Act included a focus on wellbeing and brought:

- A duty on local authorities to provide information and advice to help people understand how the care service works, what services are available locally and how they can be accessed. Local Authorities also have to ensure a diverse range of quality services are available to meet the needs of people and work with various organisations to integrate services.
- A duty on local authorities to take a proactive approach to meet the needs of people, make earlier interventions and provide more services that are intended to prevent, delay or reduce the need for care and support.
- As a result of the Act, carers for the first time have a legal right to an assessment of their needs regardless of their level of caring. This duty is comparable to that of the people for whom they provide care.
- A duty on local authorities to meet a carer's eligible needs and to review their care and support plan regularly to ensure that their needs are met. Eligible needs can be met by provision of services to either the person cared for or the carer. The Act allows for the carer's needs to be met by providing support directly to the cared for person through replacement care, enabling the carer to take a break from their caring duties.
- Carers have the right to be consulted in relation to the assessment and support plan of the people they care for and to have a copy of their support plan.
- Young carers under the age of 18 who care for an adult will continue to be supported by Children's Services rather than Adult Social Care. At the age of 18 Adult Social Care will take over the responsibility (for those who are eligible), although they can be involved in the transition planning before the young carer's 18th birthday but only at the young carer's request. The Act included a new duty to continue with any services a young carer is receiving past the age of 18 if appropriate adult care and support is not in place.
- The Care Act introduced a new duty on local authorities to carry out Child's Needs Assessments (CNA) for young people where there is 'likely to be a need for care and support' after they reach 18 (even if this will not amount to them having eligible needs). The CNA should look at what adult community care services a young person might qualify for when they turn 18 and should include a predicted personal budget, so that young people can plan and make informed decisions about their future. Young people or their carers can request a CNA at any time before a young person turns 18 and it should

occur at a time when it is of 'significant benefit' to a young person's preparation for adulthood.

- The Children and Families Act gives parents/guardians of a disabled child a standalone right to an assessment.
- The Care Act included new provision for deferred payment options to delay the payment of care charges from the sale of the cared for person's home, if not occupied by family, will be routinely offered, with the possibility that local authorities will be able to charge interest on any deferred payment.
- A single, consistent route to establishing entitlement to care and support for adults, with eligibility to be determined by a national threshold.
- A requirement for local authorities to develop and promote diversity and equality in the provision of services.
- The Act proposed a whole family approach: assessment must take into consideration the needs of the whole family when assessing the needs of the person in need of care. This includes ensuring that any child present in the family is not undertaking an inappropriate level of caring.
- Local authorities may combine the assessment of a carer with that of the cared for person if both are in agreement with this. When carrying out a carers assessment, local authorities may work jointly with other agencies undertaking an assessment relating to the same carer.

## **The Children and Families Act (2014)**

The Act introduced changes in the way in which young carers are identified and supported. This included:

Ensuring the same right to assessment and support for young carers as adult carers who support a parent, sister, or brother.

Giving young carers the same right to assessment and support as adult carers.

A general duty on local authorities to improve the wellbeing of young carers who are ordinary residents of the area.

The identification of people who may be receiving care from a child or young person.

The provision of medical services to young people who are carers.

Schools must have a process in place for the identification of young carers.

Schools must have a mechanism for the provision of appropriate support to promote the wellbeing and improve the educational attainment of young carers within their school.

### **Welfare Reform Act (2012)**

The Welfare Reform Act (2012) set out changes to the welfare system, aiming to simplify the benefit system and reduce welfare dependency. This included the introduction of a single working age benefit (universal credit), which drew together existing elements of means-tested support for employment, housing and childcare into a single award that is paid direct to the claimant monthly in arrears. Carers Allowance is currently set at up to £76.75 a week and is for those caring for at least 35 hours who meet the eligibility criteria. Eligible carers receive the full payment if earnings are £139 or less a week after tax, National Insurance, and expenses.

## 4. Regional policy

**South London and Maudsley NHS Foundation Trust** is currently implementing the Triangle of Care: *'Triangle of Care is national scheme supported by the Carers Trust. It encourages a model of partnership between service user, staff member and carer that promotes safety, and supports and sustains wellbeing for all. Having achieved the first star for implementing this in acute and crisis services, we will now focus on our community teams in Lambeth with the aim of achieving our second Triangle of Care star.'*

## 5. Carers support in the Borough

Local Authorities have a statutory duty to offer Carers Assessments. In Lambeth, Carers Assessments are provided by Adult Social Care for those caring for an adult. For those caring for a child or young person under 18, if the child or young person has Special educational needs and/ or disability (SEND) assessments are provided by Children's Social Care.

Carers are entitled to have an assessment regardless of the amount of time, length of time, or type of support they provide. It does not matter if they live with the person they support or not, whether they work or not, or have their own care needs. Carers assessments look into how a caring role affects different aspects of a carer's life. Following the discussion, the worker will produce a carer's assessment and if you are eligible a Carer's Support plan. The plan details the carer's needs, and if eligible generates a carer's budget.

Since 2022, the council has commissioned the Young Carers Team based at the charity Carers' Hub Lambeth to deliver Young Carers Assessments.

Lambeth Adult and Children's Integrated Commissioning Teams commission **specialist carer support** from **Carers' Hub Lambeth** to provide support for unpaid carers from the age 5+, who live in our borough or care for someone who does. Offering 1-to-1 tailored support, specialist peer support groups, wellbeing and social activities, a school holiday programme of activities for Young Carers, and delivery of the Lambeth Carers Card.

In addition, unpaid carers aged 18 + are eligible for support commissioned through the Connect Lambeth partnership, a group of charities working together to help vulnerable people in Lambeth. Connect Lambeth includes the MYcommunity gateway service providing brief-interventions and social prescribing support, allowing each person the space and time to focus on what matters to them. More specialist support is offered via the partnership, notably for unpaid carers specialist support from Carers' Hub, direct payment support from Disability Advice Service Lambeth and a Carers benefit advisor based at Age UK Lambeth.

**Lambeth SEND Local Offer** sets out the services and support available to children and young people aged 0 to 25, with special educational needs and/or disabilities (SEND) and their families. Covering education, health, social care, and preparation for adult life. Contact are commissioned to provide additional support for parent carers of children with special educational needs and disabilities to access this Local Offer. Contact also play a key role in the coordination of the Lambeth Parent Forum for these parent carers. The forum aims to give parents and carers the chance to influence local decision-making and share experiences and knowledge with each other.

It is important to note that commissioned carers support is only a small part of the picture, and many carers turn to support from a wide range of sources, including Lambeth's universal services. Whether that is a teacher helping a young carer at school, health professionals ensuring a carer's perspective is listened to, charity sector and social enterprise support for carers, advice or support offered by an organisation supporting a particular health condition or community, flexibility offered by an employer, support from a family member or the understanding of a fellow carer. It is vital that we consider what we can do in Lambeth, to ensure that carers are positively and proactively supported wherever they turn, and work to uphold the sentiment that carers are *everyone's business*.

## 6. Building on the Framework for Action

The previous Lambeth Carers Strategy 2017, *Working together with Families and Carers - A Framework for Action*, sought to deliver: "Our vision is for families and carers in Lambeth to feel recognised, valued and included as equal partners in the support and care for the person they care for. Equally we want families and carers to have full, enjoyable and confident lives in their own right alongside their caring role"

The Framework for Action championed a co-production approach aiming to bring together carers and the various statutory and non-statutory agencies that impact on carers lives (and the lives of the people they care for) in order to coproduce better support and services. The Framework for Action recognised the utmost importance of a whole family approach, and set out five core outcomes aiming to improve the quality of life and health and wellbeing of carers:

- I (and my whole family / network) will be respected as care and support partners at the heart of decision making and will have access to the integrated and personalised services I need to support me in my caring role.

- I (and my family and network) will be able to have a life of my own alongside my caring role.
- I (and my family and network) will be supported so that I am not forced into financial hardship due to my caring role
- I (and my family and network) will be supported to stay mentally and physically well and will be treated with dignity.
- (young people) I will enjoy a thriving childhood and be supported to learn, develop, and be protected from inappropriate caring roles.

The Carers Collaborative Strategy Group was formed to help guide the delivery of the Lambeth Carers Strategy, including representatives from Integrated Commissioning, Adult and Children's Social Care, Carer Representatives, Carers' Hub Lambeth, Carers4Carers, Age UK Lambeth, Lambeth Parent Forum, Lambeth Learning Disability Assembly and South London and Maudsley NHS Trust. The group identified key actions to help improve carers support in the borough, leading to the creation of the Carers Collaborative Network to foster closer working between professionals and volunteers who support unpaid carers, and the development of the Lambeth Carers Card to connect carers to information, discounts and support. As a result of the COVID-19 pandemic and following the emergence of the cost of living crisis, the Strategy Group focussed its energy on supporting unpaid carers to navigate these unprecedented challenges. With carers' lives so greatly affected by the impact of both crises and the strains placed on the health and social care system, the Carers Collaborative Strategy Group recognised the need to refresh the Carers Strategy.

## 7. Consultation Scope and Findings

From September to November 2022, we held a consultation to refresh the Lambeth Carers Strategy. Thank you to all the carers, community members and professionals who shared their ideas and insights in our surveys and discussion groups.

Our consultation was informed by a series of feedback opportunities, including:

- An adult carers survey, translated into Spanish and Portuguese
- A young carers survey
- An in-person consultation event
- An online consultation event
- Presentations and discussion groups at the Carers Collaborative Strategy Group and Carers Collaborative Network.

Responses demonstrated that the outcomes set out in the Framework for Action continue to resonate with carers in our borough. Notably, the majority of responses related to following aspiration; *access to the integrated and personalised services I need to support me in my caring role*, demonstrating the utmost importance of getting the basics right.

Carers' lives are being impacted both by the fallout from their caring role and challenges relating to current health and social care provision. Carers highlighted challenges around

managing their mental health and emotional wellbeing, a lack of 'me time', financial stresses and the cost of living crisis, the impact on employment, difficulty juggling day to day and maintaining relationships, and a lack of support from services. Diverse experiences and circumstances of carers were evident, including those caring for multiple people, juggling work and caring, challenges faced by specific carer groups or for carers at different stages of the carer journey, and the impact of intersectionality.

In terms of current support, a mixed picture emerged. With carers raising the benefits of Voluntary and Community Sector support, in particular access to peer support, wellbeing activities, 1 to 1 support and social activities. Carers raised the benefit of meeting and speaking to fellow carers, championing the positive impact of peer support, including condition specific peer support, which enables carers to meet others who share similar experiences, feel less alone, share knowledge, and build confidence. For professionals working in all settings, carers raised the difference positive staff practice makes, including active listening, sharing knowledge, good communication skills and proactivity.

However, for many carers there was a frustration with existing support, airing a sense of being undervalued, with 43 percent of survey respondents feeling that carers were either unsupported or very unsupported in Lambeth. When exploring what needs to change to ensure the challenges associated with caring are addressed, the following themes emerged:

- The need for personalised and integrated services, to ensure carers can access quality support tailored to their own needs and circumstances
- Improving access to respite, to give carers a break from caring
- The importance of improving carer wellbeing, reducing the mental and physical toll that caring can incur
- Better information and access to advice, helping to identify more carers and ensure they are connected to essential support and made aware of their rights.
- Financial support - both in terms of responding to existing financial stresses and preventing carers from falling into financial hardship
- Greater recognition - ensuring carers are recognised and truly valued in our borough.

Through the consultation and previous work of the Carers Collaborative Strategy Group and Carers Collaborative Network, carers, community members and professionals have shared a wide range of potential solutions and ideas for change. This vital insight has formed the basis of this strategy.



## Lambeth Together Care Partnership Board

<b>Title</b>	Lambeth Together Primary Care Commissioning Committee update
<b>Meeting Date</b>	16 November 2023
<b>Author</b>	Oge Chesa – Director of Primary Care and Transformation
<b>Lead</b>	Sue Gallagher – Lambeth Together Board Lay Member

This item is for;

<input checked="" type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Ratification</b>
-------------------------------------	--------------------	--------------------------	-------------------	--------------------------	-----------------	-------------------------------------	---------------------

**Recommendations:**

The Lambeth Together Care Partnership Board is asked to:

1. Note the update on discussions held at the Primary Care Commissioning Committee on 07 September 2023
2. Ratify decisions made at the Primary Care Commissioning Committee on 07 September 2023

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

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

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

**Summary and Impact on Inequalities**

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

Key Functions:

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



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

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

This update to the Lambeth Together Care Partnership Board is to provide information on and support for decisions made at the Primary Care Commissioning Committee discussions on 07 September 2023 and an opportunity to ask further questions and feed into PCCC decision-making.



# Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Summary of Meeting held on  
Thursday 07 September 2023



Working in partnership for a healthier borough

# LTPCCC Part Two Meeting



## Approvals recommended to the Board:

- Service Development Fund (SDF) Allocation.

The committee received an update on the Service Development Fund (SDF) Allocation.

NHS England provides Service Development Funding (SDF) each year for Integrated Care Board (ICB), as additional programme funding on top of ICB baselines. SDF targets investment for specific initiatives that both support practices and primary care networks (PCNs), to deliver high-quality primary care, and for 2023/24, support the ambitions of the Delivery Plan for Recovering Access to Primary Care.

The Committee noted the paper and approved the allocation of local spend. November Lambeth Together Primary Care Commissioning Committee to receive an update on how the allocations are disbursed.

**The Board is asked to ratify this decision.**





# LTPCCC Part One Meeting (1)

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

- Risk Register
- Performance
- Quality
- Finance

## **Other items**

- Workforce

The training hub website has now been set up and is working well. The first PLT session after the school break had good attendance, with 280 clinicians attending, chronic pain and how it relates to personalised care was highlighted.

- Nine Elms Vauxhall Estates project

The Committee was advised that there is progress toward completing the revised design, tender packages, and updated pre-tender estimate for 2023

- Tender period September/October
- Mobilisation period November
- Estimated completion will result in 9 additional clinical/organisational rooms, this is due to go live no later than 2024

# LTPCCC Part One Meeting (2)



- Lambeth Pharmacy First update

An update was received on the Lambeth Pharmacy First service pilot and approved a request for a pilot extension until 31 March 2024.

**DECISION** – The decision was made to approve the pilot extension to the end of March 2024

**The Board is asked to ratify this decision.**

- Delivering Primary Care Access Plan

The Committee received an update on delivering the primary care access plan for Lambeth.

This plan seeks to support recovery by focusing this year on four areas:

- 1. Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
- 2. Implement Modern General Practice Access** to tackle the 8 am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
- 3. Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
- 4. Cut bureaucracy** and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.



## Lambeth Together Care Partnership Board

<b>Title</b>	Lambeth Community Diabetes Service Update
<b>Meeting Date</b>	16 November 2023
<b>Author</b>	Dr Stephen Thomas, Clinical Director – Medical Specialties and Specialist Ambulatory Service  Dr Dulmini Kariyawasam, Clinical Lead for Diabetes, Lambeth Community Diabetes Service Diabetes and Endocrinology, Guy's and St Thomas' NHS Foundation Trust
<b>Lead</b>	Jenny Sivaganam, Interim Associate Director Medicines and Long Term Conditions (Lambeth)

This item is for;

<input checked="" type="checkbox"/>	<b>Information</b>	<input checked="" type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Ratification</b>
-------------------------------------	--------------------	-------------------------------------	-------------------	--------------------------	-----------------	--------------------------	---------------------

**Recommendations;**

- The Lambeth Together Care Partnership Board is asked to;
1. Note the update on the Lambeth Community Diabetes Service
  2. Support and contribute to the future aims of the Service

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

The following groups and committees have supported and contributed to the commissioning discussions and transition of the Lambeth Community Diabetes Service to Guy's and St Thomas' NHS Foundation Trust:

- Lambeth Management Team
- Lambeth Together Executive Group
- Lambeth Clinical Cabinet
- Lambeth Together Medicines and Clinical Pathways Group
- Lambeth Together Care Partnership Board
- Community Diabetes Service Task and Finish Group

**Summary and Impact on Inequalities**

**Summary:**

The delivery of the Lambeth Community Diabetes Service transitioned to Guy's and St Thomas' NHS Foundation 01 October 2023. The service specification has been refreshed to support the care for people living with Type 2 diabetes improve outcomes and reduce inequalities in Lambeth.

**Impact on inequalities:**

Ensuring everyone can access services on an equal footing is a key priority for the NHS, however at present, the gap continues to widen due to health and social care inequalities. Health outcomes are worse for people in deprived areas, those from ethnic minorities such as Asian/black African/black Caribbean backgrounds, and vulnerable groups like children and young people (CYP), individuals with learning difficulties (LD), autism, dementia, general mental health, and individuals with long-term conditions who account for the majority of health and social care interactions and resources.

Neighbourhoods that experience high deprivation are home to a higher proportion of people living with multiple long-term conditions. More than one in five people in the most deprived places in Lambeth live with multiple long-term conditions, compared to only one in ten in the least deprived neighbourhoods.

On average, people in our place living with long-term conditions are diagnosed with their first health condition at age 35, quickly followed by a second condition at age 42. In Lambeth approximately 50% of people diagnosed with type 2 diabetes are of working age between 40 and 64 years old and 40% have a recorded ethnicity of black.

To help us better target and tailor our services to reach specific ethnic, age and vulnerable groups and reduce health inequalities, we will work to build a comprehensive understanding of groups in the community who are experiencing barriers or have concerns about accessing services and have processes in place to address those barriers and ensure improvements in access to diabetes services can be realised.

We will ensure we work with community groups, diabetes service users, diabetes experts and other key partners through our stakeholder steering group and engagement activities to develop, oversee and progress the Service and improve diabetes outcomes in Lambeth.

# Lambeth Community Diabetes Service (CDS) Update

History, evolution, current service provision and challenges

Dr Stephen Thomas, Dr Dulmini Kariyawasam and Dr Mark Chamley

Now Part of Integrated and Specialist Medicine at Guy's and St Thomas'  
NHS Foundation Trust / King's Health Partners



# About Lambeth

## Our local population:

- 318,000 residents (estimated)
- 11<sup>th</sup> most deprived Borough in London
- Around 22,000 on GP diabetes registers of which 21,000 have type 2 diabetes
- Prevalence 4.6%
- Complex social and ethnic mix
- 150 languages
- 63% describe ethnicity other than white
- 1/3 population non-UK born

## Local NHS diabetes care providers:

41 general practices, 9 Primary Care Networks, 3 NHS Foundation Trusts (GSTT, KCH, St George's)





# Collaborative Working since 2000 Diabetes Guide for London 2009

## Key messages:

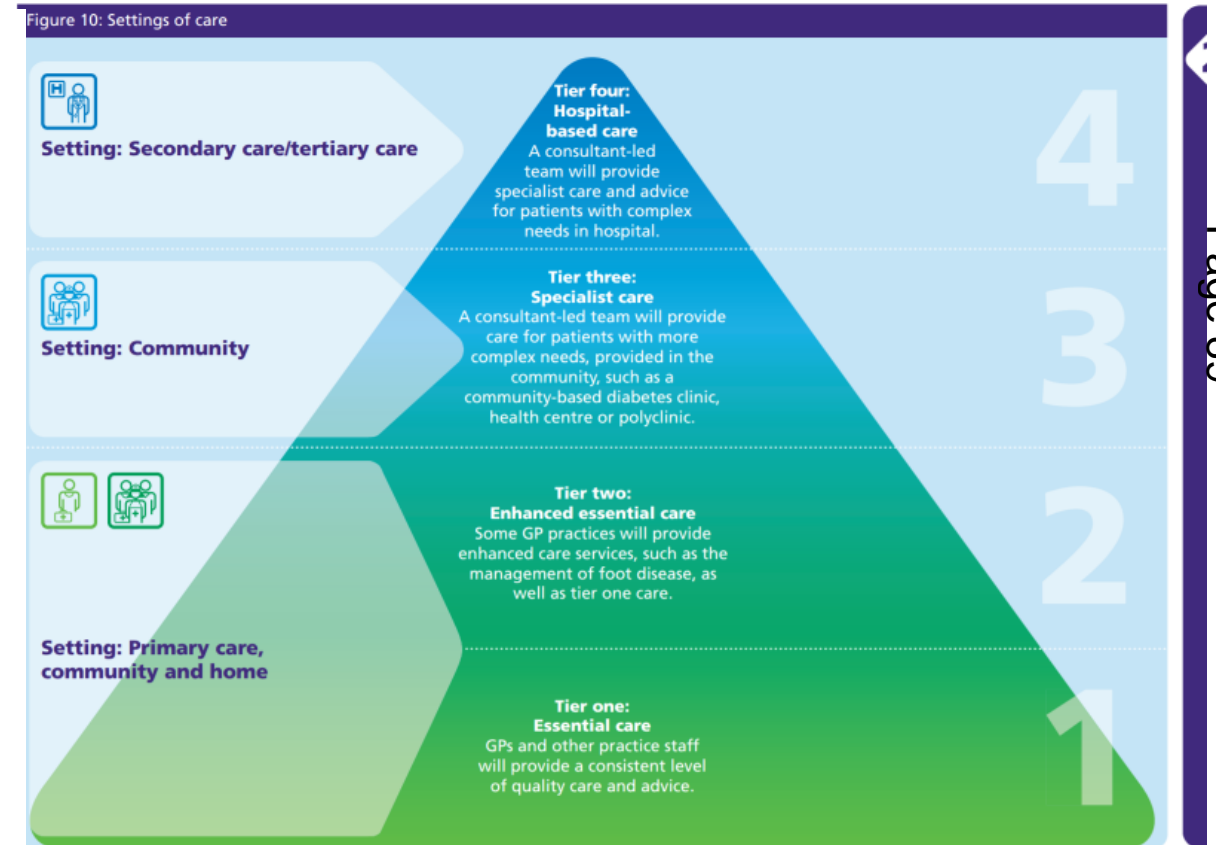
Four tiers of care in three settings

80% of care in primary care

Establish consultant-led diabetes  
intermediate care teams

Only 15% of people with diabetes in London  
have had structured education

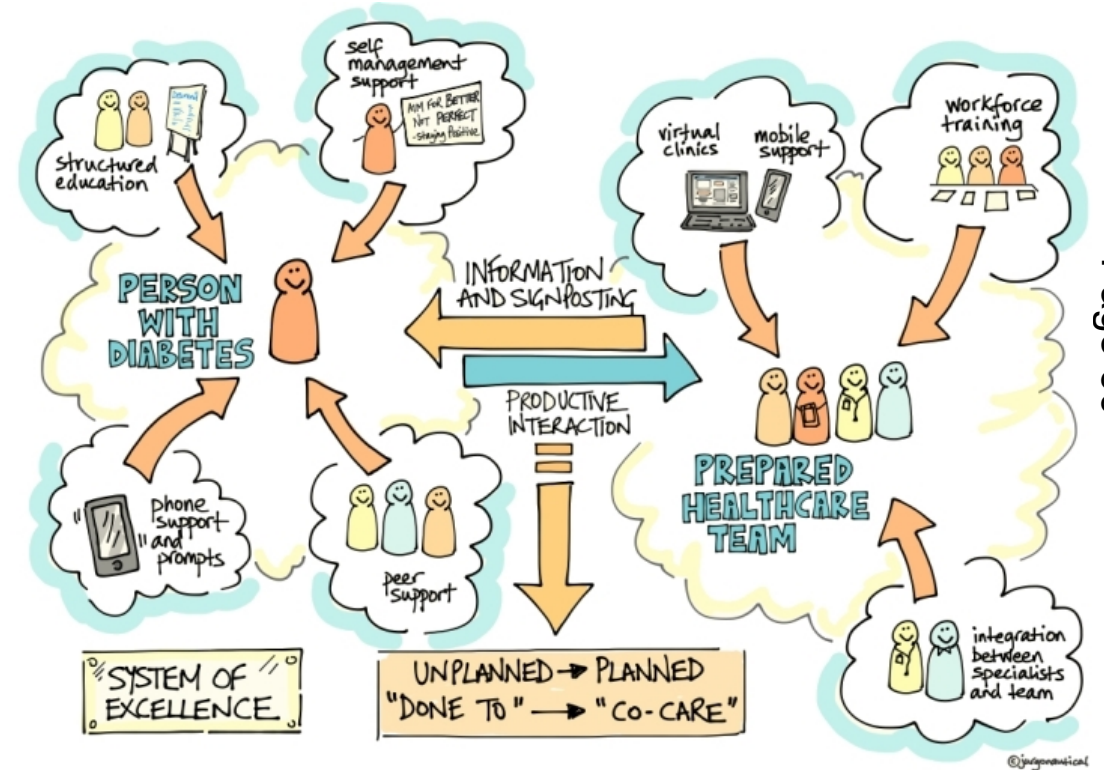
*more important than the physical location of the  
setting is the level of expertise available there*



# What was the vision for the new diabetes services in Lambeth?

The Institute for Healthcare Improvement quadruple aim:

- Improved patient **experience** of care
- Improved **population health**
- **Cost Effective**
- Improving the **work life** of healthcare providers, including clinicians and staff



# Place of care

## People offered hospital specialist

- Type 1 diabetes
- Monogenic diabetes
- Recent admission or emergency attendance
- Pre-conception and pregnancy
- Foot ulcers
- Advanced Complications

## People offered community specialist care

- Type 2 diabetes:
  - Poor glycaemic control
  - Recurrent hypoglycaemia
  - Insulin starts and intensification
  - Individual dietetic support
  - Progressive Complications
  - Poor blood pressure and lipid control

# Aims of The Service?

- Patient population needs assessed and supported
- Diabetes Specialist Nurse (DSN) attached to every GP practice support to primary care
- Enhanced support to selected practices
- Professional education for local primary care teams
- Structured education options for people with type 2 diabetes
- Support for Technology in diabetes
- Support for supply line issues



# Community Clinics - current provision

2011 – two clinics/week

2023 – five clinics/week

Monday – Diabetic Kidney Disease/Cardiovascular prevention clinic at Akerman

Tuesday – Gracefield Gardens

Wednesday – Springfield Medical Centre

Thursday – West Norwood Health and Leisure Centre

Friday – Akerman Medical Centre

Same Geographical Distribution planned some locations may change





**The number of patients registered with Lambeth CDS has increased by 50% since the Covid-19 pandemic – currently seeing 12% of people with type 2 diabetes in Lambeth**

Year	Number of new referrals to Lambeth CDS	Number of patients under Lambeth CDS care
2018 - 2019	1196	1408
2019 - 2020	1096	1160
2020 - 2021	845	1109
2021 - 2022	1229	1407
2022 - 2023 (6 months data)	1321	2125



# Current challenges – Lambeth CDS and primary care capacity

Lambeth CDS was commissioned to provide a time-limited period of care with discharge back to primary care with a management plan in place

- Referrals are increasing
- Higher numbers of referrals with very high HbA1c who require urgent appointments post-pandemic
- Capacity issues in primary care
- Lack of knowledge around insulin management in primary care
- New therapies – GLP1/SGLT2i

**Need to increase skills and activity in primary care**



# Lambeth CDS diabetes recovery projects 2022-2023

## Increasing Lambeth CDS capacity to deliver care

- **↑ advice and guidance**

  - Promote advice and guidance on ERS

  - DKD virtual clinic – advice from diabetes-renal consultant on ERS

  - Refreshed virtual clinic offer – PCN based will give opportunity for more clinics/year

- **↑ clinic capacity**

  - Saturday morning clinics at Tulse Hill

  - Group consultations for GLP1 start patients

## Increase educational offer to primary care to reduce referrals to Lambeth CDS

- Pitstop course

- Post-Pitstop mentorship

- Primary care pharmacist diabetes education programme

## Pre-operative diabetes optimisation pathway with GSTT

## Case management project with Look Ahead for people with poorly controlled diabetes and SMI

## Work with local renal teams



# Three treatment target and the Care Processes local targets 2023-24

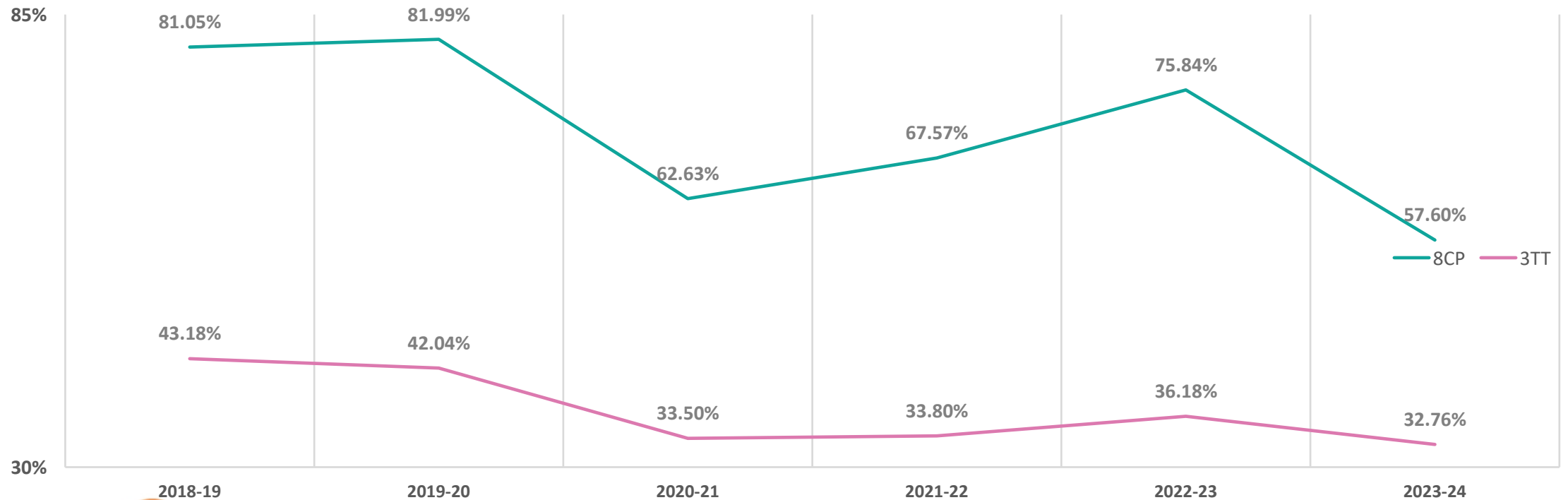
Maintain/reach minimum  
37%

or increase by 3 % points  
(compared to NDA 2022-  
23\*), achievement for all 3  
NICE Treatment Targets

- Maintain/reach minimum  
77%

- or increase by 10 %  
points (compared to  
NDA 2022-23\*),  
achievement for all 8  
Care Processes

# Lambeth 3 Treatment Target and 8 Care Process Data: 2018 - 2023



**Note**

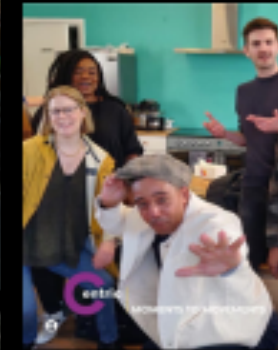
- 2023-24 data at 15 October 2023 (9.5 months)
- data captured over a 15 month period 01 January 2023 to 31 March 2023 to match NDA data collection period



# Project Approach

---

1. Centric developed a text message to be sent out to patients via the LDICT teams patient list for recruitment. Within this text was a link to sign up for the engagement project, providing further information for patients before they decide to join.
1. The Centric team also reached out to existing networks to recruit participants based in Lambeth who have diabetes and have previously/currently engage with the LDICT and specialist Teams
1. Engaged a total of 45 diabetes patients through 5 focus groups held throughout November 2022.
2. Analysis was conducted to produce the following list of themes and recommendations.



# GSTT / KHP / Community Diabetes Service

## Aim

- Ensure smooth transition of services ( EPIC Apollo Timing)
- Minimal disruption for patients, users and stakeholders
- Capitalise on Population Health Approach Registers Risk Based Care (Epic, London Care Record, Discovery, EZ Analytics etc)
- Work across Multi morbidity teams e.g. Heart Failure, Chronic Kidney Disease
- Work with mental Health
- Effective Stakeholder Steering Group to oversee and progress Service and KPI's
- Target Health Inequalities

# Thank you for listening

Questions?



This page is intentionally left blank



## Lambeth Together Care Partnership Board

<b>Title</b>	Living Well Network Alliance (LWNA) – Deep Dive
<b>Meeting Date</b>	16 November 2023
<b>Author</b>	Guy Swindle, Deputy Director - Living Well Network Alliance
<b>Lead</b>	Guy Swindle, Deputy Director - Living Well Network Alliance

This item is for;

<input checked="" type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Ratification</b>
-------------------------------------	--------------------	--------------------------	-------------------	--------------------------	-----------------	--------------------------	---------------------

Recommendations;

The Lambeth Together Care Partnership Board is asked to;

1. Note the progress of the LWNA in delivering its business plan
2. Note the success of the PCAN and IPS service

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

None to date

Summary and Impact on Inequalities

Tackling mental health inequalities, specifically in Black communities, is one of the LWNA's 6 priorities. We use data from our services to improve access, experience and outcomes for all those who we support.

This page is intentionally left blank



# Lambeth Living Well Network Alliance

## Presentation to Lambeth Together Care Partnership Board

### 16<sup>th</sup> November 2023



# Outline

1. LWNA (Living Well Network Alliance) in context
2. Progress against our business plan
3. Introducing PCAN (Primary Care and Alliance Network)
4. Introducing IPS (Individual Placement Support)
5. Questions, comments and discussion



# BRIXTON VILLAGE

0800  
39 33 64

**ADT** Fire and Security  
VIDEO IS RECORDED FOR CRIME PREVENTION AND PUBLIC SAFETY. PLEASE CONTACT THE SYSTEM DATA CONTROLLER FOR FURTHER INFORMATION.  
TEL: \_\_\_\_\_

WELCOME BACK TO BRIXTON VILLAGE

**WELCOME BACK**

Don't forget

WELCOME BACK TO BRIXTON VILLAGE

### OPENING HOURS

MON	10:00 - 18:00
TUE	10:00 - 18:00
WED	10:00 - 18:00
THU	10:00 - 18:00
FRI	10:00 - 18:00
SAT	10:00 - 18:00
SUN	10:00 - 18:00

LWNA in context

# Alliance Contract

- LWNA is 5 years into a 7 year contract (2018 to 2025) and is currently seeking to agree the option to extend by 3 years to 2028
- This requires agreement from the 5 Alliance members
- Certitude and Thames Reach have so far agreed the extension and it is currently going through the Trust's (South London and Maudsley), Lambeth Council's and ICB's (Integrated Care Board's) governance processes.

# Health and Wellbeing Strategy

## Three Priority Areas...

- Ensuring the best start in life
- Supporting people to lead healthy lives and have good physical and mental wellbeing
- Supporting communities to flourish and build their resilience



## Borough Aspirations

- People lead healthy lives and have good physical and emotional health and wellbeing for as long as possible
- Physical and mental health conditions are detected early and people are well supported and empowered to manage these conditions and avoid complications
- People have access to and positive experiences of health and care services that they trust and meet their needs

## LWNA Outcomes

- People have healthy emotional wellbeing
- When emotional and mental health issues are identified; the right help and support is offered early and in a timely way
- Those using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life



## 3 Big Outcomes

**Recover &  
Stay Well**

**Make own  
choices**

**Participate  
on an equal  
footing**

## 6 Priorities

**Reducing Crisis**

**Maximising  
Independence**

**Stable & Appropriate  
Home**

**Equality – Access,  
Experience & Outcomes  
for Black Communities**

**Physical Health**

**Work and Training**

## Business Plan Programmes

**1. Using Evidence/Data**

**2. Financial Sustainability**

**3. Right Services, Best Value**

**4. Competent, Compassionate  
and Content Workforce**

**5. Excellent Communications &  
Co-production**



# Using Evidence/Data

- Alliance Impact Report developed – quarterly report presenting comparable data between Alliance services on areas such as access. Engagement, flow and impact
- IAPT ethnicity analysis had led to significantly improved access and recovery for those from Black communities

# Financial Sustainability

- In the 6 months to the end of September the Alliance's Promoting Independence Oversight Group has made full year cashable savings of £604k by ensuring people are getting the right support for their needs
- In total, the Alliance has made savings of £7.5m (11% of our original budget) by making better use of our resources, which has all been reinvested into adult mental health services in Lambeth

# Right Services, Best Value

- Completing an in-depth review of the Alliance model
- Decommissioned nearly £800k of employment support contracts, which were not delivering value for money, to reinvest into our new Individual Placement Support (IPS) service and other mental health support
- Undertaking a programme of peer reviews to improve services

# Workforce Plan

- Working across Alliance HR teams to implement our Workforce Plan
- Undertaken significant staff engagement, including 12 independently facilitated staff focus groups, with over 500 comments fed back
- Introduced a visible leaders programme
- Agreed flexible working principles
- Introduced an Alliance Induction process
- Agreed common Alliance wording to job descriptions
- Increasing Transitional Employment Placements (TEPs)

Workforce Strategy Programmes



# Communications and Co-Production

- Produced our 4<sup>th</sup> annual Progress Report, setting out progress against our six priorities
- Introduced Community Commissioners to sit on key Alliance decision-making groups
- Supporting Lambeth Collaborative to hold a large community involvement event on mental wellbeing on November 23<sup>rd</sup>



# Primary Care and Alliance Network - PCAN

Rosie Ostridge – Clinical Service Lead, Lambeth Primary Care Network  
Richard Blackburn – PCAN Meetings Facilitators



# Primary Care Networks – Lambeth



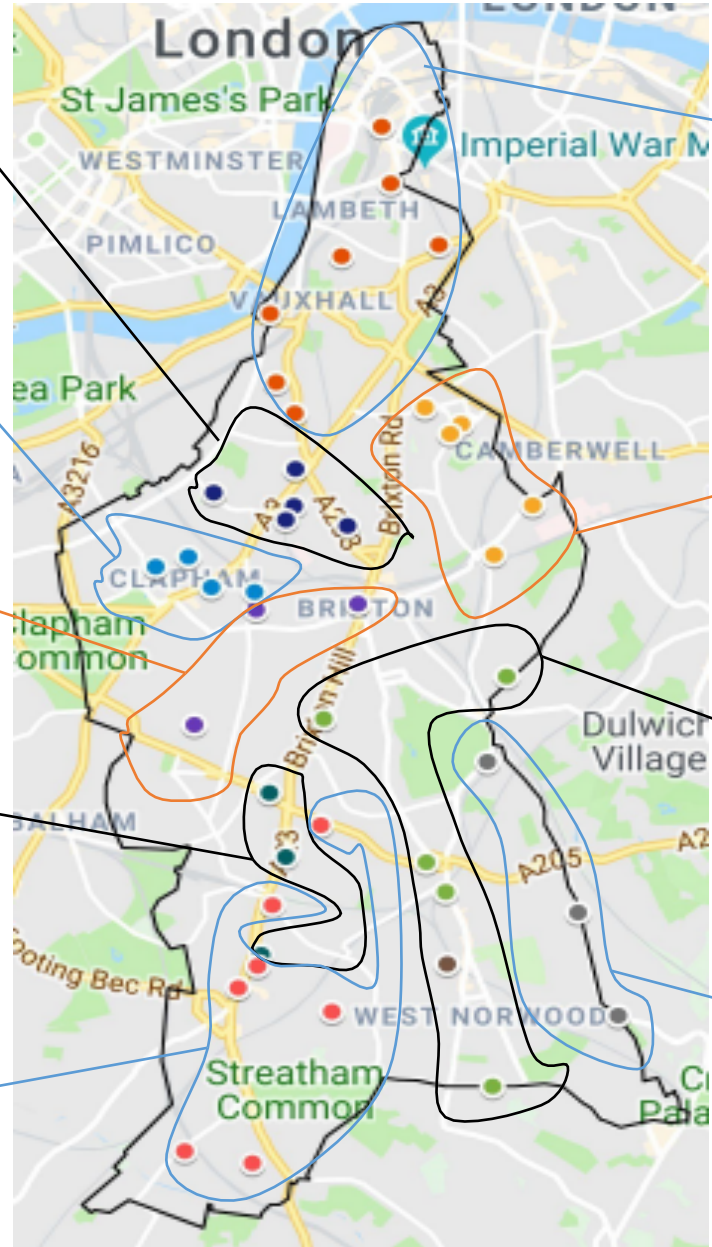
**The StockWellBeing PCN**  
 Stockwell Group Practice  
 Beckett House Practice  
 Springfield Primary Care Centre  
 The Grantham Practice  
 Binfield Road Surgery  
**Clinical Director:** Dr Vikesh Sharma  
**List size:** 43,876

**The Clapham PCN**  
 Sandmere Road Practice  
 Clapham Family Practice  
 Grafton Square Surgery  
 Dr Curran & Partners  
**Clinical Director:** Dr Azhar Ala  
**List size:** 51,194

**The Brixton & Clapham Park PCN**  
 Hetherington Group Practice  
 Hetherington at the Pavilion  
 Clapham Park Group Practice  
**Clinical Director:** Dr Jennie Parker  
**List size:** 34,328

**The AT Medics Streatham PCN**  
 Streatham High Practice  
 Streatham Place Surgery  
 Edith Cavell Practice  
**Clinical Director:** Dr Tarek Radwan  
**List size:** 38,895

**The Streatham PCN**  
 Streatham Common Group Practice  
 Dr. Masterton's Surgery  
 Palace Road Surgery  
 Valley Road Surgery  
 The Exchange Surgery  
 The Streatham Hill Group Practice  
 The Vale Surgery  
**Clinical Director:** Dr Emma Rowley-Conwy  
**List size:** 54,208



**The North Lambeth PCN**  
 Hurley & Riverside Practices  
 Lambeth Walk Group Practice  
 Waterloo Health Centre  
 The Vauxhall Surgery  
 The South Lambeth Rd Practice  
 Mawbey Group Practice  
**Clinical Director:** Dr George Verghese  
**List size:** 68,515

**The Fiveways PCN**  
 Vassall Medical Centre  
 The Corner Surgery  
 Minet Green Health Practice  
 Herne Hill Road Medical Practice  
 Akerman Medical Practice  
**Clinical Director:** Dr Penelope Jarrett & Dr Herman Lai  
**List size:** 38,560

**The HBD Group PCN**  
 Herne Hill Group Practice  
 North Wood Group Practice  
 The Deerbrook Surgery  
 Brixton Hill Group Practice  
 Knights Hill Surgery  
**Clinical Director:** Dr Sadru Kheraj  
**List size:** 57,863

**The Croxted PCN**  
 The Old Dairy Health Centre  
 Brockwell Park Surgery  
 Paxton Green Group Practice  
**Clinical Director:** Dr Alex Mackay  
**List size:** 35,152

## What is PCAN?

PCAN consists of regular online meetings between Primary and Secondary Care mental health professionals which take place in each of the 9 Primary Care Networks (PCNs) across Lambeth.

Through these meetings we are creating a cross-sector network of mental health professionals in Lambeth



# How does PCAN work?

- PCAN meetings are regular (at least monthly) online meetings between each<sup>1</sup> of the PCNs, their associated Living Well Centre (LWC) and community mental health services across the Lambeth Living Well Network Alliance.
- Attended by GPs, a PCN Mental Health Practitioner, social prescribers, at least one psychiatrist from the Living Well Centre, and representatives from the LWC Focussed Support and Short Term Support teams.
- Various community mental health teams are also invited to attend on an optional basis, including: Single Point of Access, Staying Well Team, Crisis Outreach Service, Talking Therapies, Secondary Psychological Therapies, Addictions, Adult Social Care).
- Each meeting discusses how best to support relevant ‘patients’, and shares information and advice

<sup>1</sup> Currently PCAN meetings occur in 8 of the 9 PCNs

# How does PCAN add value?

- **Supports more people to be supported in their own homes and communities** – by providing regular opportunities to discuss patients and share advice on areas such as: medication, care plans, referral pathways, community mental health services, etc.
- **Improves communication and shared knowledge** - between primary and secondary mental health services across Lambeth.
- **Improves the quality/accuracy of referrals to SPA** – currently around 30% of SPA referrals are rejected



# Individual Placement and Support

Kushba Bibi – Lead Manager  
Lambeth IPS

# What is Individual placement Support (IPS) ?

- **IPS is a national NHS led programme to support people with severe mental illness (SMI) to find or keep a job**
- **In Lambeth, IPS is delivered by Thames Reach (an Alliance member) on behalf of the Alliance**
- **The Lambeth IPS contract began in July 2022**

# IPS is based on 8 principles

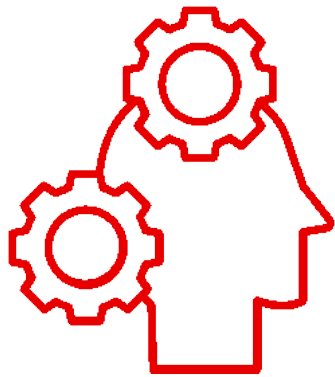
1. It aims to get people into competitive employment
2. It is open to all those who want to work
3. It tries to find jobs consistent with people's preferences
4. It works quickly
5. It brings employment specialists into clinical teams
6. Employment specialists develop relationships with employers based on a person's work preferences
7. It provides ongoing, individualised support for the person and their employer
8. Benefits counselling is included

# How Lambeth IPS works

- 1. Work with anyone who is looking to find employment**
- 2. Take referrals from all parts of the services**
- 3. Find employment based on people's preferences**
- 4. Work to remove barriers into employment**



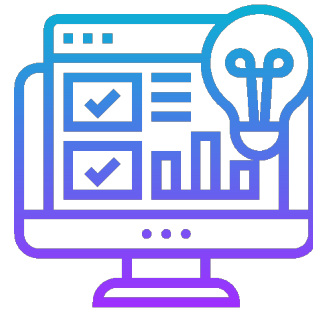
# How will I benefit from the IPS?



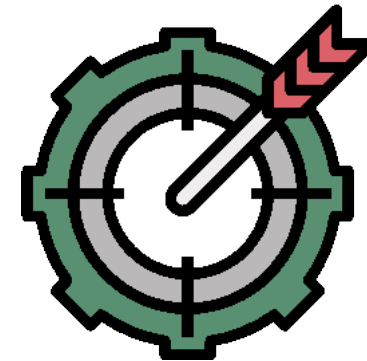
Understanding  
people's needs  
and goals



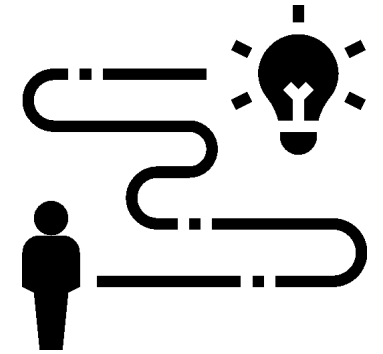
Dealing with your  
first day at work



Employer and  
opportunity  
awareness



Action plan with  
the people



Problem Solving



# Performance since July 2022

- **319 referrals**
- **221 people engaging with the IPS service**
- **56 jobs gained**
- **26 jobs sustained**

# What's Next?

- 1. Nurture relationships with employers**
- 2. Continue to provide people with competitive opportunities**
- 3. Support people to access services within their community**
- 4. Maintain and strengthen relationships with referrals services**

# Alliance Progress Reports

Read about our progress, including videos of some of the people we support:

<https://lambethtogether.net/living-well-network-alliance/reports/>



**Living Well Network Alliance - Progress reports**

Living Well Network Alliance Progress Report 2022

Living Well Network Alliance Progress Report 2021

Living Well Network Alliance Progress Report 2020

The banner features a light blue background with a decorative pattern of small, colorful squares (orange, teal, purple, pink) on the left side. The main title is in a large, bold, dark blue font. Below the title, there are three white rectangular boxes, each containing a circular image and a caption. The first box shows a woman's face, the second shows a garden scene with the word 'BOROUGH' visible, and the third shows a busy outdoor market scene.



This page is intentionally left blank