LAMBETH TOGETHER CARE PARTNERSHIP

Date: **Thursday 16 November 2023**

Time: **1.00 pm**

ITEM 8 AGENDA SUPPLEMENT

LAMBETH TOGETHER ASSURANCE UPDATE

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Lambeth Together Care Partnership Board

Title	**Lambeth Together Assurance Sub-Group**
Meeting Date	16 November 2023
Author	Warren Beresford – Associate Director Health and Care Planning and Intelligence Jo Fernandes – Planning Intelligence and Improvement Manager
Lead	Sue Gallagher – Lambeth Together Board Lay Member

This item is for;

☒	**Information**	☐	**Discussion**	☐	**Decision**	☐	**Ratification**

Recommendations;

The Lambeth Together Care Partnership Board is asked to;
1. Note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report for September 2023

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

None to date

Summary and Impact on Inequalities

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

Following the launch of the 'Our Health, Our Lambeth, As Lambeth Together's health and care plan, the agenda for the Lambeth Together Assurance Group (LTAG) was re-formatted to track how we are progressing against the outcomes which we committed to within the plan.

From July 2023 onwards, the integrated assurance report contained within these papers will be a standing item LTAG with time allowed during the meeting to review the report along with a more specific focus on 2 or 3 outcomes.

The focus areas at the meeting in September 23 were as follows;

- Outcome G- *People who have developed long term health conditions have help to manage their condition and prevent complications*
- Outcome H - *When emotional and mental health issues are identified; the right help and support is offered early and in a timely way*
- Outcome M - *People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services*

Time was also given to review the Lambeth Together Integrated Assurance Report. A number of conversations took place during this agenda item. Some of the key points are detailed below.

- **Resident Survey** indicated that anxiety levels appear to be on a downward trend in Lambeth and of people within Lambeth Council's low-income family tracker identified as coping financially, has increased in the past month.
- **Carer's Assessments:** the proportion of people being offered a carers assessment remains high, which demonstrates success in reaching a large number of carers and identifying carers who need support and will in turn help to reduce inequality.
- **Low Levels of Breast and Cervical Screening Uptake** considerably more activity is required to deliver against the nationally set uptake targets and screening had been identified as SEL ICB corporate objective. The group were assured that substantial work is underway to increase the uptake for breast cancer screening, however the impact will not be seen for some months. It was agreed that further time needed to be invested to investigate further.
  It was acknowledged that elements of cancer screening are now embedded within the incentive schemes for general practice.
- **Maternity Continuity of Care:** The data indicates that continuity of care for Black, Asian and minority ethnic communities has increased since the beginning of the financial year, , however the report specifically notes that having a small team within that sphere makes achieving the target unattainable. The group were informed that over the perinatal pathway, the intrapartum element (during labour) makes compliance to that particular measure quite difficult. The maternity lead confirmed that the team are looking to review that metric and to focus on the antenatal and postnatal parts of the pathway in line with patient feedback.
- **Psychological Therapies Access:** The group noted that the recovery rates for Black African and Black Caribbean people through talking therapies is still 7% lower than the average recovery rate. It was that while considerable effort is being made to tackle this variation that it still needs further focus. It was explained that the main cause is due to a higher acuity rate as a starting point when this group people present to the service
- **Weight Management:** The group welcomed the opening out of the weight management service to self-referrals and to referrals from other voluntary and third sector organisations
- **Risk register**: It was confirmed that all 9 active risks remain open from the previous period with no further risks added. All risk ratings have remained unchanged with of exception of the CAMHs waiting time rating, which following reassessment has been reduced from a high-risk profile (9) to a moderate one (6) since the papers were published.
- **Finance:** The Continuing Healthcare budget a risk and that s recovery programme is in place.

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Lambeth Together

Integrated Assurance Report

19 September 2023

Contents Page

Foreword

This report provides in one place an integrated summary of assurance across Lambeth Together and Lambeth's integrated health and care arrangements

Following the launch of the 'Our Health, Our Lambeth, As Lambeth Together's health and care plan, this report was re-formatted to track how we are progressing in improving health and wellbeing outcomes for people of all ages and from all our communities, which we committed to within the plan , over the next five years.

We will review the progress and impact that our activities are having, asking ourselves:

•Is this working? Can we do more? Do we need to change course?
•We have delivered what we said we would, what's next?
•We have met that target, should we aim higher?
•We have different data now so should we review this measure or target?
•What are patients and residents telling us?
•What lessons have we learned?
•What is research telling us about the causes of health inequalities in Lambeth & how can we impact these?

The report also providers assurance around finance, quality, safeguarding, risk as well as an update on delivery of the Lambeth Council's Integrated Health and Care Directorate Business Plan.

Context (1/2)

Since the Lambeth Together Care Partnership launched 'Our Health Our Lambeth' - our 5 year Health and Care plan in May 2023 we have commenced our efforts towards implementation. We are taking active steps to review our governance processes to ensure they incorporate the measures we need to monitor the progress of our plan and we continue to develop how we best work together as an integrated partnership.

Some key appointments in our leadership will serve to deliver these outcomes for our residents. Josepha Reynolds has been appointed to the Programme Director role overseeing the Neighbourhood and Wellbeing Delivery Alliance, Simon Boote appointed as Programme Lead for the Children & Young People's Alliance and Chris Moretti appointed as interim Programme Lead for the Lambeth Together Programme.

Whist our Partnership is steadfast in delivering our new Health and Care Plan, we must also acknowledge the challenges in navigating continued industrial action in health and care. Strikes have continued throughout the summer and look likely to continue for some time. Junior doctors were on strike 11 to 15 August and consultants were on strike 24 to 26 August; consultant strikes will continue on 19 and 20 September and junior doctors on 20 through to 22 September; and both are taking action together on 2,3 and 4 October. Further, junior doctors have voted in favour of potential action up until 29 February 2024. Despite working closely with our system partners, this extended period of dispute will add significant pressure on our health and care services and have the potential to impact delivery of our Health and Care Plan outcomes.

Additionally, a new COVID-19 variant, BA.2.86, has been identified in several countries including in the UK, with a recent outbreak in East of England care home showing high infection rate with 31/38 residents and most cases do not report travel history.

At this stage there is limited information on transmissibility, severity, and vaccine evasion (no current evidence of increased severity). The Secretary of State has therefore asked the NHS to bring the vaccination programme forward to start in September 2023, with an aim of vaccinating as many people as possible by the end of October with the same eligibility criteria – including for influenza and no change to flu vaccination for children.

To support this, NHS England have offered an enhanced financial package to incentivise providers to vaccinate as many people as possible by the end of October.

Context (2/2)

The financial context for the NHS means that NHS England has needed to review overall spending on Integrated Care Boards' (ICBs') management costs. NHSE England have detailed the requirement for all ICBs to make running cost reductions over financial years 2023/24 and 2024/25. ICBs' running cost allowances will be subject to a 30% real terms reduction (per ICB) by 2025/26, with at least 20% to be delivered in 2024/25. This reduction will enable resources to be recycled into front line care.

South East London ICB, (SEL ICB) will use this requirement to review its current functions to ensure it is best structured to support delivery of the ICB statutory functions and the ICP aspirations and priorities whilst also meeting financial requirements. The management cost reduction process will be delivered via a managed, phased programme with a staff consultation planned for October 2023 to enable implementation from 1 April 2024.

Despite these challenges we are still progressing with making significant beneficial changes for our residents. On 5 October 2023, Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts are jointly introducing a new electronic health record (EHR) system. The new system, powered by Epic as part of the Apollo programme, will replace multiple clinical systems in use across both Trusts with a single, integrated and comprehensive electronic health record. It will also improve the consistency and timeliness of information being provided to GPs.

Alongside this, Synnovis – which provides pathology services for both Trusts – is replacing its laboratory information system with Epic. As part of this, we will standardise the way requests for pathology and radiology are made across South East London. This will start with radiology requests in October 2023, followed by pathology in the first half of 2024.

We are confident that Epic will bring about major long-term benefits for patients, hospital staff and GPs, and help transform many of the ways in which we provide and deliver care. However, we also recognise that the introduction of Epic represents a significant change for both Trusts, plus key stakeholders we work with (including GPs), and there is also likely to be some disruption to services in the days surrounding the launch of the system, and in the pre- and post-launch period.

The Lambeth Together Care Partnership continue to navigate these challenges to ensure our best efforts continue to be put forward to deliver for our residents.

Health and Care Plan: Progress at a glance (1)

	Outcome	Progress
A	***People maintain positive behaviours that keep them healthy***	A review of weight management services across the whole pathway (Tier 1 – 4) is being conducted as part of the SEL Vital 5, this work can inform and reshape how we will monitor this impact measure in future reports.
B	***People are connected to communities which enable them to maintain good health***	Number of social prescribing referrals are largely flat with 544 (Jul), 640 June, 688 (May) Residents' wellbeing, use of community assets and social cohesion impact measures show anxiety levels seem to be on a downward trend although the proportion of those with positive feelings appear to have remained the same. Indicators for social cohesion and use of community assets also show little change over the past quarter.
C	***People are immunised against vaccine preventable diseases***	We continue to experience challenges in achieving 100% return of consent forms from vaccination providers who deliver school-age vaccination programme.
D	***People have healthy mental and emotional wellbeing***	Data on access to Improving Access to Psychological Therapies (IAPT)/ Lambeth Talking Therapies (LTT) service show improvements, access is 5% over the increased monthly target of 970. Data on the proportion of people who complete treatment and recover shows downward trend, moving away from the target (50%).
E	***People have healthy and fulfilling sexual relationships and good reproductive health***	Further work is required to ensure recording of ethnicity improves on primary care LARC activity as this diminishes commissioners' ability to identify inequalities.
F	***People receive early diagnosis and support on physical health conditions***	Performance on the uptake of Severe Mental Illness (SMI) and Learning Disabilities (LD) Annual Health Checks (AHC) is ahead of 2022/23 trajectory at month 5 (August).
G	***People who have developed long term health conditions have help to manage their condition and prevent complications***	Data on cardiovascular measures shows hypertension control in the Black African, Black Caribbean, Mixed White and Asian, Unknown or not stated ethnic groups is improving, with comparable rates of target blood pressures being reached across all ethnicities. Year on year performance across target ethnicities and all ethnicities showed increases. Impact measure on Polypharmacy for clients over the age of 75 ensures medicines are being used appropriately, can reduce adverse effects, hospitalisation and improve health outcomes, which may impact on those with greater health inequalities..

Health and Care Plan: Progress at a glance (2)

	Outcome	Progress
H	***When emotional and mental health issues are identified; the right help and support is offered early and in a timely way***	Average month-end wait times for Lambeth Single Point of Access (SPA) have been steadily reducing from 2023. Analysis on equalities shows no significant disparity due to ethnicity in how Lambeth SPA categorise introductions as urgent, the average wait times for triage or whether the introduction is referred onwards to other services.
I	***People have access to joined-up and holistic health and care delivered in their neighbourhoods***	Usage of consultant connect has increased by 12% from May to June 2023, with an 11% increase in admission avoidance due to advice received. However, outcomes recording remains low.
J	***People know where to go to get the right help, and are treated at the right time, in the right place, for their needs***	General Practice Appointment Data indicates a 7% increase in patients being able to access an appointment with their GP within 2 weeks from May to June 2023. Virtual wards capacity is increasing in line with the plan and against target trajectory.
K	***Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well***	The proportion of people offered a Carer's Assessment by Adult Social Care remains high. The high number of Carer's Assessments would indicate we are reaching a large number of carers and identifying Carer's need and providing support. This will help to reduce health inequalities.
L	***Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate***	Impact measure on the Continuity of maternity care for women is being looked at by SEL ICB with a view to be refined. Investigating with SEL Business Intelligence team providers coding of this indicators.
M	***People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services***	Learning Disability as defined in the Adult Social Care Outcome Framework (ASCOF) shows the measure on client sunder this cohort on paid employment increased 1% since 2021/22, but is still below the national average of 5%. Data on waiting times for an Autism spectrum disorder (ASD) diagnosis for children and young people suggests a slight increase in the number of patients waiting for both General Paediatrics first appointment, and Autism and Related Disorder (ARD) assessment.

Health and Care Plan: Progress at a glance (3)

	Outcome	Progress
N	***People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life***	In 2023/24 at month 4 (July), 72% of respondents to the PEDIC (Patient Experience) questionnaire would recommend Lambeth Services to friends and family. Acute readmissions within 30 days fell to 5 in month 4 (July) for the second consecutive month, after peaking at over twice that number. It is not clear however whether this trend will be sustained.
O	***People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health***	There has been a sharp rise of new rough sleepers recorded across London over the last few months. The Needs Assessment work will provide further intelligence which will allow the team to identify health inequalities, once results are available we will share the finding is this report.

Our Health, Our Lambeth

Lambeth Together health and care plan 2023-28

A. People maintain positive behaviours that keep them healthy

A3. Number of appropriate referrals from primary care to the range of weight management support programmes available

Weight Management Tier 2 Quarter 4 2022/23 is:

- 382 referrals were received from GPs for Tier 2 weight management service
- 100 referrals were uncontactable, 6 did not meet the eligibility criteria and 16 were found to be inappropriate for the service at initial assessment
- 77% of referrals were women (294) and only 23% were men (88)
- 58% of referrals were Black, Asian and multi-ethnic patients and 30% were White. 12% of referrals did not have ethnicity stated.
- From October 2023 the service will start accepting self-referral and referrals from community organisations and other healthcare practitioners this should improve access and engagement with the service

A4. Number of respondents completing DrinkCoach survey and monitor the proportion of people flagged as having a 'possible dependence'

	Apr-23	May-23	Jun-23	Jul-23
Number of respondents completing DrinkCoach survey	13	10	12	14
The number of respondents flagged as having a 'possible dependence'	6	5	1	5
Proportion of people flagged as having a 'possible dependence	46.2%	50.0%	8.3%	35.7%
Ethnicity				
White British	10	4	8	8
White Irish	1	1	0	2
White Other	1	3	3	4
Mixed - White & Caribbean	1	0	0	1
Mixed - White & Asian	0	1	0	0
Other Mixed	1	0	0	0
Other	0	1	0	0
Asian - Indian	1	0	1	0
Gender				
Female	9	5	10	12
Male	9	7	3	15

A6. Number of people accessing and engaging in structured treatment programmes

Financial year	19/20	20/21	21/22	22/23
Number of adults	1,619	1,616	1,692	1,645

Additional Data to be included in future reports

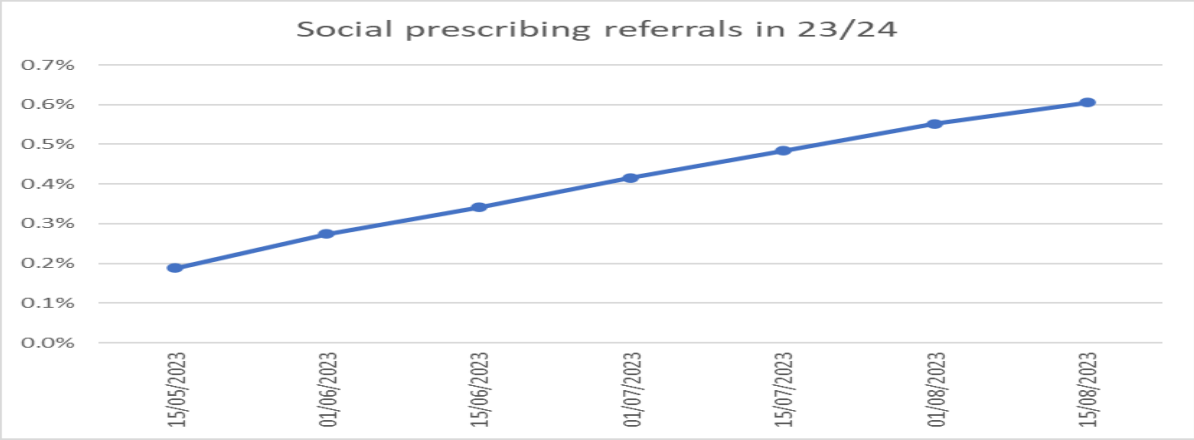
A. People maintain positive behaviours that keep them healthy

Alliance and Programmes	**Staying Healthy (owner) with contributions from LWNA, LDA, and Sexual Health programmes**
Update Month	**September 2023**

*What does the data/intelligence indicate around **progress against the outcome?***	**A3 Number of appropriate referrals from primary care to the range of weight management support programmes available -** Data presented for weight management reflects only those referred to LA Tier 2 service. It does not include those with overweight or obesity who may opt for other weight management related programmes (Brief advice, Tier 2 NHS digital, NDPP, NHS T2DR, Tier 3 and Tier 4). **A6 Number of people accessing and engaging in structured treatment programmes -** Numbers in substance misuse structured treatment have remained consistent for the past 3-4 years. Commissioners have been working with the provider, taking measures to increase numbers in treatment and ensure that more residents have access to support that they need.
*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	**A3 Number of appropriate referrals from primary care to the range of weight management support programmes available-** It is difficult to identify any potential equity in access without having a fuller picture of the range of referrals for weight management related programmes. **A6 Number of people accessing and engaging in structured treatment programmes -** The granular data would indicate that more work needs to be done in order to engage some of the more vulnerable members of our communities and empower them to seek help and support. A current review of the service offer will reflect this and changes made to address how health inequalities can be reduced.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**A3 Number of appropriate referrals from primary care to the range of weight management support programmes available -** It would be useful to have some consensus about the indicator descriptor. Ideally having an indicator that can report primary care referrals to weight management related programmes would be helpful. This would provide some indication of referrals done specifically to manage weight related conditions as well as opportunistically. **A6 Number of people accessing and engaging in structured treatment programmes -** Commissioners are working with the local provider and other colleagues to determine the strengths within the current offer, and also areas where improvements can be made – this is currently ongoing and has involved consultation with key colleagues, Lambeth service user council and staff across the treatment consortium.
Additional Comments	**A3 Number of appropriate referrals from primary care to the range of weight management support programmes available -** A review of weight management services across the whole pathway (Tier 1 – 4) is being conducted as part of the SEL Vital 5, this work may help inform what a useful measure could be.

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

B1. Number of social prescribing unique contacts



	15/05/2023	01/06/2023	15/06/2023	01/07/2023	15/07/2023	01/08/2023	15/08/2023
Social prescribing referrals	836	1,220	1,524	1,855	2,164	2,469	2,708
Total population	444,955	445,758	446,014	446,685	447,457	447,596	447,599
Proportion (%)	0.2%	0.3%	0.3%	0.4%	0.5%	0.6%	0.61

Date	2022/23 (Year end)
Social prescribing referrals	8,971
Total population	444,385
proportion	2.0%

B3. Percentage of low-income residents coping financially

	22/23 Q4 (Mar '23)	23/24 Q1 (Jun '23)	July '23 (latest)
Percentage of low-income residents coping financially	76%	77.9%	78.6%

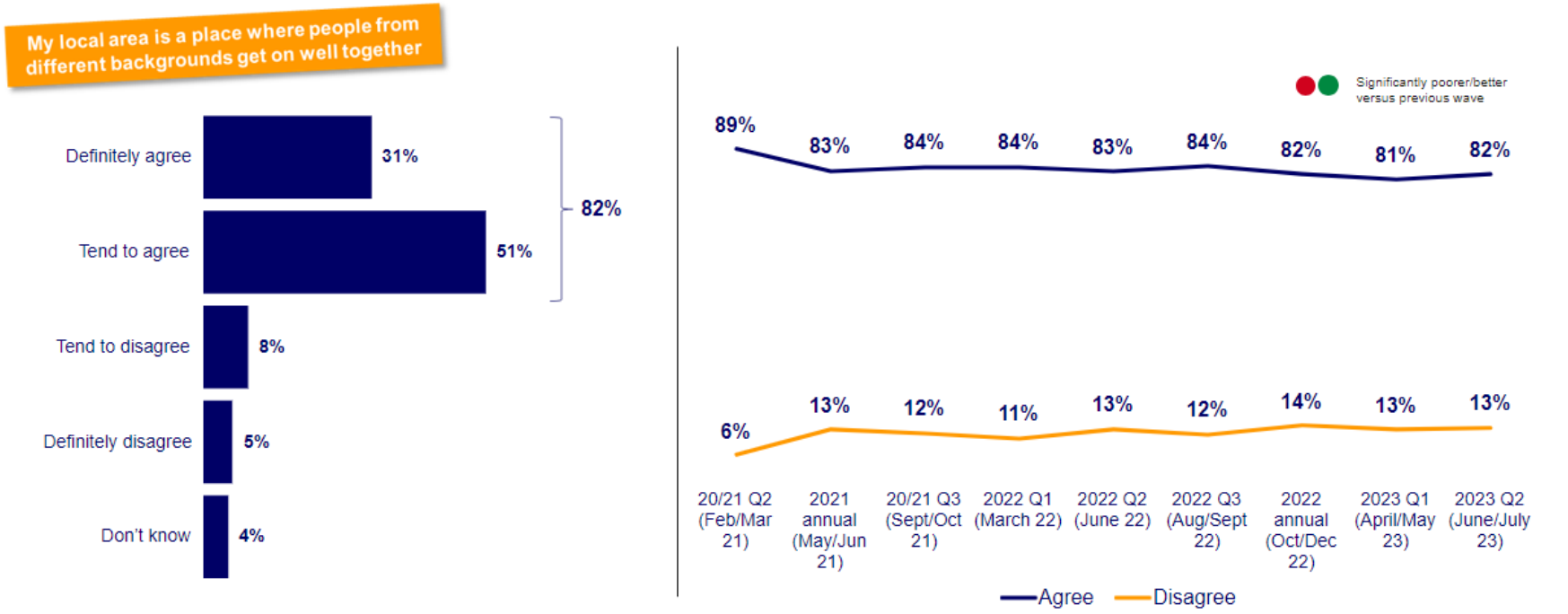
Additional Data to be included in future reports

B2 -Residents' wellbeing, use of community assets and social cohesion

Quarter 2 data – July 2023

Social cohesion

Agreement that the local area is a place where people from different backgrounds get on well together has remained broadly consistent with only minor deviations.



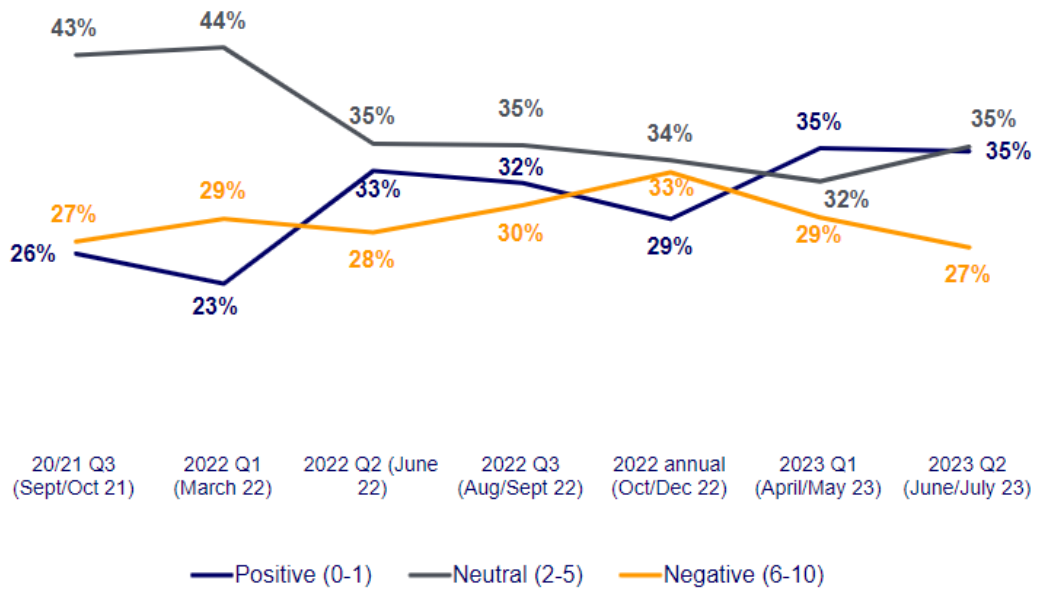
Q01. To what extent do you agree or disagree that your local area is a place where people from different backgrounds get on well together? Base: all respondents from latest wave (873)

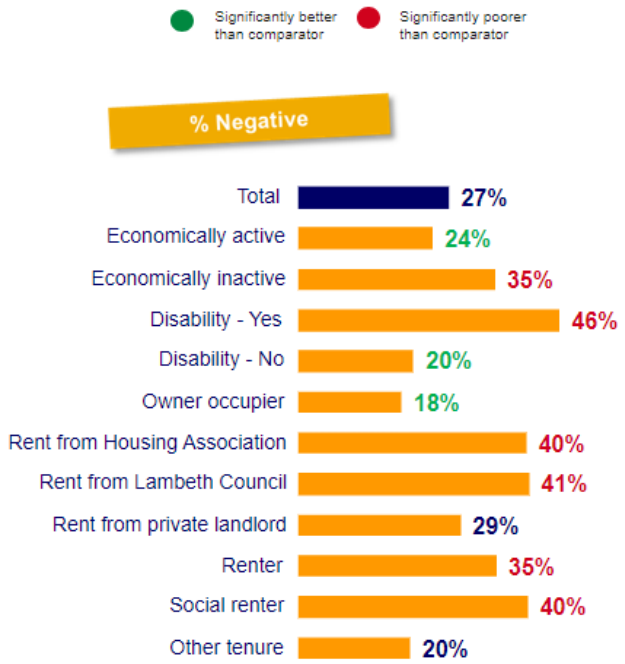
B2 -Residents' wellbeing, use of community assets and social cohesion

Quarter 2 data – July 2023

Anxiety levels

Anxiety continues to decline from the peak registered in the 2022 annual survey (33%) and is now down to 27%. Anxiety is significantly lower among the economically active and owner occupiers but is higher among social renters.





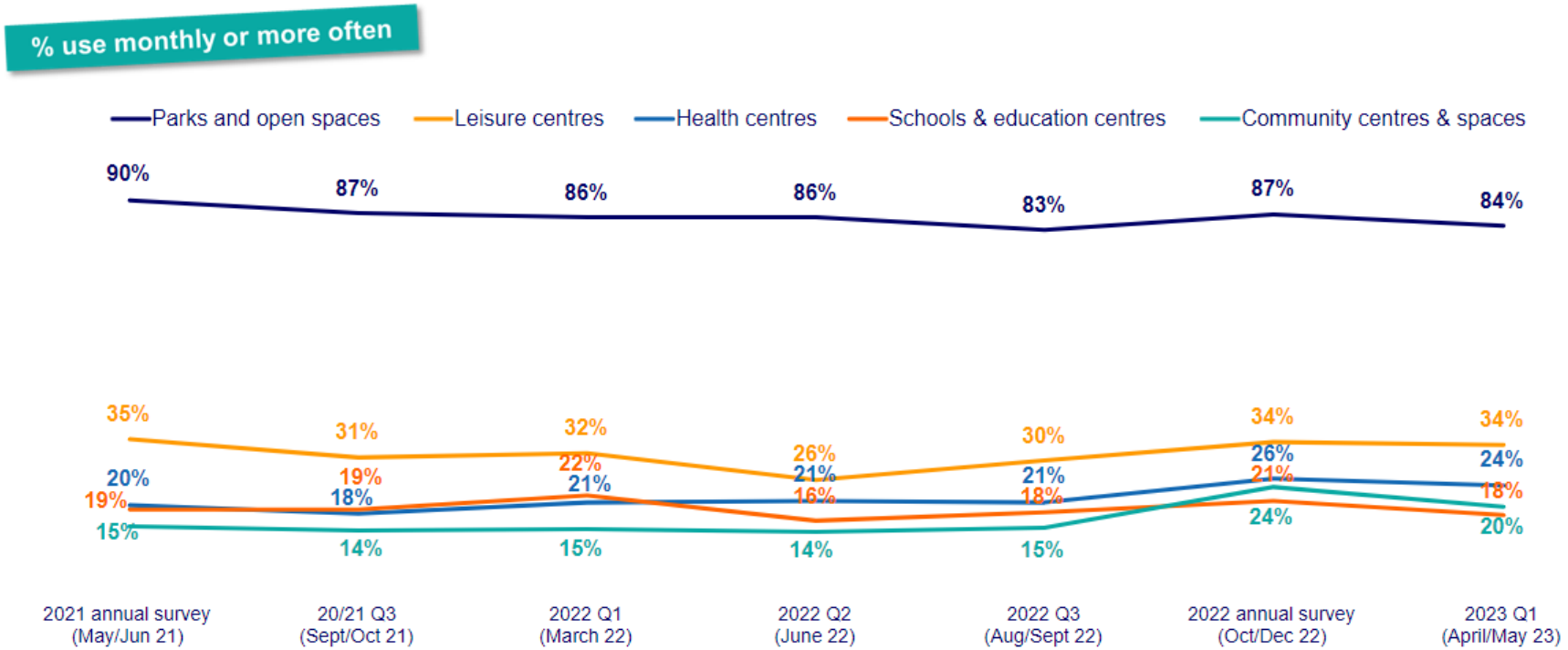
Q017. On a scale of zero to ten, where zero is not at all anxious and ten is completely anxious, overall, how anxious did you feel yesterday? **Base:** all respondents from latest wave (910)

B2 -Residents' wellbeing, use of community assets and social cohesion

Quarter 1 – May 2023

Using community assets: trend over time

Parks and open spaces continue to be most highly used by residents in Lambeth. Notably, the number of residents using leisure centres has remained static from its 4% point increase in the 2022 annual survey.



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

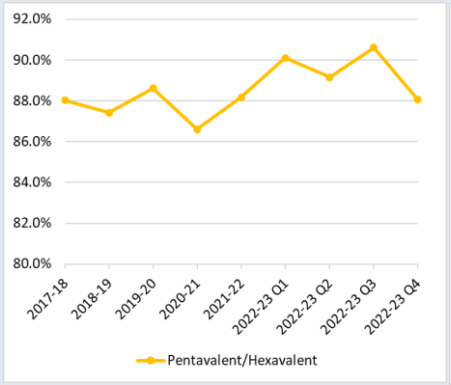
Alliance and Programmes	**NWDA (owner) with contributions from CYP and Staying Healthy**
Update Month	**September 2023**

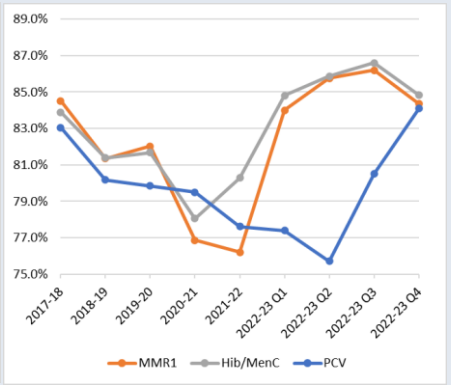
What does the data/intelligence indicate around ***progress against the outcome?***	**B1 Number of social prescribing unique contacts -** referral numbers continue to increase suggesting continued need and engagement with social prescribing. 481 signposts/onward refs were made (15-05 to 15-08) to 133 different organisations/services/community groups demonstrating how Social Prescribing Link Workers support individuals to connect with communities. **B2 Residents' wellbeing, use of community assets and social cohesion -** Anxiety levels seem to be on a downward trend although the proportion of those with positive feelings appear to have remained the same. Indicators for social cohesion and use of community assets also show little change over the past quarter. **B3 Percentage of low-income residents coping financially -** Both the percentage and the whole number of people within the council's Low Income Family Tracker identified as 'coping' financially has increased in the past month (only a month's new data is available since the last reporting period).
Does the data/intelligence identify any ***health inequalities and whether they are reducing?***	**B1 Number of social prescribing unique contacts -** reduction in referrals to ASC in the past couple months – possibly due to reduced need in accessing care. **B2 Residents' wellbeing, use of community assets and social cohesion -** Inequalities exist regarding certain groups more likely to have higher anxiety levels compared to the general population. Typically these include those from lower socio-economic backgrounds as well as those with disabilities. **B3 Percentage of low-income residents coping financially -** Improving financial resilience is an important social determinant of health.
What are the ***challenges hindering any progress*** *and* ***are there actions which can be taken*** *to address these?*	**B1 Number of social prescribing unique contacts -** demand continues to increase. Housing continues to be a key issue but with limited resource or support available in the Borough. **B2 Residents' wellbeing, use of community assets and social cohesion -** Challenges are mainly external factors such as the cost of living crisis which have a significant impact on anxiety levels. Co-ordinated action is being taken at neighbourhood level through the work of thriving communities and health and wellbeing hubs. **B3 Percentage of low-income residents coping financially -** The financial wellbeing of residents continues to be challenged due to wider economic factors linked primarily to austerity, inflation and the welfare benefits system not keeping pace with the costs of essentials (e.g. Universal Credit (allowances and two-child policy), the freezing of Local Housing Allowance, Healthy Start Vouchers being insufficient to meet the cost of formula). The council has in place a comprehensive evidence-informed cost of living response plan to mitigate the impact of the crisis for our most vulnerable residents in 2023/24. Since the last reporting period the council has supported over a dozen community-led pre-loved school uniform swap shops and established an approach to auto-awarding free school meals to eligible Lambeth households with children in Lambeth schools – reducing household costs and ensuring schools receive the pupil premium to which they are entitled.
Additional Comments	

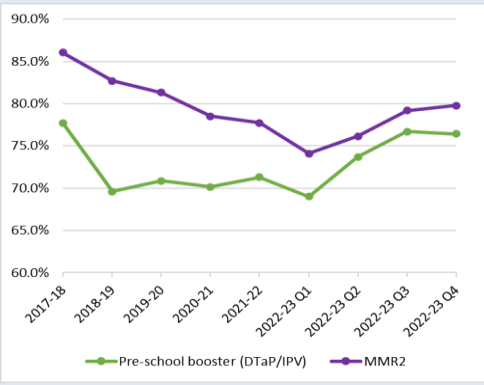
C. People are immunised against vaccine preventable diseases

C1. Proportion of Lambeth registered children by age 2 that have received all primary immunisations and 1 dose of MMR

	21/22				22/23			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
DTaP/IPV/Hib at 12 months	84.9	84.3	87.8	83.7	90.1	89.2	90.6	88.2
PCV booster at 24 months	72.7	73.4	66.3	68.4	77.4	75.7	80.5	84.1
MMR1 at 24 months	44.3	48.8	51.8	59.1	84.0	85.7	86.2	84.3
Hib/MenC at 24 months	56.9	75.7	74.5	78.9	84.8	85.9	86.6	84.8







South East London 22/23 Q4

	Local Authority	12m denom	DTaP/IPV/Hib at 12 months		24m denom	PCV booster at 24 months		MMR1 at 24 months		Hib/MenC at 24 months		5Y denom	MMR2 at 5 years		DTaPIPV at 5 years	
			n	%		n	%	n	%	n	%		n	%	n	%
718	Bexley	645	587	91.0%	648	567	87.5%	576	88.9%	577	89.0%	754	617	81.8%	614	81.4%
720	Bromley	838	764	91.2%	875	773	88.3%	804	91.9%	805	92.0%	971	847	87.2%	820	84.4%
703	Greenwich	898	792	88.2%	833	727	87.3%	735	88.2%	730	87.6%	956	802	83.9%	778	81.4%
708	**Lambeth**	**930**	**819**	**88.1%**	**837**	**704**	**84.1%**	**706**	**84.3%**	**710**	**84.8%**	**831**	**663**	**79.8%**	**635**	**76.4%**
709	Lewisham	967	849	87.8%	974	803	82.4%	846	86.9%	844	86.7%	970	775	79.9%	748	77.1%
710	Southwark	738	641	86.9%	731	583	79.8%	610	83.4%	613	83.9%	760	633	83.3%	602	79.2%

Published COVER data shows that,

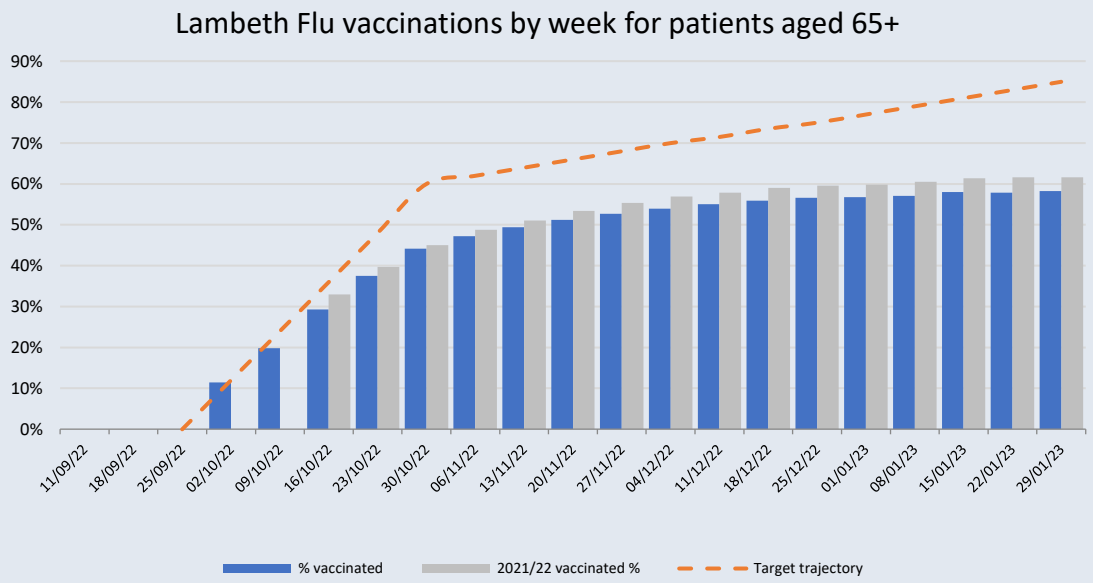
- Lambeth has the 3rd lowest coverage of DTaP/IPV/Hib at 12 months (88.1%) in South East London.
- Lambeth has the 2nd lowest coverage of Hib/MenC (84.8%) and MMR1 (84.3%) at 24 months in SEL.
- Lambeth has the lowest coverage of MMR2 vaccinations at 5 years (79.8%) in SEL.
- Lambeth has the lowest coverage of DTaPIPV at 5 years (76.4%) in SEL.

C. People are immunised against vaccine preventable diseases

C3. Proportion of school-age vaccination consent forms returned to the vaccination provider

Data shared at Lambeth Together Assurance Group but not for wider dissemination

C4. Proportion of Lambeth registered population who are over the age of 65 receiving immunisation for Flu.(2022/23 programme).



Cohort	Lambeth uptake (Feb 2023)	SEL uptake	National target	Number of vaccinations delivered (LBL)	Practice variations (LBL)
Over 65s	59.4%	68.7%	85%	21,500	43.5%-77.4%
<65s at risk	35.6%	40%	75%	20,585	29.3%-68.8%
Pregnant women	28.6%	31.5%	75%	1,347	15.4%-46%
2-3 year olds	37.2%	40%	75%	2,577	13.1%-60.1%

C. People are immunised against vaccine preventable diseases

Alliance and Programmes	Staying Healthy (owner) with contributions from NWDA
Update Month	September 2023

*What does the data/intelligence indicate around **progress against the outcome?***	**C1 Proportion of Lambeth registered children by age 2 that have received all primary immunisations and 1 dose of MMR -** Although local coverage is below WHO recommendations for heard immunity, Lambeth recorded the most improvement in childhood vaccination coverage across Southeast London in Q3 of 2022/23. In addition, the preliminary annual data for 2022/23 also shows significant improvements in childhood vaccination coverage in Lambeth when compared to the data from 2021/22. This reflects system wide collaboration and commitment towards taking a people and community centred approach to improving vaccination uptake and reducing vaccine inequity. Work is also underway to align local data recording and reporting mechanisms with the Child Health Information Services national processes **C4 Proportion of Lambeth registered population who are over the age of 65 receiving immunisation for Flu -** It is recognised that Lambeth has historically performed below the national ambitions. Although the proportion of people vaccinated in Lambeth has been behind some SEL boroughs, the absolute numbers of people vaccinated continues to increase year on year. We recognise that a robust multi-pronged approach is required to improve uptake locally in order to drive uptake in line with pre-pandemic levels, reduce variations between practices, and collectively drive uptake towards the NHS target ambitions.
*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	**C4 Proportion of Lambeth registered population who are over the age of 65 receiving immunisation for Flu -** Over 65s cohort, data to end Feb-23 21,500 (59.4%) vaccinations have been delivered among the over 65 years cohort The borough average (59.4%) is lower than the national target (85%) by 25.6% Lambeth also performed below the SEL average (68.7%) 0 practices achieved the national target (85%). There is wide variation in practice performance ranging from 43.5% to 77.4% A successful wash-up was undertaken with partners and lessons were drawn from the delivery of C19 and childhood vaccination campaigns. A system-wide action plan is in place for 2023/24 season. It includes a revised local incentive scheme for GPs, as well as outreach, in reach, and engagement activities to tackle uptake inequity.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**C3 Proportion of school-age vaccination consent forms returned to the vaccination provider -** School age vaccination programme requires parents to return consenting forms to the provider even when they decline the vaccination offer. This is important to enable planning and efforts to tackle inequity in uptake. We continue to experience challenges in achieving 100% return of consent forms; the ask to CYP (Schools / Education) is to encourage schools to engage with the School-Age Programme by promoting on-site vaccinations and encouraging uptake, including the return of consent forms, even when parents decline the vaccination offer.
Additional Comments	

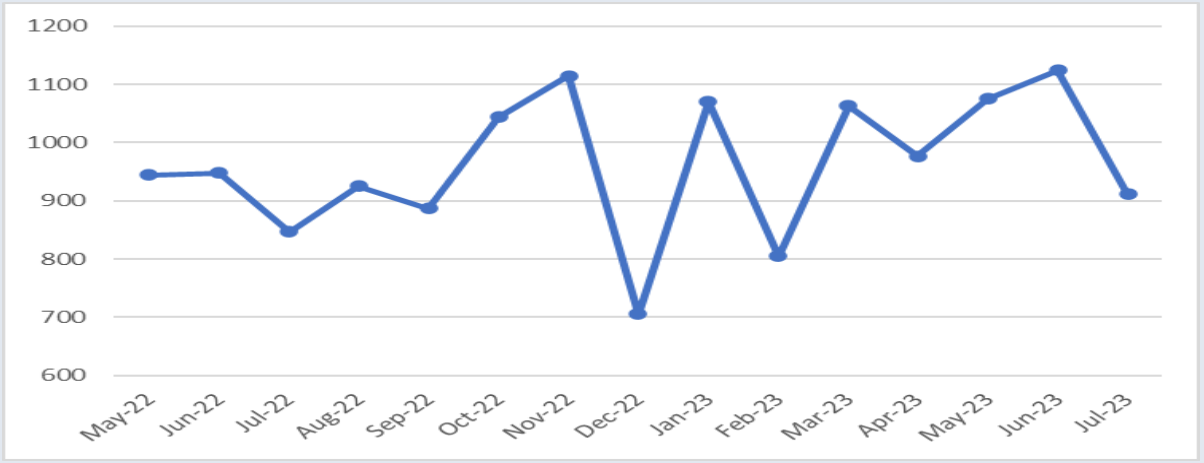
D. People have healthy mental and emotional wellbeing

D2. Number of community organisations and volunteers undertaking mental health awareness and suicide prevention training

Training Name	Provider	Duration	Target Groups	2022/23 Uptake
Suicide Awareness Training	Zero Suicide Alliance	20 min	Anyone aged 16+	N/A
Lambeth Suicide Prevention Training	The Jen Group	Half day	Anyone living or working in Lambeth	117 attendees including: Residents VSC Health & Care sector Council staff Private sector
Suicide Prevention Level 1 (Adults - V4)	STORM	Whole day	Front line workers in Lambeth	27 attendees in front line roles at Lambeth Council
Raising Awareness of Mental Health and How To Help	SLaM	Half-day	For Lambeth residents, frontline staff, volunteers and local businesses	25 attendees including: Residents VSC Health & Care sector Council staff

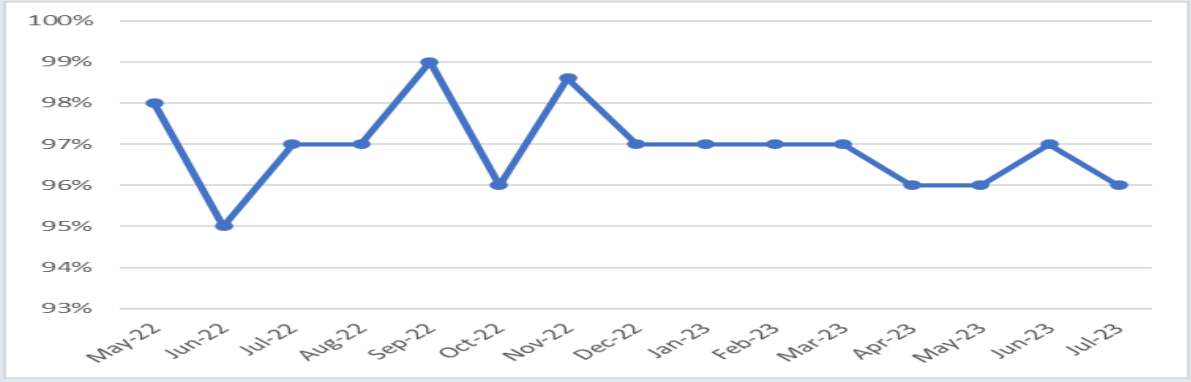
D3.1 Lambeth Talking Therapies service access rate

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Number of People Entering into Treatment for Integrated Talking Therapies	805	1063	977	1075	1124	911



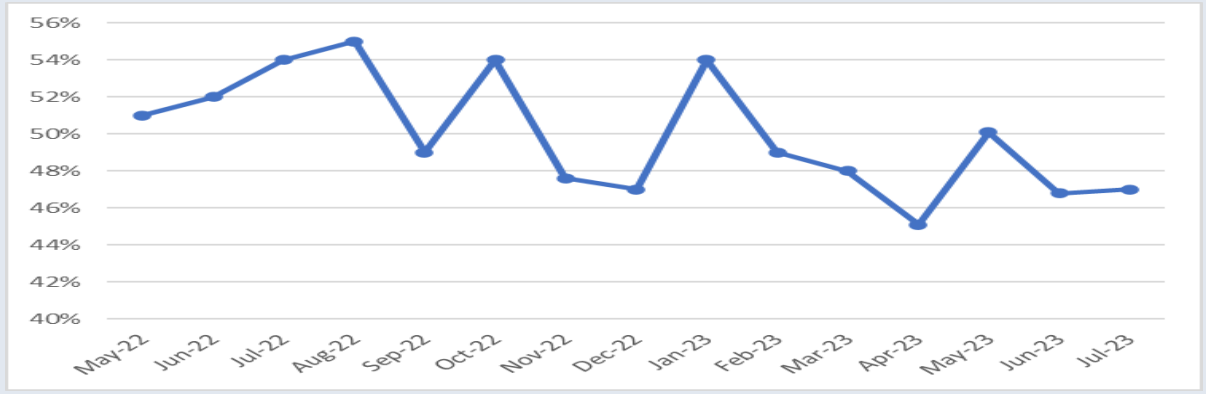
D3.2 proportion of people referred starting treatment within 6 weeks

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Integrated Talking Therapies Wait to First Treatment (6 weeks)	97%	97%	96%	96%	97%	96%



D3.3 proportion of people who complete treatment and recover

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Integrated Talking Therapies Recovery Rate of People in Treatment	49%	48%	45%	50%	47%	47%



D. People have healthy mental and emotional wellbeing

Alliance and Programmes	LWNA and CYPA (owners)
Update Month	September 2023

What does the data/intelligence indicate around ***progress against the outcome?***	**D2 Number of community organisations and volunteers undertaking mental health awareness and suicide prevention training -** In FY22-23 Mental health awareness and suicide prevention training was delivered to 169 attendees, including residents, council staff in front line roles and staff from the voluntary and private care sectors. **D3.1 Lambeth Talking Therapies service access rate -** Monthly IAPT access numbers are highly variable but clearly improving. In FY 23-24 year to date, access is 5% over the increased monthly target of 970. **D3.2 proportion of people referred starting treatment within 6 weeks -** Waiting numbers are stable. Waiting times are slightly up in FY 23-24 M4 July, but are stable over the longer term. **D3.3 proportion of people who complete treatment and recover -** As the recovery rate chart shows, the overall trend is clearly downwards, moving away from the target.
Does the data/intelligence identify any ***health inequalities and whether they are reducing?***	**D2 Number of community organisations and volunteers undertaking mental health awareness and suicide prevention training -** No equalities issues arise from the available data. **D3.1 Lambeth Talking Therapies service access rate -** Historically there has been a disparity between the numbers of Black service users accessing the IAPT service and what might be expected, given the demographics of the borough. However, in FY23-24 to date, Black access rates are very close (-0.3%) to the expected rate. This indicates clear progress towards eliminating this inequality. **D3.2 proportion of people referred starting treatment within 6 weeks -** The data shows no indication of inequalities in length of time that service users wait for a first appointment. **D3.3 proportion of people who complete treatment and recover -** The monthly recovery rates for Black services users in M4 July was slightly higher than the monthly average, suggesting recent improvement, but the FY23-24 year to date figure date remains 12 percentage points below the service average. Asian service users also report recovery 11 points below the service average. It therefore remains to be seen whether recent improvement will be sustained.

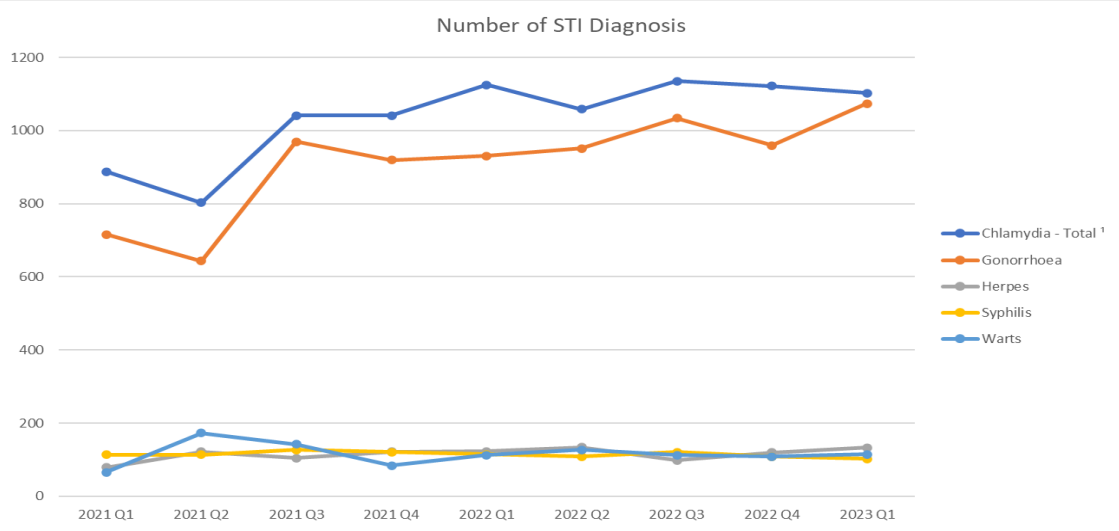
D. People have healthy mental and emotional wellbeing

Alliance and Programmes	**LWNA and CYPA (owners)**
Update Month	**September 2023**

*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**D2 Number of community organisations and volunteers undertaking mental health awareness and suicide prevention training -** More timely data on the planning of delivery of training would be helpful. **D3.1 Lambeth Talking Therapies service access rate -** Low levels of self-referral have been improved by leafletting all households in Lambeth and advertising on buses, bus stops and tube stations. This will continue, together with initiatives to drive GPs referrals. **D3.2 proportion of people referred starting treatment within 6 weeks -** Fewer first treatment appointments due to annual leave and staff turnover increase waiting times but . **D3.3 proportion of people who complete treatment and recover -** With broader access, clients may start with a higher severity and low attendance correlates with low levels of recovery. A work programme including a QI project is underway to address this. Work continues to ensure that Black service users attend at least as many sessions as White service users.
Additional Comments	

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

E1. Number of STI diagnosis

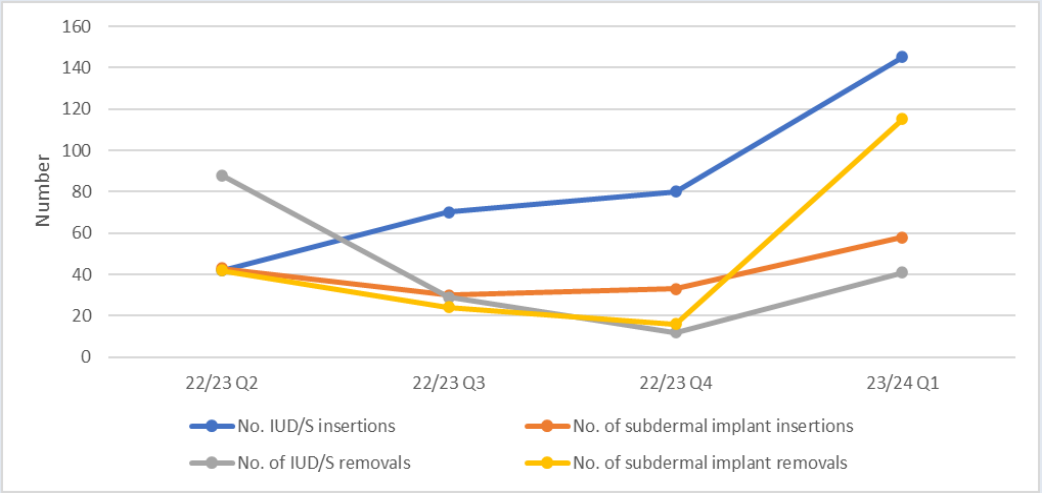


E1.2 Rates of STI diagnosis

Financial year	18/19	19/20	20/21	21/22	22/23
Number	11,687	12,947	8,846	10,290	11,486
Rate per 100,000	3,585.90	3,971.10	2,748.80	3,241.00	3,617.70

E3. Number of LARC uptake in primary care.

IUCD Fitting/Contraception	22/23 Q2 Total	22/23 Q2 Under 25	22/23 Q3 Total	22/23 Q3 Under 25	22/23 Q4 Total	22/23 Q4 Under 25	23/24 Q1 Total	23/24 Q1 Under 25
No. IUD/S insertions	42	5	70	9	80	4	145	11
No. of subdermal implant insertions	43	12	30	5	33	6	58	8
No. of IUD/S removals	88	4	29	4	12	1	115	8
No. of subdermal implant removals	42	9	24	3	16	3	41	2



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

Alliance and Programmes	Sexual Health
Update Month	September 2023

*What does the data/intelligence indicate around **progress against the outcome?***	**E1 Rates of STI testing -** STI rates in Lambeth have increased since the pandemic, as with London and England, and as expected. STI rates need to be interpreted alongside testing rates - further data shows that testing rates have also increased in Lambeth similar to pre-pandemic levels. High testing is necessary to identify and treat STIs to prevent further cases. It is likely that future data will enable us to describe progress on reducing STIs as services recover further from impacts of the pandemic and other challenges, although the roll out of the new IT systems within the Local Trusts will affect in-clinic capacity levels for a period of time. **E2 Proportions of different ethnicities accessing contraception and abortion through SHL -** Localised data analysis work is just being completed on E-service usage for Lambeth residents with results ready for the next reporting cycle. The London team lead the commissioning of the E-service and are working on being able to provide regular reports on ethnicity data and online access to contraception. The Public Health Intelligence team is working with commissioners to develop a data warehouse for our abortion service data so that we can view activity and demographic data at ward level, this should be completed by the end of Q2. **E3 Number of LARC uptake in primary care -** This is LARC Hub data only, from the following reporting cycle we will ensure that all primary care LARC activity is detailed. The Federation has been working with commissioners to improve access within the Hub, reducing DNAs and increasing training opportunities, this work is starting to show positive outcomes in all three areas. Although Ethnicity coding is mandatory, most of the activity is coded as 'ethnicity not know'.
*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	**E1 Rates of STI testing -** Increases in some STIs such as Gonorrhoea are being seen nationally, UKSHA are currently undertaking a piece of work to review the strategic approach to STI control, informed by current evidence and in partnership with stakeholders. The vision for this work is to control STIs to prevent adverse outcomes and reduce inequalities. To achieve this vision UKSHA will produce will a clear evidence based prioritisation framework for those responsible for service planning, with prioritisation to be achieved within existing resource and commissioning arrangements. **E3 Number of LARC uptake in primary care -** Currently this data does not allow us to demonstrate changes in inequalities. Improving ethnicity coding and recording in future will facilitate this. Being able to view the data across PCNs will help to identify whether there are inequalities in access to LARC for different locations, and gaps in service provision. Other data sources (an audit of online contraception) demonstrate inequalities in access to contraception by ethnic group.

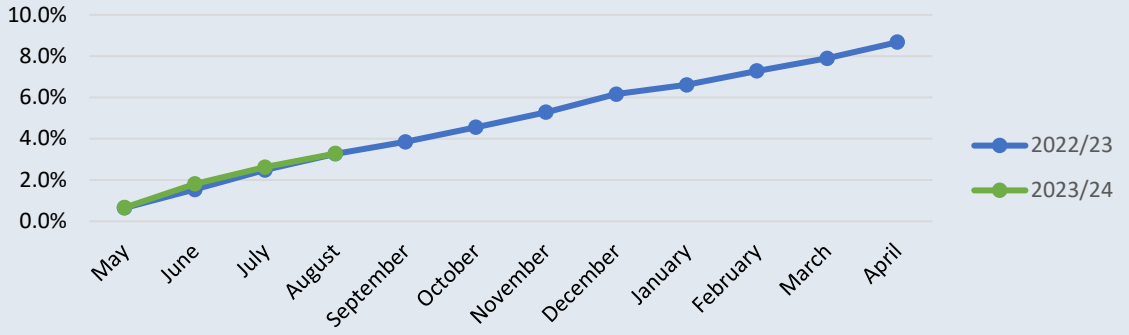
E. People have healthy and fulfilling sexual relationships and good reproductive health

Alliance and Programmes	Sexual Health
Update Month	September 2023

*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**E1 Rates of STI testing -** High STI rates are a reflection of a wide range of factors including population characteristics, uptake of testing services, knowledge of good sexual and reproductive health and health promotion. A range of services play a role in improving sexual health. Challenges: SRH clinics are seeing residents with increasing complexity, partly a consequence of simple cases being redirected to the e-service (as intended). Activity is also lower due to staffing / capacity issues and impact of strikes. Actions: We have developed a dashboard to better enable analysis of activity at Trusts. We are also undertaking analysis of inequalities in e-service use, to inform actions to reduce inequalities. A new contract for the integrated sexual health service, to be in place from April 2024, will seek to reduce STIs and inequalities in STIs. A model for outreach and health promotion services is being developed. **E3 Number of LARC uptake in primary care -** This data is improving in accuracy and usefulness, service improvements can be seen over the last quarter. The next cycle should include all primary care data not just the HUB currently. Commissioners have requested more detail on the costing for the LARC activated provided through the Hub and at GP level to ensure all activity and consumables are accurately costed and included in developing service models for April 2024. We will work to improve the accurate coding of ethnicity.
Additional Comments	

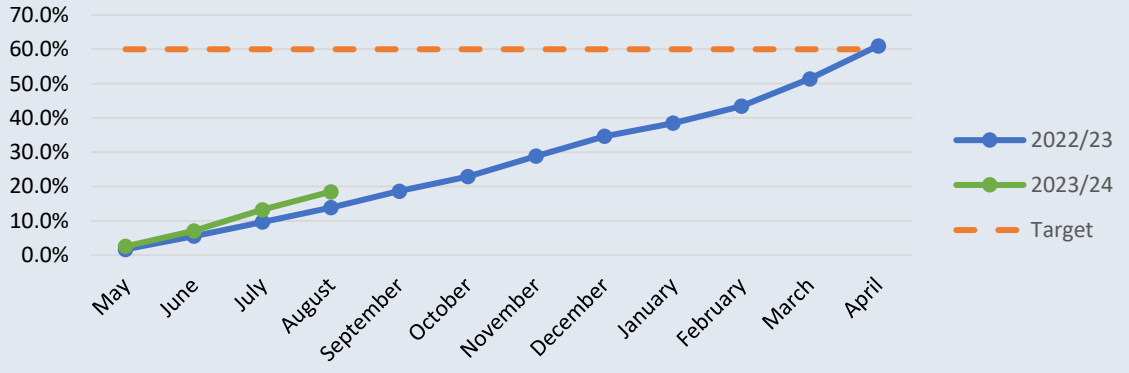
F. People receive early diagnosis and support on physical health conditions

F.1.1. Cumulative (year to date) Uptake of the NHS Health Check for all eligible adults



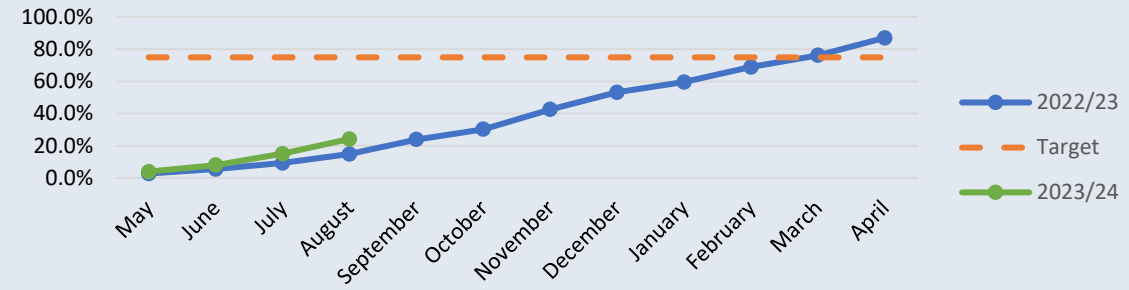
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Health checks	6,578	7,274	7,897	8,662	620	1,733	2,543	3,223
Eligible	99,691	99,999	100,119	99,853	95,046	95,983	97,077	98,437
% uptake	6.6%	7.3%	7.9%	8.7%	0.7%	1.8%	2.6%	3.3%

F.1.2. Uptake of SMI Health Checks

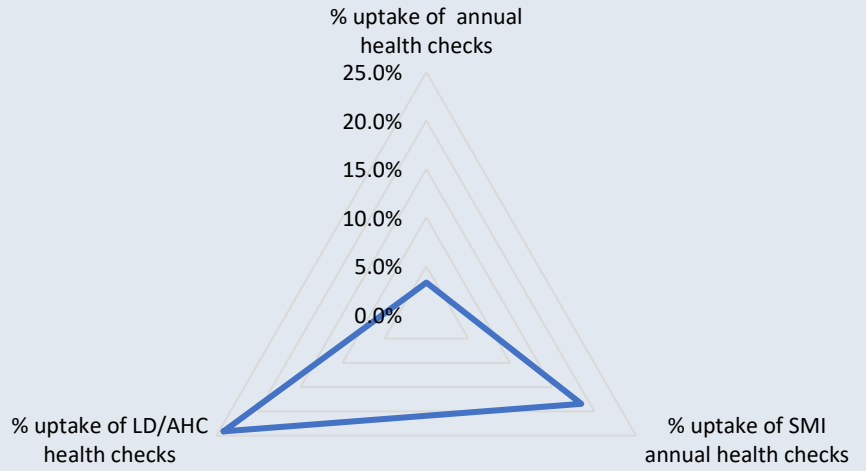


	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Health checks	2,037	2,303	2,691	3,135	132	368	690	967
Eligible	5,293	5,306	5,239	5,140	5,155	5,177	5208	5237
% uptake	38.5%	43.4%	51.4%	61.0%	2.6%	7.1%	13.2%	18.5%

F.1.3. Uptake of LD/AHC health checks

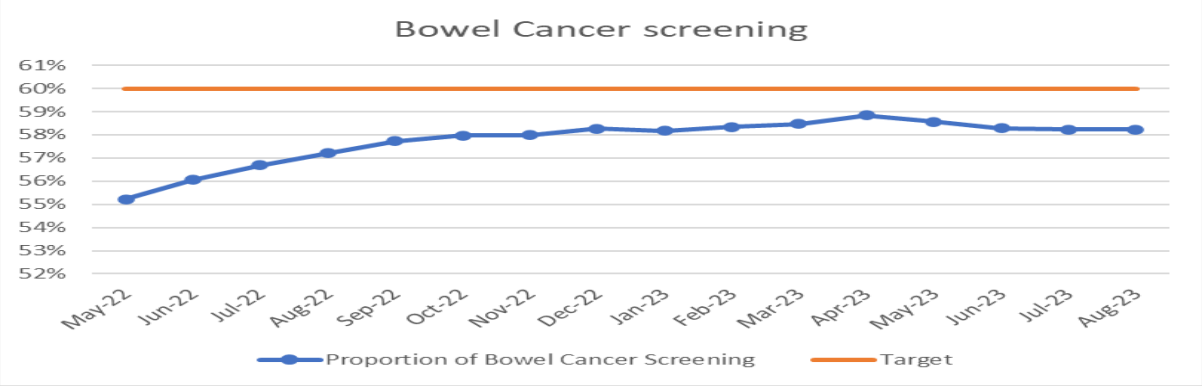


	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Health checks	914	1060	1180	1343	60	123	233	377
Eligible	1534	1538	1549	1544	1541	1543	1547	1561
% uptake	59.6%	68.9%	76.2%	87.0%	3.9%	8.0%	15.1%	24.2%



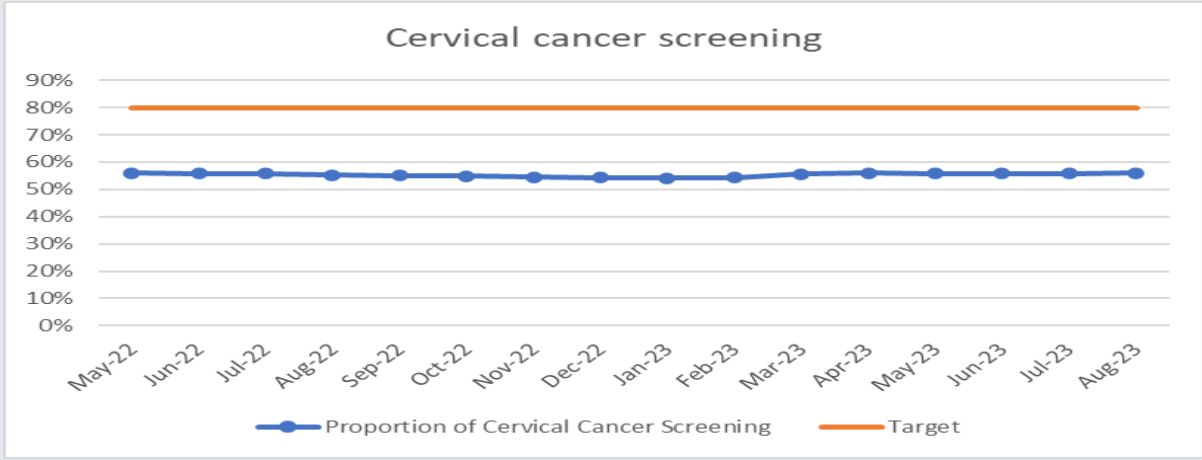
F. People receive early diagnosis and support on physical health conditions

F.2.2 Bowel Cancer Screening



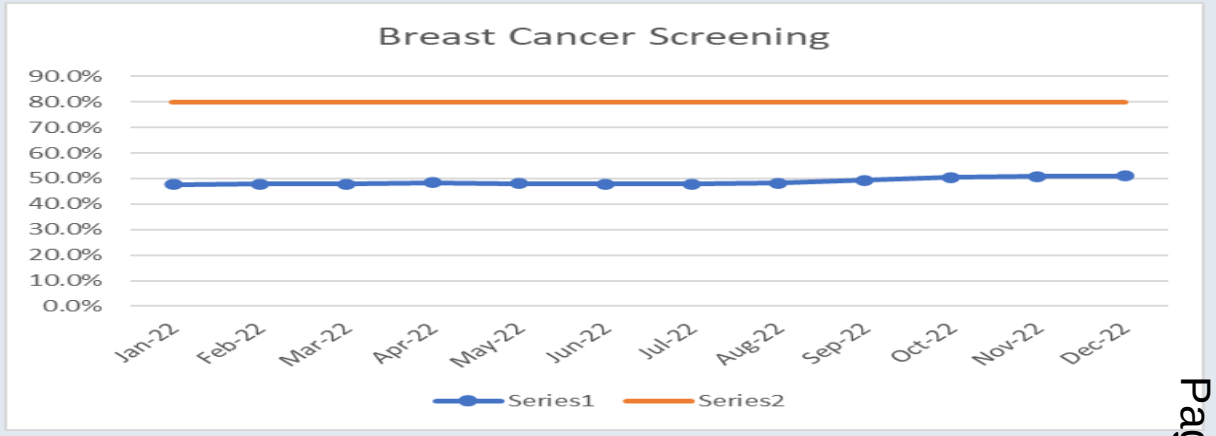
Date	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Patients screened	26,631	26,824	26,938	27,126	27,159	27,166	27,281	27,427
Patients Eligible	45,782	45,978	46,076	46,103	46,368	46,612	46,846	47,103
Proportion of Bowel Cancer Screening	58%	58%	58%	59%	59%	58%	58%	58%

F.2.3 Cervical Cancer Screening



Date	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Patients screened	77,259	77,586	79,717	80,239	79,993	80,133	80,499	80,823
Patients Eligible	142,831	143,148	143,301	143,161	143,538	143,723	144,207	144,675
Proportion of Cervical Cancer Screening	54%	54%	56%	56%	56%	56%	56%	56%

F.2.4 Breast Cancer Screening



Date	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Patients Eligible	50,763	50,948	51,145	51,265	51,430	51,634	51,732	51,871
Patients Screened	20,331	20,320	20,434	20,584	21,127	21,657	21,882	21,980
Proportion of Breast cancer screening	40%	40%	40%	40%	41%	42%	42%	42%

The above data extracted from SEL BI Cancer screening dashboard only shows information until Dec 22 due to changes with National Health Application and Infrastructure Services (NHAIS) introducing a range of new digital tools which impacted the monthly dashboard data refresh.

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

F.3.2. Number of new PrEP users (and continuers) resident in Lambeth (Q1 23/24)

Data was shared at Lambeth Together Assurance Group but not for wider dissemination

Please note above data doesn’t separate out starters or continuers

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

Alliance and Programmes	NWDA(owner) with contributions from Staying Healthy, LWNA, LDA and Sexual Health
Update Month	September 2023

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

F1.1 Uptake of the NHS Health Check for all eligible adults - Q1 2023/24 15% of those who had a HC were referred to lifestyle services or prescribed medication (5% increase on 2022-23) including 111 referred to the NDPP, 51 to weight management and 8 to smoking cessation services. A further 4% were diagnosed with hypertension, diabetes or CKD (1% increase on 2022-23). 82% were identified with Low 10 year CVD risk, 15% with Moderate risk and 3% with High risk.

F1.2 Uptake of SMI health checks & F1.3 Uptake of LD/AHC health checks- We are achieving more than the same time last year and are on target to meet the 2023/24 trajectory.

F2 Cancer Screening programme - We will contribute to meet the cancer faster diagnosis standard by March 2024 so that 75% of pts who have been urgently referred for suspected cancer are diagnosed /have cancer ruled out within 28 days and increase the % of cancers diagnosed at stages 1 and 2 by 2028. We will improve rates of all cancer screening programmes thus improving early Bowel, Breast and Cervical cancer diagnosis for our Lambeth residents:

Bowel: National standard is 60%. Lambeth's average uptake is 58.5%. Continue to work towards meeting the national standard

- Catch 22: Call and recall targeted work to increase uptake of screening, the project has been recently extended to support all 41 Lambeth practices and should see the impact of this with an increase in uptake by Nov/Dec 2023

Breast: Uptake figures indicates we are much lower than the national standard, some of this relates to coding of activity and data quality issues. Work is underway to increase uptake, improve GP coding of screening letters and call/recall, this consists of:

- Breast Screening PMS prep year, focused on understanding how practices can be supported with improving their coding, call/recall, imbedding breast screening Arden templates and training provision
- Breast awareness campaigns, targeting Lambeth communities to raise awareness of the breast screening programme

Cervical – Uptake figure indicates we are lower than the national standard, ongoing activity to increase uptake is underway this consists of:

- Provision of GP non-clinical cervical training sessions
- Targeted work with refugee and asylum seeker population, faith and community groups and with Portuguese /Spanish speaking groups

F3.1 Percentage of eligible people receiving an HIV test whilst attending Emergency Departments - In Q1 the percentage of eligible people receiving an HIV test whilst attending Emergency Departments was 86% in Kings and 82% in GSTT. With <10 new diagnosis at Kings and <10 new diagnosis at GSST

F3.2 Number of new PrEP users (and continuers) resident in Lambeth - The data in the graph gives high level numbers from the national reporting database and includes all trust where Lambeth residents have attended and accessed PrEP in Q1, out of these 447 Lambeth individuals accessed PrEP from the 3 local NHS Trusts within SEL. We want to see these figures rising through out the year, particularly within SEL Trusts.

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

Alliance and Programmes	NWDA(owner) with contributions from Staying Healthy, LWNA, LDA and Sexual Health
Update Month	September 2023

*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	**F1.1 Uptake of the NHS Health Check for all eligible adults, F1.2 Uptake of SMI health checks & F1.3 Uptake of LD/AHC health checks-** The health inequalities of the people with SMI and people with LD are well-documented. Progress towards ensuring that as many people as possible have an annual health check will support people to engage with their physical health and monitoring and reduce the ill-health and disease and early death. **F2 Cancer Screening programme -** Work is ongoing to understand varying uptake within different cohorts of our population and capture this detail across all screening programmes. **F3.1 Percentage of eligible people receiving an HIV test whilst attending Emergency Departments -** Not specifically but the softer intelligence we get through the London/national monitoring group of this initiative indicates that Individuals that have been missed elsewhere in the system (or not accessing care) are getting identified within Emergency Departments and that those that have been lost to follow are being referred back into care, this is good news. **F3.2 Number of new PrEP users (and continuers) resident in Lambeth -** Being able to view the numbers across gender and sexuality helps us identify whether high risk individuals are accessing PrEP and also where we need to improve access, health education and promotion.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**F1.1 Uptake of the NHS Health Check for all eligible adults -** Q1 activity remains inconsistent across the borough meaning inequitable access: AT Medics 445, Streatham PCN 339, Brixton & Clapham Park PCN 240, Fiveways PCN 183, North Lambeth PCN 177, HBD PCN 161, Stockwellbeing PCN 145, Clapham PCN 55, Croxted PCN 10. Commissioners are working with primary care leads to re-design delivery model to ensure more equitable access. **F1.2 Uptake of SMI health checks & F1.3 Uptake of LD/AHC health checks-** Plans to improve uptake are being implemented with good effect so far. **F2 Cancer Screening programme -** • Capacity: Unable to commence some projects due to lack of workforce and funding to take on extra projects • Breast screening: EZ analytics data is not fit for purpose, therefore, opted to use Cancer Screening Data (sharepoint.com) though changes to NHAIS or Open Exeter data source of this dashboard means there is only data until Dec 22 • There are differences between EZA data and Cancer Population Insights Dashboard (sharepoint.com) data for the 3 screening programmes due to different business rules being used • Next steps: • To understand variation in data, identify where data reconciles and determine acceptable marginal tolerances to ensure consistency when reporting on this information. • To capture inequalities data from current and future projects and work with analytics teams across the system on reporting

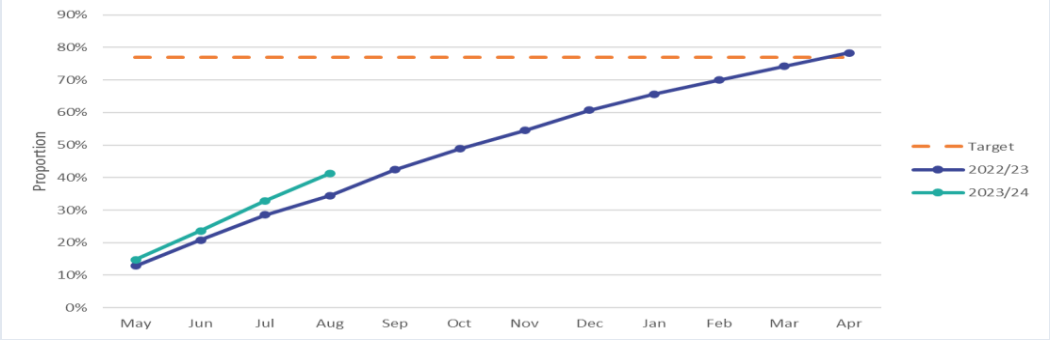
F. People receive early diagnosis and support on physical health conditions

Alliance and Programmes	NWDA(owner) with contributions from Staying Healthy, LWNA, LDA and Sexual Health
Update Month	September 2023

*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**F3.1 Percentage of eligible people receiving an HIV test whilst attending Emergency Departments -** Commissioners now have access to the Future NHS ED BBV testing Dashboard, the dashboard is developing over time and becoming a really useful tool. Currently commissioners can only see the total aggregated numbers for SEL **F3.2 Number of new PrEP users (and continuers) resident in Lambeth -** Commissioners want to understand why so many numbers with an uncoded regime and will work with data intelligence and other London commissioners on this. Locally think that the national data is reporting episodes rather than individuals. Our local sexual health PowerBI tool is able to report unique individuals, as this tool is developed we will be able to see this data broken down across all Trusts, which will help commissioners target local developments and might be a more reliable source of data for local residents.
Additional Comments	

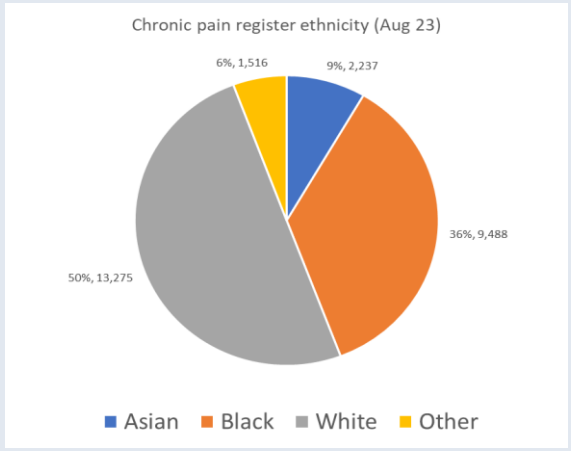
G. People who have developed long term health conditions have help to manage their condition and prevent complications

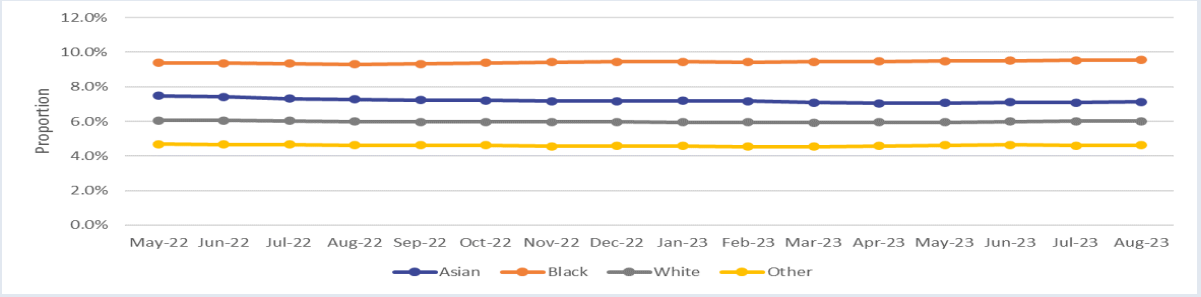
G1. proportion of people with Type 2 diabetes who receive 8 Care Processes



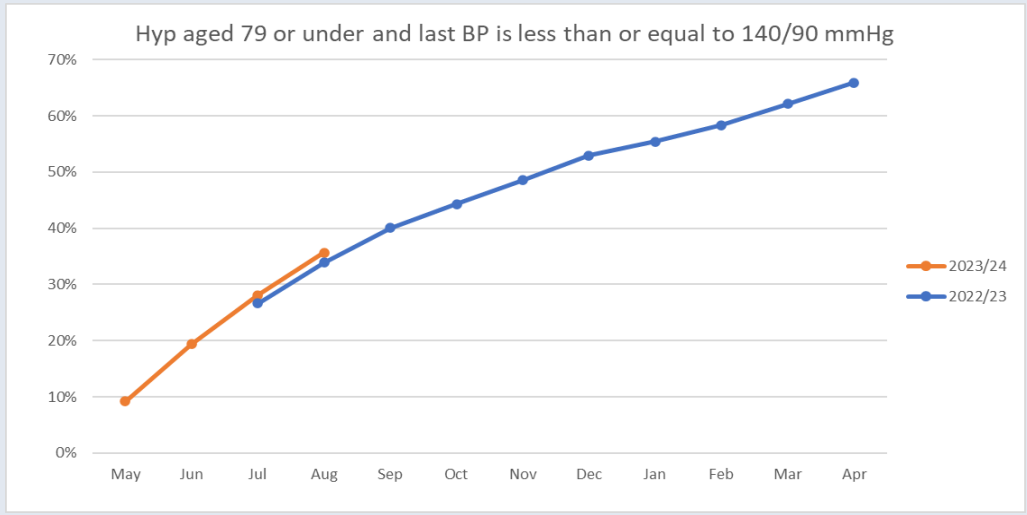
	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Received 8 checks	12,251	13,243	14,133	15,011	15,888	3,004	4,838	6,786	8,567
Total	20,163	20,169	20,199	20,245	20,275	20,382	20,510	20,650	20,730
Proportion	60.8%	65.7%	70.0%	74.1%	78.4%	14.7%	23.6%	32.9%	41.3%

G2. Proportion of people on the chronic pain register by ethnicity





G3.1 Proportion of people on the hypertension register whose target blood pressure is achieved.

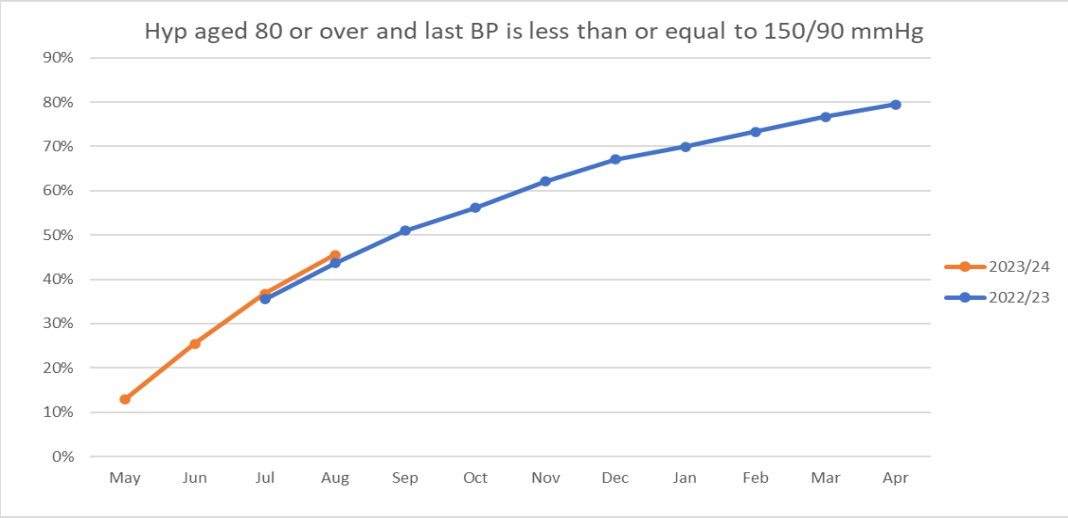


Aged 79 or under and last BP is less than or equal to 140/90 this FY:

	Jan-23	Feb-23	Mar-23	Apr-23	May-232	Jun-233	Jul-23	Aug-23
BP Target Achieved	20,092	21,244	22,713	24,193	3,390	7,188	10,472	13,309
Patients with hypertension	36,255	36,422	36,537	36,684	36,765	37,054	37,213	37,320
BP Target Achieved (%)	55%	58%	62%	66%	9%	19%	28%	36%

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

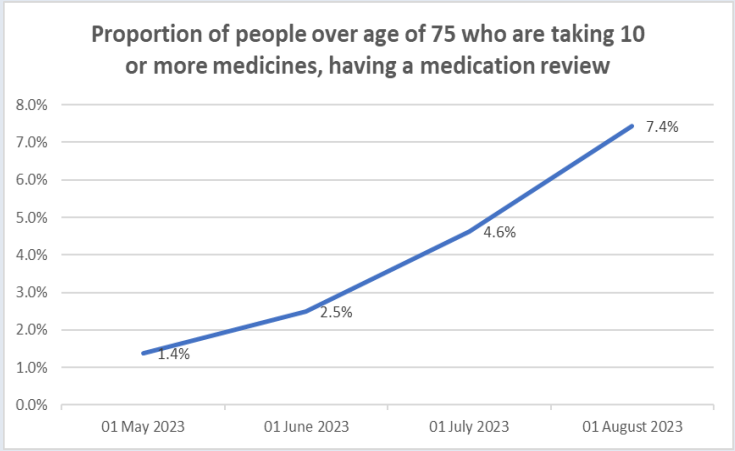
G3.2 Proportion of people on the hypertension register whose target blood pressure is achieved.



Aged 80 or over and last BP is less than or equal to 150/90 this FY:

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
BP Target Achieved	4,113	4,304	4,511	4,674	769	1,517	2,192	2,720
Patients with hypertension	5,879	5,873	5,879	5,879	5,910	5,952	5,961	5,975
BP Target Achieved (%)	70%	73%	77%	80%	13%	25%	37%	46%

G4. Proportion of people over age of 75 who are taking 10 or more medicines, having a medication review



RelativeDate	Measure Selection	Parent population	Proportion
01-May-23	20	1455	1.40%
01-Jun-23	38	1521	2.50%
01-Jul-23	75	1618	4.60%
01-Aug-23	128	1723	7.40%

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

Alliance and Programmes	NWDA (Owner)
Update Month	September 2023

What does the data/intelligence indicate around ***progress against the outcome?***	**G1 Proportion of people with Type 2 diabetes who receive 8 checks on an annual basis -** The Lambeth ambition for the proportion of people with Type 2 diabetes, who meet all 8 Care Process metrics, is to reach a minimum of 77% or improve from baseline (National Diabetes Audit 22-23 percentage) by 10 percentage points. The measuring period aligns to the National Diabetes Audit 15 month measuring period January 2023 to March 2024 and is cumulative over this period. Year on year performance has increased. **G3 Cardiovascular measures -** The national NHS England ambition for the proportion of people on the hypertension register whose target blood pressure is achieved is 77%. At the end of 2022-23, Lambeth met the ambition for patients aged 80 or over, but more work is needed for those aged 79 or under. Attainment is cumulative over the financial year. Focussed work on hypertension prioritises those cohorts who are not controlled and who are from the BAME population. Health Equity Champions have been recruited to support hypertension work as per PCN focus. Lambeth Together have joined the national 'Know Your Numbers Week campaign' in September and will be offering an opportunity in Brixton Civic Centre to measure BPs for staff and Lambeth people. **G4 Proportion of people over age of 75 who are taking 10 or more medicines, having a medication review -** The number of Structured Medication Reviews (SMR) in Lambeth patients who are 75 years or over and prescribed 10 or more medicines is progressively increasing. Problematic polypharmacy (prescribing of 10 or more concurrent medicines) increases the risk of drug interactions and adverse drug reactions (ADR), impairing medication adherence and impacting on a patient's quality of life, with this risk increasing with the number of prescribed medicines and for specific therapeutic combinations. In conjunction with the patient, SMRs provide a holistic medication review to ensure prescribed medicines are safe, effective and personalised to patients' current needs. SMRs undertaken as part of a patient-centred, holistic approach to healthcare have been shown to improve outcomes, reduce unnecessary or inappropriate prescribing and polypharmacy, reduce harm and improve patient outcomes.
Does the data/intelligence identify any ***health inequalities and whether they are reducing?***	**G1 Proportion of people with Type 2 diabetes who receive 8 checks on an annual basis -** The Diabetes app within EZ Analytics has been updated for 23-24 to capture ethnicity data, Currently data shows that the proportion of people from Black, Asian or other ethnicity groups who have had their 8 Care Processes measured and completed is increasing as more annual reviews are undertaken.. Year on year performance across the measured groups has also increased **G3 Cardiovascular measures -** The Cardiovascular app within EZ analytics has been updated for 23-24 to provide more detailed ethnicity data. Current data shows that hypertension control in the Black African, Black Caribbean, Mixed White and Asian, Unknown or not stated ethnic groups is improving, with comparable rates of target blood pressures being reached across all ethnicities. Year on year performance across target ethnicities and all ethnicities has increased also. **G4 Proportion of people over age of 75 who are taking 10 or more medicines, having a medication review -** Overprescribing can lead to increased harm from unnecessary or inappropriate prescribing. By ensuring medicines are being used appropriately, we can reduce adverse effects, hospitalisation and improve outcomes, which may impact on those with greater health inequalities. The data shows an increase in SMRs conducted since inclusion in the 2023/24 Medicines Optimisation Section (of the Lambeth GP Improvement Scheme), and we continue to work with colleagues across SEL on reducing inappropriate prescribing and polypharmacy as further evidence emerges.

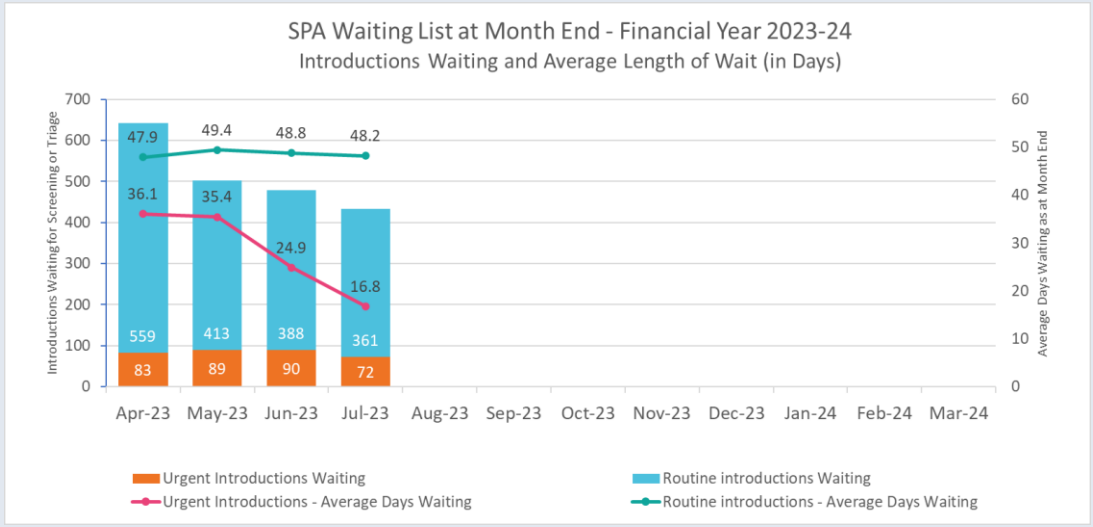
G. People who have developed long term health conditions have help to manage their condition and prevent complications

Alliance and Programmes	**NWDA (Owner)**
Update Month	**September 2023**

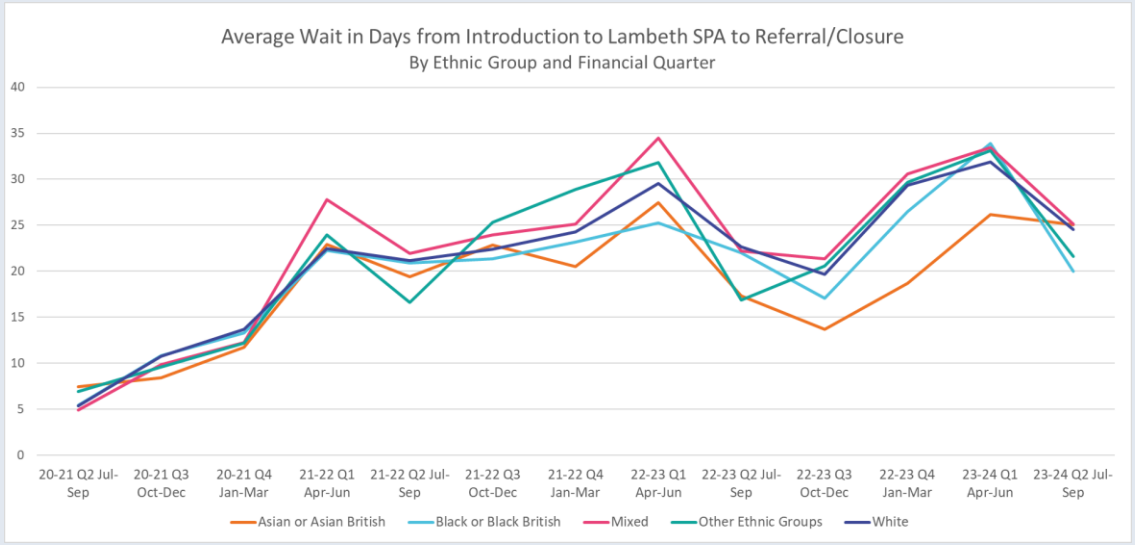
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	Challenges include General Practice capacity, access, patient awareness and engagement. General Practice is being supported to focus on improvements in these outcomes through the Lambeth General Practice Improvement Scheme – LTC section and Premium Specification KPIs focussing on completion of the 8 Care Processes and Enhanced Prevention. Access to the EZ Analytics apps will help practices to prioritise patient cohorts for review. Improving awareness and utilisation of the Blood Pressure at Community Pharmacy service will improve access for patients and release capacity in General Practice to focus on complex LTC management. The Neighbourhood Wellbeing Delivery Alliance project in hypertension supports our drive to reach the BAME populations through targeted interventions such as community research and reflecting the patient voice in our local pathways.
Additional Comments	

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

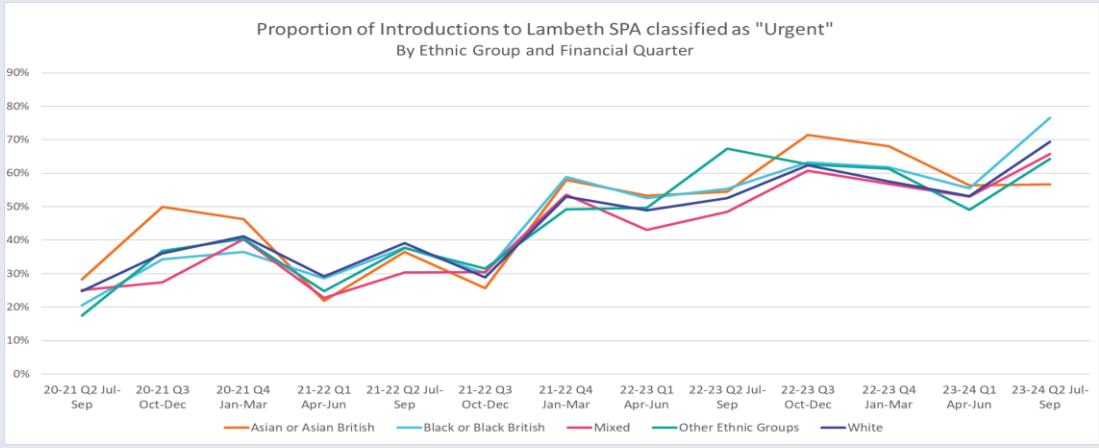
H.1 Average wait times for triage and initial assessment following an introduction to the Living Well Network Alliance Single Point of Access



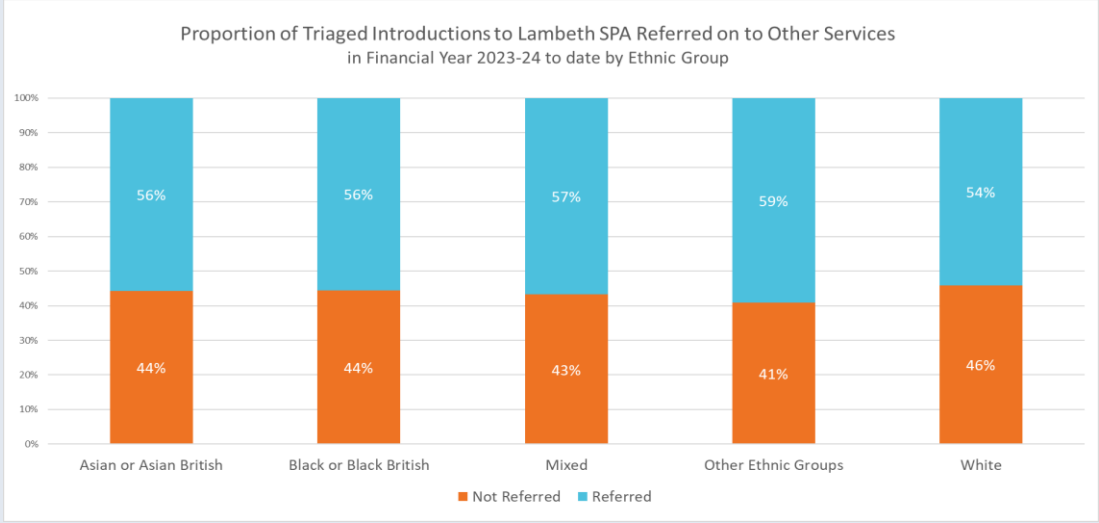
H.1 Change in Average wait times for triage and initial assessment by LWNA SPA by ethnic group



H.1 Proportion of introductions received by LWNA SPA classified as urgent to receive priority attention



H.1 Proportion of triaged introductions to LWNA SPA receiving a referral to other services by ethnic group



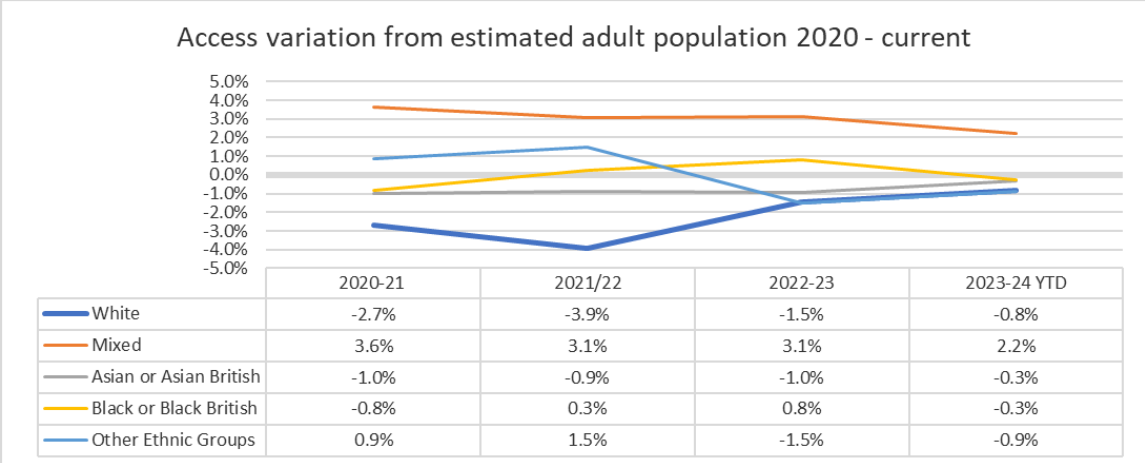
H.2 Increase access to and recovery rates for Lambeth Talking Therapies for Black African and Caribbean residents to ensure that they are at least as good as those of White residents

1. New clients

New clients by ethnic group	2020-21	2021/22	2022/23	2023/24 Q1
White	5435	6236	6050	1756
Mixed	856	946	1001	260
Asian or Asian British	504	576	689	218
Black or Black British	1705	2095	2367	647
Other Ethnic Groups	289	426	434	144
Total known	8789	10279	10541	3025
Proportion by ethnic group	**2020-21**	**2021/22**	**2022/23**	**2023/24 Q1**
White	61.8%	60.7%	57.4%	58.0%
Mixed	9.7%	9.2%	9.5%	8.6%
Asian or Asian British	5.7%	5.8%	6.5%	7.2%
Black or Black British	19.4%	20.4%	22.5%	21.4%
Other Ethnic Groups	3.3%	3.9%	4.1%	4.8%
Total known	100.0%	100.0%	100.0%	100.0%
18+ population	**2020-21**	**2021/22**	**2022/23***	**2023/24 Q1**
White	64.5%	64.61%	58.86%	58.86%
Mixed	6.1%	6.11%	6.36%	6.36%
Asian or Asian British	6.7%	6.72%	7.50%	7.50%
Black or Black British	20.2%	20.12%	21.65%	21.65%
Other Ethnic Groups	2.4%	2.44%	5.62%	5.62%
Total	100%	100%	100%	100%
New clients variation from estimate (known only)	**2020-21**	**2021/22**	**2022/23**	**2023/24 Q1**
White	-2.7%	-3.9%	-1.5%	-0.8%
Mixed	3.6%	3.1%	3.1%	2.2%
Asian or Asian British	-1.0%	-0.9%	-1.0%	-0.3%
Black or Black British	-0.8%	0.3%	0.8%	-0.3%
Other Ethnic Groups	0.9%	1.5%	-1.5%	-0.9%

*GLA projections used to 21/22, 2021 Census from 22/23 onwards.

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



	2020-21	2021/22	2022-23	2023-24 YTD
White	-2.7%	-3.9%	-1.5%	-0.8%
Mixed	3.6%	3.1%	3.1%	2.2%
Asian or Asian British	-1.0%	-0.9%	-1.0%	-0.3%
Black or Black British	-0.8%	0.3%	0.8%	-0.3%
Other Ethnic Groups	0.9%	1.5%	-1.5%	-0.9%

New clients (variation)	2020-21	2021-22	2022-23 (using 2021 census)	2023-24 YTD
White British	2.1%	1.61%	-0.75%	-1.84%
White Irish	-1.0%	-0.88%	-0.12%	-0.69%
Other White	-3.8%	-4.67%	-0.60%	-4.12%
White & Black Caribbean	1.8%	1.48%	1.16%	1.56%
White & Black African	0.2%	0.09%	0.48%	0.28%
White & Asian	0.1%	0.06%	0.12%	-0.04%
Other Mixed	1.5%	1.46%	1.38%	0.67%
Indian	0.1%	0.28%	-0.18%	0.11%
Pakistani	0.1%	-0.02%	-0.26%	0.22%
Bangladeshi	0.1%	0.03%	-0.12%	0.04%
Chinese	-0.8%	-0.69%	-0.37%	-0.08%
Other Asian	-0.5%	-0.47%	-0.05%	0.23%
Black African	-1.9%	-1.79%	-2.23%	-1.21%
Black Caribbean	2.7%	3.39%	2.95%	3.76%
Other Black	-1.7%	-1.34%	0.09%	-1.19%
Arab	-0.5%	-0.53%	-0.79%	-0.53%
Other Ethnic Group	1.4%	1.99%	-0.71%	2.84%
Total	0.0%	0.00%	0.00%	0.00%

H.2 Increase access to and recovery rates for Lambeth Talking Therapies for Black African and Caribbean residents to ensure that they are at least as good as those of White residents

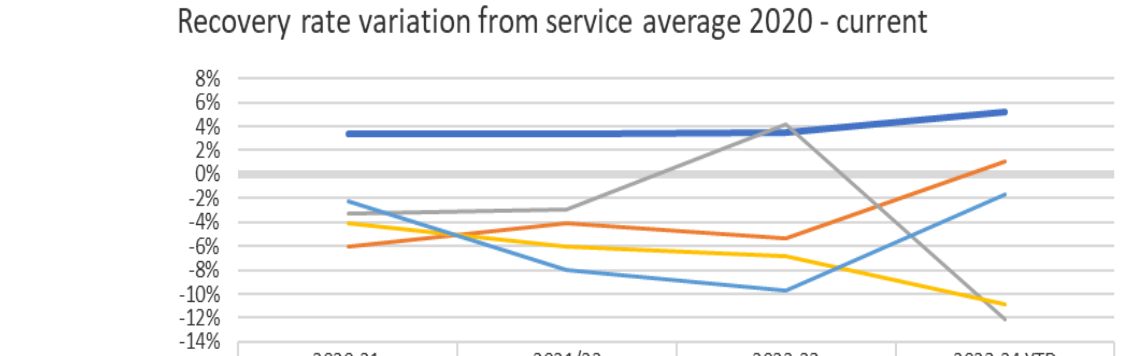
2. Recovery rate

Recovery rate	2020-21	2021/22	2022/23	2023/24 YTD
White	61%	60%	55%	54%
Mixed	52%	52%	46%	49%
Asian or Asian British	55%	53%	56%	36%
Black or Black British	54%	50%	45%	37%
Other Ethnic Groups	56%	48%	42%	47%
Whole service RR	58%	56%	52%	48%
Recovery rate variation from service	**2020-21**	**2021/22**	**2022/23**	**2023/24 YTD**
White	3%	4%	4%	5%
Mixed	-6%	-3%	-5%	1%
Asian or Asian British	-3%	-2%	4%	-12%
Black or Black British	-4%	-5%	-7%	-11%
Other Ethnic Groups	-2%	-7%	-10%	-2%

3. Improvement (score change)

Mean score change depression measure (PHQ)	2020-21	2021/22	**2022-23**	**2023/24 YTD**
White	-5.6	-5.4	**-5.2**	**-5.6**
Mixed	-5.9	-5.9	**-5.3**	**-5.8**
Asian or Asian British	-7.6	-5.7	**-6.4**	**-5.8**
Black or Black British	-6.2	-6.1	**-6.0**	**-5.6**
Other Ethnic Groups	-5.8	-5.6	**-5.9**	**-5.5**
Whole service average	-5.8	-5.6	**-5.5**	**-5.6**
Mean score change anxiety measure (GAD)	**2020-21**	**2021/22**	**2022-23**	**2023/24 YTD**
White	-5.5	-5.1	**-5.2**	**-5.3**
Mixed	-5.1	-5.5	**-5.3**	**-5.2**
Asian or Asian British	-6.7	-5.1	**-5.9**	**-4.5**
Black or Black British	-5.4	-5.1	**-4.8**	**-4.2**
Other Ethnic Groups	-5.6	-4.9	**-5.5**	**-4.6**
Whole service average	-5.4	-5.1	**-4.9**	**-5.0**

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



	2020-21	2021/22	2022-23	2023-24 YTD
White	3%	3%	4%	5%
Mixed	-6%	-4%	-5%	1%
Asian or Asian British	-3%	-3%	4%	-12%
Black or Black British	-4%	-6%	-7%	-11%
Other Ethnic Groups	-2%	-8%	-10%	-2%

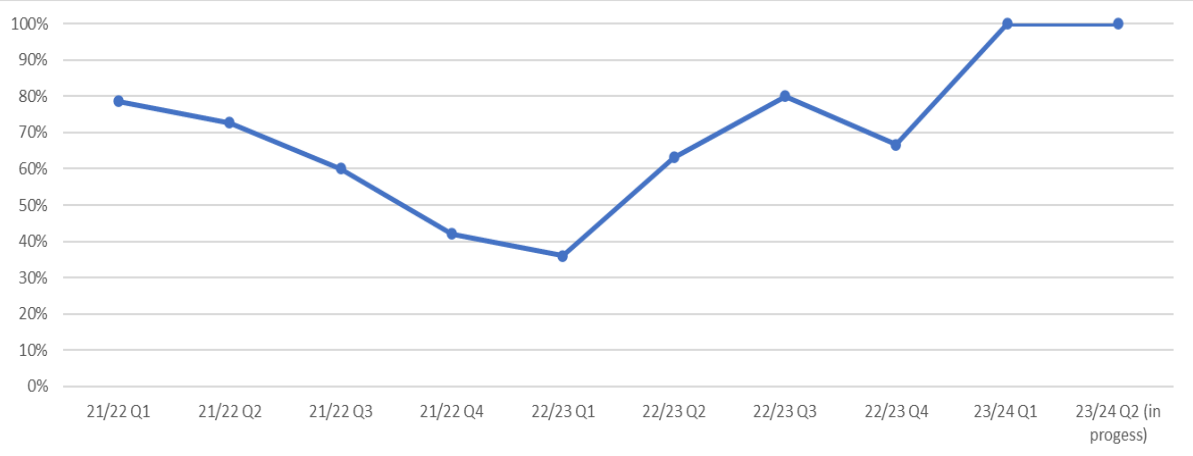
4. 2023/24 Q1 Recovery, attended sessions, starting scores, average change

	Black	Asian	White	Mixed	Other	LTT
Recovery rate	37.9%	38.2%	54%	49%	46%	48.0%
Attended sessions	7.2	7.2	7.4	7.9	7.2	7.4
Starting PHQ	16.1	15.6	13.6	15.6	15.4	14.6
PHQ change	-5.6	-5.8	-5.6	-5.8	-5.5	-5.6
Starting GAD	13.7	13.9	12.8	13.8	13.8	13.2
GAD change	-4.2	-4.5	-5.3	-5.2	-4.6	-5.0

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

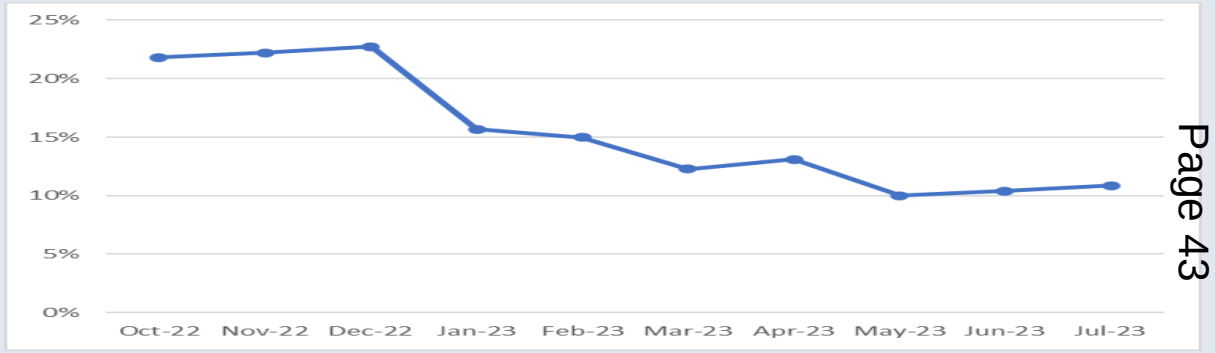
H.5.1 Proportion of children and young people with eating disorders are seen by a clinician within 1 week for urgent appointments and 4 weeks for routine support

	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1	23/24 Q2 (in progess)
	21/22				22/23				23/24	
Number seen within 1 week (urgent)/4 weeks (routine)	11	8	6	8	9	12	12	8	8	1
Number with eating disorders (ED) urgent and routine	14	11	10	19	25	19	15	12	8	1
% seen within 1 week (urgent)/4 weeks (routine)	79%	73%	60%	42%	36%	63%	80%	67%	100%	100%



H.5.2 number of children and young people waiting longer than 44 weeks for an assessment and commencing treatment with Child and Adolescent Mental Health Services

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Number waiting over 44 weeks	53	34	31	27	28	23	24	24
Total patients	233	217	207	220	214	230	231	221
Proportion waiting over 44 weeks	23%	16%	15%	12%	13%	10%	10%	11%



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

Alliance and Programmes	LWNA and CYPA (owners)
Update Month	September 2023

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

H.1 Reduce average wait times for triage and initial assessment following a referral to the Living Well network Alliance Single Point of Access to be under 72 hours by 2024

Waiting Times: Average month-end wait times* for Lambeth SPA have been steadily reducing from 2023 peak of 64.1 days in January, at which point the waiting list was over 800 introductions, to its end of July 2023 value of 43 days, with the waitlist at just over half of that peak value. The average for those introductions classified as being urgent is 16.8 days. The focus on urgent introductions has resulted in longer waits for a more slowly declining number or routine introductions, with the effect that the routine average is little changed.

Past Actions: The reduction in the size of the waitlist and month end waiting times from peak values was primarily achieved through increasing capacity. New resources were added to the team and after sufficient on-boarding time, productivity has increased, particularly in the administrative screening function, which transcribes information from the incoming introduction in to Lambeth SPA systems and redirects any inappropriate introductions (i.e. where acceptance criteria have not be met). In addition, additional triage capacity was added by “SPA blitz” volunteers from other functions in LWNA.

Trajectory: At present the projected trajectory for reducing the size or the waiting list and average waiting times has slowed considerably. The reduction can be linked to both the reduced capacity of the team due to annual leave over the summer months but also a marked decrease in the level of input received from “SPA blitz” volunteers, which peaked in April and May, but was significantly reduced in June and July. While the trajectory is still downward, on its current course the target would not be achieved until the 3rd or 4th quarter of 2024.

Future Actions: In response to concerns about the SPA waitlist trajectory a report has been delivered by a task and finish group, drawn from other parts of the LWNA service, and this makes a number of specific recommendations for change, in terms of systems, processes and organisation, all focused on accelerating the achievement of this particular target in 2024. The recommendations from the report have been accepted, with some changes being implemented immediately and detailed planning underway for other more complex changes.
* for all introductions still open to SPA at month-end, the average number of days between the introduction received date and month end

H.2 Increase access to and recovery rates for Lambeth Talking Therapies for Black African and Caribbean residents to ensure that they are at least as good as those of White residents

Access: The number of Black clients starting treatment each year with LTT has increased from 1705 in 2020/21 to 2367 in 2022/23. In 2022/23 22.5% of new LTT clients were Black, above the 2021 Census estimate of 21.7% (over 18 population). The increase was driven by a number of initiatives to encourage self-referral, including the leafletting of all households in Lambeth, and advertising on buses, bus stops and tube stations.

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

Alliance and Programmes	LWNA and CYPA (owners)
Update Month	September 2023

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

H.5.1 Proportion of children and young people with eating disorders are seen by a clinician within 1 week for urgent appointments and 4 weeks for routine support – The data shows a trend up with better compliance against targets. Non-compliance looks to be driven by "Routine" referrals, with "Urgent" referrals generally seen in >7 days. Re: "Routine" only (>4-weeks) – Lambeth does not compare favourably (Lambeth – 65%, Croydon – 78%, Lewisham – 78%, Southwark – UnRep). Numbers are low generally, and so trends are tough to identify and would continue to be even if further breakdown around EDI, pathway compliance etc…, was given.

H.5.2 Number of children and young people waiting longer than 44 weeks for an assessment and commencing treatment with Child and Adolescent Mental Health Services – the number of 44+ WW has trended down over the last few months and remains low (in the 4 boroughs). Lowest first contact Lambeth WT (Lambeth 11 days, Croydon 22 days, Lewisham 18 days, Southwark 17 days), Lambeth activity is lowest though. Atd, cnx and DNA comparable to other boroughs, consistent CGAS (mental health assessment tool) improvement amongst boroughs was close to 7-10%, Lambeth is 8%. Lambeth has 100% ethnicity recording, re-referral for Lambeth slightly high (no breakdown).

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

H.1 Reduce average wait times for triage and initial assessment following a referral to the Living Well network Alliance Single Point of Access to be under 72 hours by 2024

Equalities: Analysis shows no significant disparity** due to ethnicity in how Lambeth SPA categorise introductions as urgent, the average wait times for triage or whether the introduction is referred onwards to other services. This contrasts to analysis from 2021 that suggested that White service users may be more likely to be referred on to other services. Black service users are slightly more likely than White service users to be treated as "Urgent" and receive an onward referral (i.e. Living Well Centres, Lambeth Talking Therapies (IAPT) etc.)
** the numbers of referrals in the "Asian" and "Other Ethnic Group" categories are comparatively small and so differences are statistically less significant

H.2 Increase access to and recovery rates for Lambeth Talking Therapies for Black African and Caribbean residents to ensure that they are at least as good as those of White residents

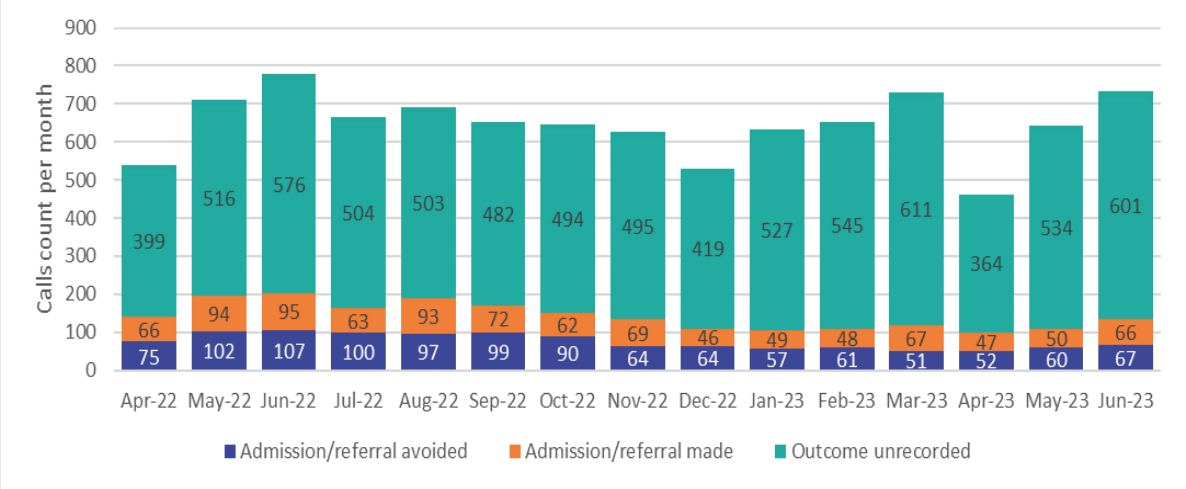
Recovery rate: the recovery rate for Black clients in 2022/23 was 45%, 7% below the service average of 52%. This was particularly disappointing given the number of service initiatives on improving outcomes for Black clients over the last year. These included specific training on adapting therapy for client's race and culture, training for supervisors, an audit of non-recovered Black clients with findings shared with each team, a targeted prompt to therapists to bring Black clients to supervision after 4 sessions and consistent highlighting of the service focus on outcomes for Black clients in team and service meetings.

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

Alliance and Programmes	LWNA and CYPA (owners)
Update Month	September 2023

*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	**H.2 Increase access to and recovery rates for Lambeth Talking Therapies for Black African and Caribbean residents to ensure that they are at least as good as those of White residents (cont.)** As has been noted in previous reports, the starting severity of Black clients is higher than the service average, and this increases the score reduction needed to move towards recovery. The score reduction for depression symptoms through treatment was greater for Black clients than the service average in 2022/23 and marginally below for anxiety symptoms, but these changes were not enough to compensate for the higher starting scores. A key finding from auditing non-recovered clients is the impact of attendance on outcomes. Most clients who complete a course of treatment obtain significant benefit: clients with numbers of unattended sessions do much less well. A particular service focus for 2023/24 is on client engagement and reinforcement of the importance of attendance, with the aim of reducing cancellations and sessions missed without notice with the aim that Black clients have at least as many attended treatment sessions as White clients. **H.5.1 Proportion of children and young people with eating disorders are seen by a clinician within 1 week for urgent appointments and 4 weeks for routine support –** no inequalities can be identified. Of the 5 slides in the 4-Borough CAMHS Performance Pack, no referral outcome data was presented, no ethnicity breakdown, no pathway compliance/drop-off data. It is unclear what's driving the poor performance in "Routine" referrals. Perhaps the low numbers referred into the service would make reporting this data of little use. **H.5.2 Number of children and young people waiting longer than 44 weeks for an assessment and commencing treatment with Child and Adolescent Mental Health Services –** no inequalities indicated. The data shows alignment with neighbouring boroughs, more detail (outlined below) may highlight different experiences of service users though. Referral profile to borough population profile may be helpful.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**H.5.1 Proportion of children and young people with eating disorders are seen by a clinician within 1 week for urgent appointments and 4 weeks for routine support –** Access to the CAMHS Power BI platform or specific LTAG outputs report from CAMHS. More understanding around bottlenecks in the eating disorder service, this may help with the supporting commentary around the 7-day and 4-week metrics. **H.5.2 Number of children and young people waiting longer than 44 weeks for an assessment and commencing treatment with Child and Adolescent Mental Health Services –** Pathway compliance by ethnicity, CGAS breakdown by ethnicity, re-referral detail, episode outcome breakdown (cnx reasons). National comparison. Referral profile to borough population profile may be helpful. As above, access to the CAMHS Power BI platform or specific LTAG outputs report from CAMHS.
Additional Comments	The **H.5.1** and **H.5.2** data in this LTAG pack is manually transposed from the CAMHS 4-Borough Performance Pack, and not mined from an analytics platform. This limits the insights we're able to get, and increases the chances of reporting error.

I1. usage of consultant connect by primary care



	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
All calls	529	633	654	729	463	644	735
Admission/referral avoided	64	57	61	51	52	60	67
Admission/referral made	46	49	48	67	47	50	66
Outcome recorded	110	106	109	118	99	110	134
Outcome unrecorded	419	527	545	611	364	534	601

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

Additional Data to be included in future reports

Additional Data to be included in future reports

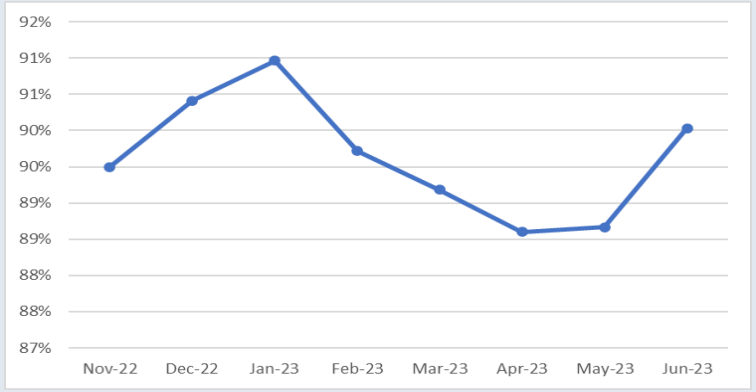
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods

Alliance and Programmes	**NWDA (Owner) with contributions from LWNA and CYPA**
Update Month	**September 2023**

*What does the data/intelligence indicate around **progress against the outcome?***	Further work is required to capture ethnicity data/intelligence across the various services provided at neighbourhood level. Overall usage of consultant connect has increased by 12% from May to June 2023, with an 11% increase in admission avoidance due to advice received. However, it is worth noting that this has increased the number of outcomes not recorded in the patients' clinical record. This needs to be reviewed urgently to identify if there is a training need, which our Service Improvement Facilitators (SIF) could support with and/or should a consistent template be adopted across the system, which records the outcome each time the service is accessed. Further work is required to make sure all GPs are aware of this service, especially locum GPs and those not familiar with working regularly in Lambeth.
*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	Data/Intelligence as it stands does not identify any indication health inequalities are reducing. Further work is required to capture ethnicity data/intelligence across the various services provided at neighbourhood level. The Data Syrup work conducted within StockWellbeing PCN does start to drill down into this level of detail required and can, subject to resource be replicated across the other PCNs. The GP Federation reports against Public Health Improvement Services and can drill down into ethnicity data if required. However, clinical templates currently used to collect information during patient consultation will need to be adapted to ensure this information is being collected consistently and can subsequently be reviewed on a regular basis.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	There is perceived variation between practices because data/intelligence is not consistently captured across all 41 practices. Pre-Pandemic Service Improvement Facilitators (SIF) were commissioned to support practices/PCNs record data/intelligence effectively. Resource should be identified to reinstate this important work going forward.
Additional Comments	Important actions to support progress: • Reinstate SIF support • Consultant Connect standardised template adopted to record patient outcome • Relevant searches set up to identify reduction in health inequalities (include EDI Champions in this development)

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

J1. proportion getting an appointment with their GP practice within two weeks and this includes all populations and those who contact their practice urgently are assessed the same or next day according to clinical need



	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
less than 14 days	155,507	133,254	146,483	135,587	146,192	122,423	138,361	151,702
total	173,761	147,386	161,033	151,126	163,925	138,178	156,052	168,495
% less than 14 days	89%	90%	91%	90%	89%	89%	89%	90%

J2. Increase the volume of appointments provided by General Practice in line with our SEL system trajectory

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Attended	144,985	135,918	146,765	124,589	140,892	152,110
DNA	10,476	9,340	11,344	8,517	9,948	10,421
Unknown	5,572	5,868	5,816	5,072	5,212	5,964
Grand Total	161,033	151,126	163,925	138,178	156,052	168,495

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Face-to-Face	83,940	81,599	92,278	72,432	82,271	87,117
Home Visit	776	713	855	711	865	966
Telephone	66,802	60,291	70,762	57,396	63,549	69,571
Unknown	9,486	8,445	-	7,612	8,994	9,999
Video Conference/Online	29	78	30	27	373	842
Grand Total	161,033	151,126	163,925	138,178	156,052	168,495

J3. Number of referrals into urgent community response (UCR) from all key routes

Performance measure	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Total referrals received for @Home	674	556	720	563	585
UCR referrals received from 999 & 111	58	48	51	58	68
Total number of accepted referrals to @home	303	273	319	292	321
Total number of declined referrals to @home (due to capacity)	120	65	100	62	64
2-hour UCR performance (T = 70%)	N/A	N/A	71.70%	78.40%	TBC

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

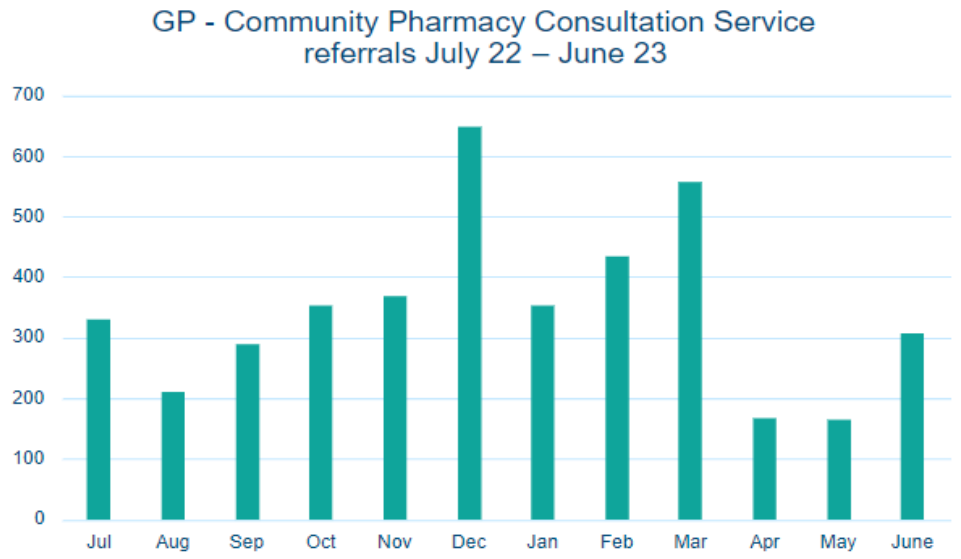
J4. Number of people accessing healthcare professionals through increased use of community pharmacies

Lambeth Pharmacy First Service Total number of patient interventions	
March 23	125
April 23	97
May 23	148
June 23	250
July 23	150
Total – 770	

Top 3 social vulnerability eligibility criteria for accessing Lambeth Pharmacy First Service:

1. Universal credit (37.9%)
2. Patients aged under 16 years old (27.5%)
3. Income support (14.3%)

J5. Number of people using the community pharmacy consultation service July 2022 – June 2023



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

J7. Number of drug and alcohol related A&E attendances

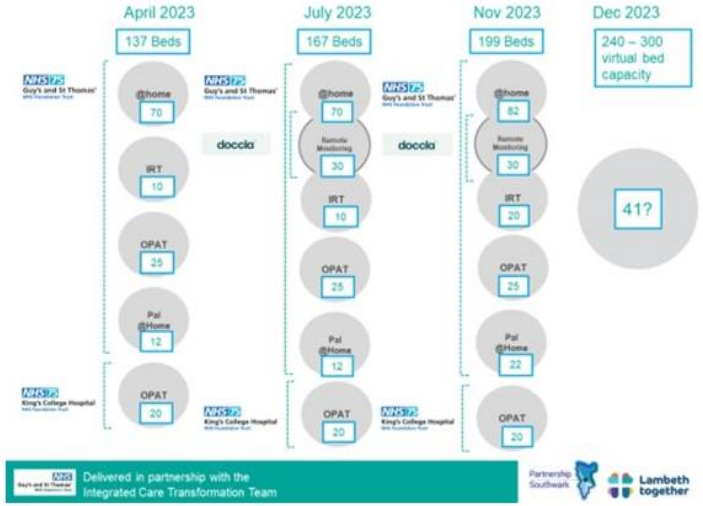
GTT ED attendances with drug and alcohol diagnosis 23/24	
Attendance month	No. of Attendances
Apr-23	296
May-23	290
Apr-May 23 total	586
Apr-May 23 avg baseline	293
Jun-23	287

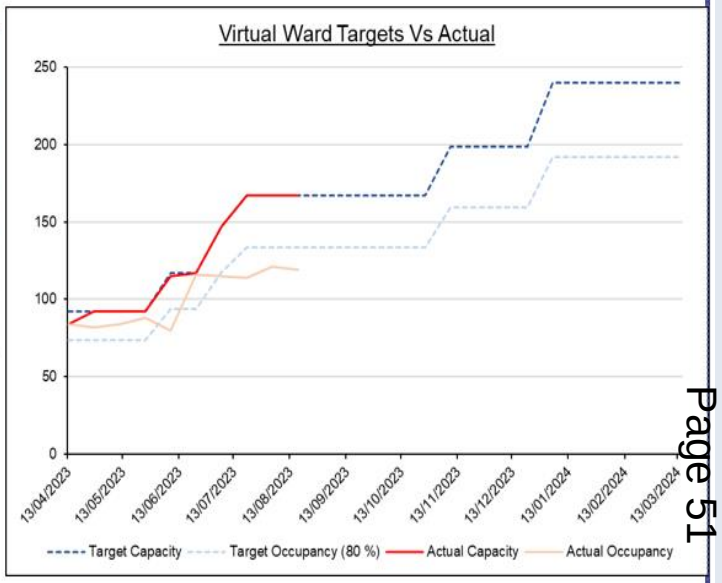
GSTT ED attendances with drug and alcohol diagnosis 22/23	
Attendance month	No. of Attendances
Apr-22	274
May-22	260
Jun-22	251
Jul-22	263
Aug-22	277
Sep-22	264
Oct-22	271
Nov-22	249
Dec-22	209
Jan-23	247
Feb-23	264
Mar-23	257
Total	3086

Data has not been updated since the last report

J8. Capacity of virtual wards and proportion of virtual wards being used

Date			Target		Actual		
Month	Week	Comments	Target Capacity	Target Occupancy (80%)	Actual Capacity	Actual Occupancy	Actual Occupancy %
Apr-23	13/04/2023		92	74	84	84	100%
	27/04/2023		92	74	92	82	89%
May-23	11/05/2023		92	74	92	84	91%
	25/05/2023		92	74	92	88	96%
Jun-23	08/06/2023	+ 25 from OPAT	117	94	115	80	70%
	22/06/2023		117	94	117	116	99%
Jul-23	06/07/2023	+ 30 Doccla	147	118	147	115	78%
	20/07/2023	+ 20 KCH OPAT	167	134	167	114	68%
Aug-23	03/08/2023		167	134	167	121	72%
	17/08/2023		167	134	167	119	71%
	31/08/2023		167	134			





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

Alliance and Programmes	NWDA (Owner) with contribution from Substance Misuse
Update Month	September 2023

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

J1 Proportion getting an appointment with their GP practice within two weeks and this includes all populations and those who contact their practice urgently are assessed the same or next day according to clinical need - To support with delivery of this measure, the Apex intelligence tool has been deployed at all Lambeth GP Practices. Apex enables practices to monitor manage workforce and predict capacity needs by day. Lambeth working on deploying Apex PCN module to enable PCNs to manage supply and demand at neighbourhood and system levels.
Lambeth continue to monitor GP Appointment Data (GPAD) and Patient Survey results to support neighbourhood and individual practices respond to local needs. £1.2m invested for delivering the Capacity & Access Impact and Investment Fund.

J2 Number of appointments in General Practice - GPAD data indicates a 7% increase in patients being able to access an appointment with their GP within 2 weeks from May to June 2023. However, it's worth noting that appointment structures were different throughout the pandemic, including more remote consultation and e-consult.

J3 Number of referrals into urgent community response (UCR) from all key routes - 618 referrals received in July, a decrease compared to June and below target.

- 67 referrals rejected due to capacity (see breakdown, 26 medical, 11 nursing, 24 therapy and 6 social care).
- UCR 2-hour, @Home undertook 42 visits (13% of total activity).
- Overall UCR performance for May and June still to be validated and reported retrospectively. Provisional position post-validation 82% for May.
- UPA call centre had a 5.2% call abandonment rate (slightly above target).
- 1,817 calls were received in month with an average wait time of 37 second.

J4 Use of Community Pharmacy & J5 Use of Community Pharmacy Consultation service - The Lambeth Pharmacy First Pilot was launched in March 2023 to address and support the health inequalities in Lambeth in relation to the impact of the cost-of-living crisis on the ability of the local population to self-care and buy medicines available over the counter for minor and self-limiting conditions in line with NHS England guidance. Community Pharmacy have undertaken 770 consultations between March – July 2023 with Lambeth residents/registered patients to provide advice and guidance on self-care and supply of medicines where appropriate.
The GP-Community Pharmacy Consultation Service increases GP capacity through triaging of low-acuity conditions to community pharmacy. GP referrals to GP-CPCS, whilst no longer incentivised via the national contract, supports the national approach to increasing GP access. The Pharmacy First service additionally increases access to general practice, through provision of self-care advice and any necessary treatments directly via pharmacies for people at higher risk of health inequalities or higher deprivation.

J8 Capacity of virtual wards - Capacity is increasing in line with the plan and against target trajectory. Additional services identified as virtual wards, according to the NHSE definition, now included in the data return, with Evelina @Home to be included in the data return from 7 September.
Actual occupancy dropped against target when the Doccla beds became live. Work in progress to address referrer confidence and introduce new clinical pathways to take advantage of the additional capacity in the community.

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

Alliance and Programmes	**NWDA (Owner) with contribution from Substance Misuse**
Update Month	**September 2023**

*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	**J1 Proportion getting an appointment with their GP practice within two weeks and this includes all populations and those who contact their practice urgently are assessed the same or next day according to clinical need -** National data provides a crude outlook on the number of patient contacts within Primary Care. Lambeth has establish a task and finish group to marry local and national data to identify and understand variation in reporting and mitigation steps. **J2 Number of appointments in General Practice -** Data doesn't currently identify any health inequalities and whether they are reducing. APEX data should highlight ethnicity data and form part of the regular dashboard. PCN Access Recovery Plans take account of improved patient access. The Federation can provide ethnicity data for Enhanced Access Hubs provided across the borough. **J4 Use of Community Pharmacy & J5 Use of Community Pharmacy Consultation service -** Data from March to July 2023 shows that the majority of the interventions (770 interventions) have taken place for people whose registered post code district falls within IMD decile 1 to 3 which shows the service is accessed by the target population - those with the highest deprivation. The data also demonstrates if people did not have access to the Pharmacy First Service, 42% of patients would have gone without medication and 56% would have visited general practice to request the medication on prescription, as they are unable to buy the medicines over the counter due to the current cost of living crisis. People who are receiving universal credit, under the age of 16 years old or on income support, are the top social vulnerability eligibility groups accessing Lambeth Pharmacy First Service during these months. **J8 Capacity of virtual wards -** The development of an integrated, holistic VW model needs to take into consideration the needs of the diverse local populations we serve. This could be supported by improved access to population data which can also aid further understanding of unmet need. Inequalities and inclusion should be carefully considered throughout the development plans to ensure equity of access – an Equalities Impact Assessment (EIA) has been drafted and will be shared in due course, and further work to identify inequalities through analysis of demand access by ethnicity, IMD, geography and further insights into unmet need is ongoing.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**J1 Proportion getting an appointment with their GP practice within two weeks and this includes all populations and those who contact their practice urgently are assessed the same or next day according to clinical need -** Lambeth promoting the modern general practice approach and other initiates covered within the recovery plan to tackle the 8am rush and make it easier and quicker for patients to get the help they need from primary care. APEX needs to be fully implemented and consistently utilised across our 41 practices in Lambeth. Workforce planning is important to ensure practices have adequate capacity to offer an increase in volume of appointments. ARRS workforce can be utilised to reinforce/enhance the practice team. This includes Advanced Nurse Practitioner/Independent Prescribing Pharmacist/Physician Associate/Care Co-ordinators/First Contact Practitioners/Paramedic **J8 Capacity of virtual wards -** Industrial action and the imminent implementation of the new EHR system at GSTT and KCH will impact on available capacity to work up plans for scale up, integration and optimisation of current services and pathway. Mitigations are being developed and options presented to the Project Steering Group for consideration.

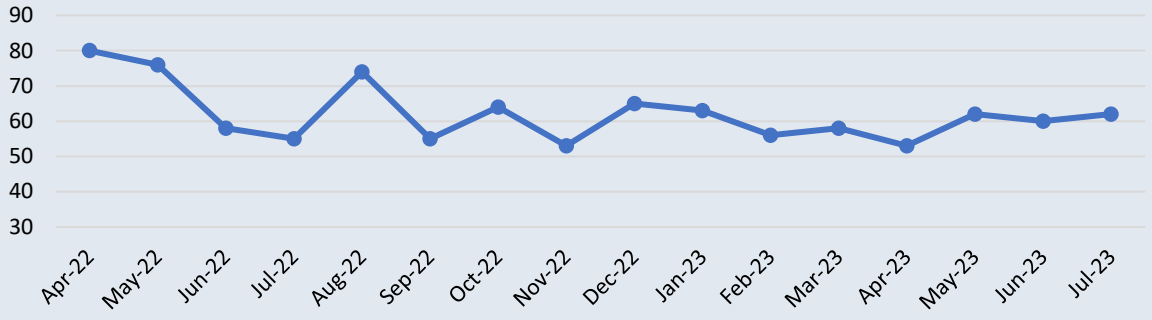
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs

Alliance and Programmes	NWDA (Owner) with contribution from Substance Misuse
Update Month	September 2023

Additional Comments	**J4 Use of Community Pharmacy & J5 Use of Community Pharmacy Consultation service -** Increased promotion of both the Lambeth Pharmacy First service and the Community Pharmacy Consultation Service is needed amongst local GP practices. The Medicines Optimisation Team is continually promoting the services via the on-going face to face GP practice prescribing visits and there are plans for increased direct local communications to GP practices in areas of low engagement. An evaluation of the Pharmacy First pilot will be presented to the Lambeth Together Primary Care Committee in September to secure continued support for the service. Community Pharmacy neighbourhood leads are being given additional hours to engage with general practice and their peers to provide clinical leadership and support the national access priority. The Community pharmacy dashboard (in final stages of development) will inform pharmacies and GP practices of referral, uptake and benchmarking rates of Community Pharmacy services, such as the GP-CPCS service. **J8 Capacity of virtual wards -** There remains a handful of beds, approx. 30 – 40, to reach the minimum target for the local population of 40 50 per 100,000 pop. There is funding available, and work in progress to collaboratively codesign with place partners, patients and carers the development of an integrated, holistic VW model. A method to integrate and expand services should consider the wider use and implementation of digital technology, of which it's use is emerging across the services, but further evaluation of safety, effectiveness and usability is required to scale the use of digital innovations to support patients care in their own home and to ensure current capacity is optimised. The project will review learning from Doccla pilot and build case for change to fund additional capacity if appropriate.

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

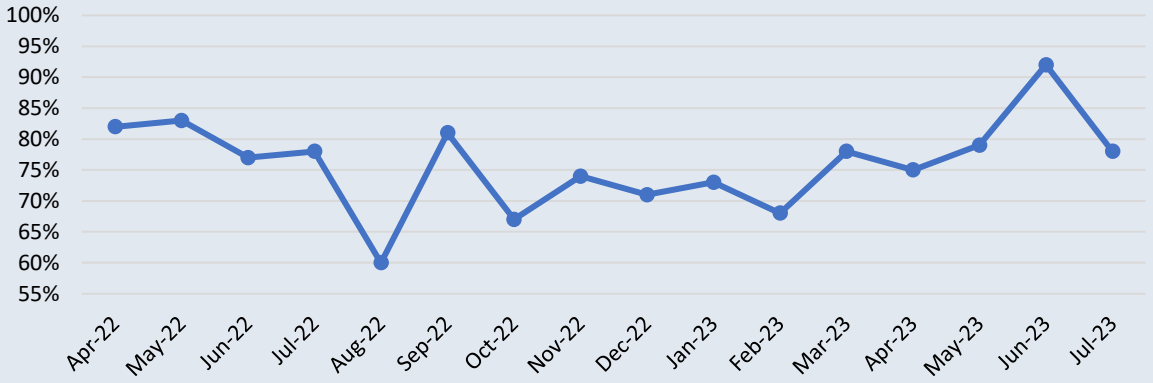
K1.1. All Accepted referrals to reablement



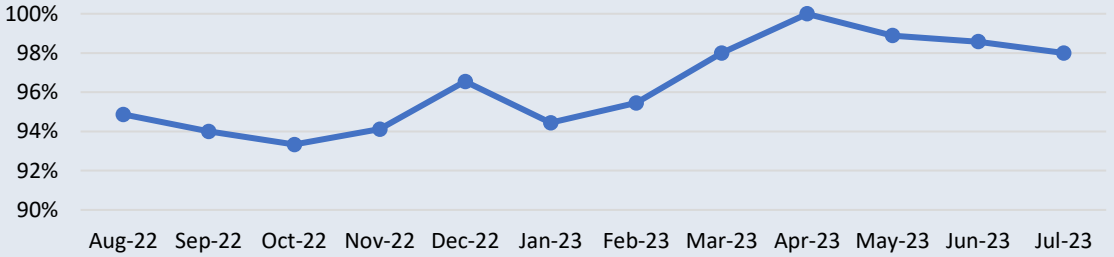
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
All Accepted referrals to reablement	63	56	58	53	62	60	62

K1.2. Percentage of people who have completed reablement that has resulted in no formal support or support at a reduced level

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Percentage of people who have completed reablement that has resulted in no formal support or support at a reduced level.	73%	68%	78%	75%	79%	92%	78%



K2 Proportion of carers of the users of Adult Social Care Services are offered a carers assessment



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
% New Carers Offered/Assessed	94%	95%	98%	100%	99%	99%	98%

K5. Proportion uptake of Flu vaccinations in people known to be Carers.- Carers aged 5 yrs - under 65 years not at-risk who fulfil the 'carer' definition

End of the 2022/23 flu season:

	Carers aged 5 - under 16 years	Carers aged 16 - under 50 years	Carers aged 50 - under 65 years	All Carers
Registered	81	2,147	1,326	3,554
Vaccinated	14	447	572	1,033
Proportion vaccinated	17.3%	20.8%	43.1%	29.1%

K4. Percentage of Lambeth Residents' Survey respondents aged 65+ that describe their health as good (results from 2022 survey)

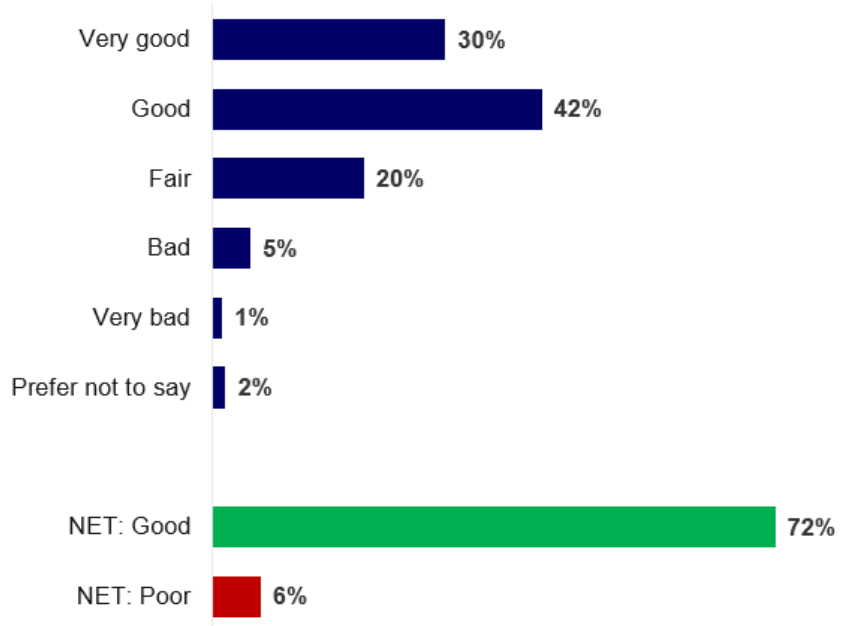
Health	65+	45-64	All ages
Good	62%	64%	72%
Fair	26%	24%	20%
Bad	11%	10%	6%

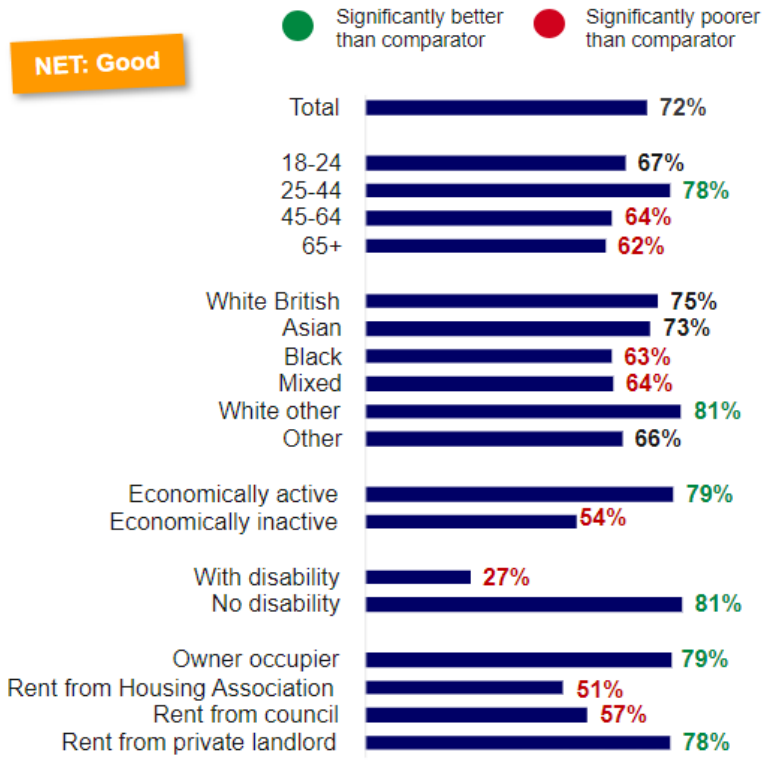
Lambeth Residents Survey 2022
1997 people interviewed gave their age
18-44 54%
45-64 33%
65+ 13%

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

Resident health

Just over seven in 10 residents (72%) believe that they are in good health.





Q031. How is your health in general? **Base**: all respondents (2,015).

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

Alliance and Programmes	**NWDA (Owner)**
Update Month	**September 2023**

*What does the data/intelligence indicate around **progress against the outcome?***	**K1.1 All Accepted referrals to reablement & K2 Percentage of people who have completed reablement that has resulted in no formal support or support at a reduced level -** Reablement – the data shows that the number of referrals accepted has remained between 53 and 52 so remains stable. Following Reablement the number of people needing no further support or reduced support is on average 77%. This has remained fairly stable. This is due to the higher acuity of patients admitted to hospital and the length of stay decreasing, leading to more people who need services following reablement. Carers – the proportion of people offered a Carer's Assessment by Adult Social Care remains high. **K2 Proportion of carers of the users of Adult Social Care Services are offered a carers assessment -** consistent performance with high percentage of identified carers being offered a carers assessment and performance is measured via adult social care performance board on monthly basis with 50% of adults receiving social care support having a linked carer. **K4 Percentage of Lambeth Residents' Survey respondents aged 65+ that describe their health as good -** The indicator relating to those 65+ feeling in good health is collected annually and the current data serves as a baseline against which progress can be tracked.
*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	**K1.1 All Accepted referrals to reablement & K2 Percentage of people who have completed reablement that has resulted in no formal support or support at a reduced level -** The high number of Carer's Assessments would indicate we are reaching a large number of carers and identifying Carer's need and providing support. This will help to reduce health inequalities. **K2 Proportion of carers of the users of Adult Social Care Services are offered a carers assessment -** N/A **K4 Percentage of Lambeth Residents' Survey respondents aged 65+ that describe their health as good -** It is not possible to identify any inequalities with the data available.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**K1.1 All Accepted referrals to reablement & K2 Percentage of people who have completed reablement that has resulted in no formal support or support at a reduced level -** Recruitment of therapists in community services remains a challenge. The number of referrals to Intermediate Care Lambeth remains high. We are reviewing the pathway with our colleagues in GSTT and KCH Trusts and Southwark Adult Social Care via the Discharge Operational Delivery Group (DODG). **K4 Percentage of Lambeth Residents' Survey respondents aged 65+ that describe their health as good -** There is a growing ageing population, meaning there is a risk of the health of this group being more impacted by factors affecting the general population, e.g. flu, heat/cold weather, cost of living. Working with partners and residents through the Age Friendly borough provided the opportunity to understand potential issues as well as co-produce actions to address these.
Additional Comments	

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

L.1 continuity of maternity care for women from Black, Asian and minority ethnic communities.

5 - 1. Maternity

Age Bands: All | Ethnic Group, Ethnicity: All | Gender: All

South East London Integrated Care Systems

As of **July 2023** in total, **400** are Pregnant Mothers who have reached 29 weeks gestation. Of those, **169 (42.25%)** are on a Continuity of Care Pathway.

For the **Core20** Population, **81** are currently Pregnant Mothers who have reached 29 weeks gestation. Of those **46 (56.79%)** are on a Continuity of Care Pathway.

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

Borough of Practice, PCN, Practice Name: Lambeth

Core20 Split: All | Core20

Relevant Month: July 2023

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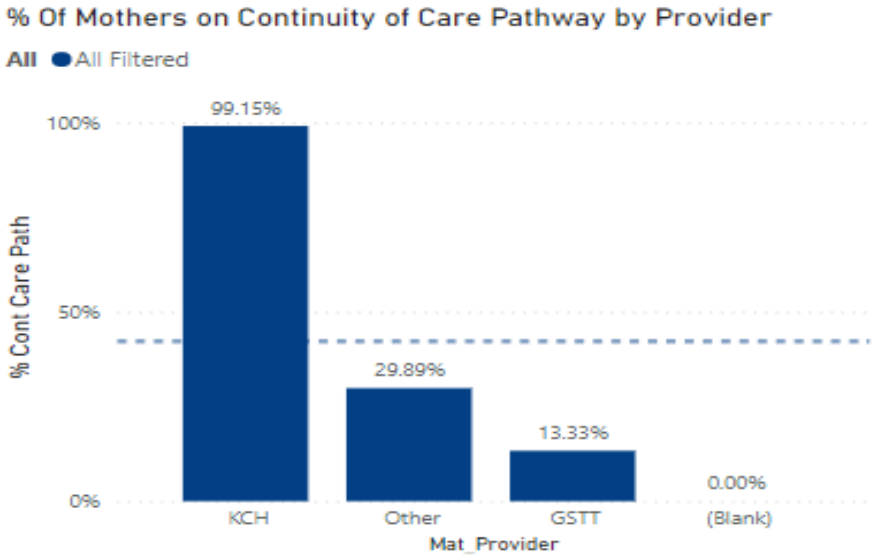
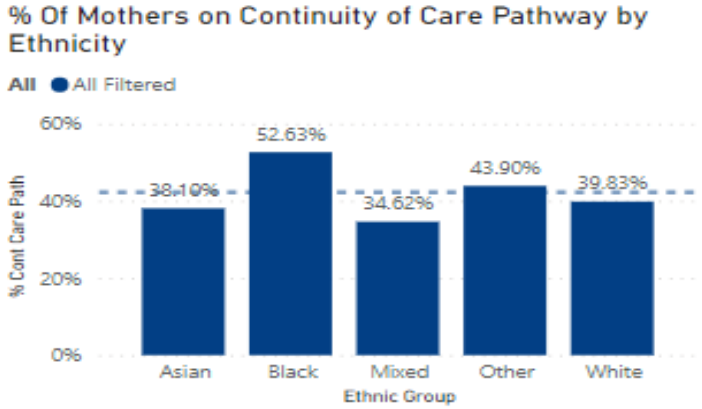
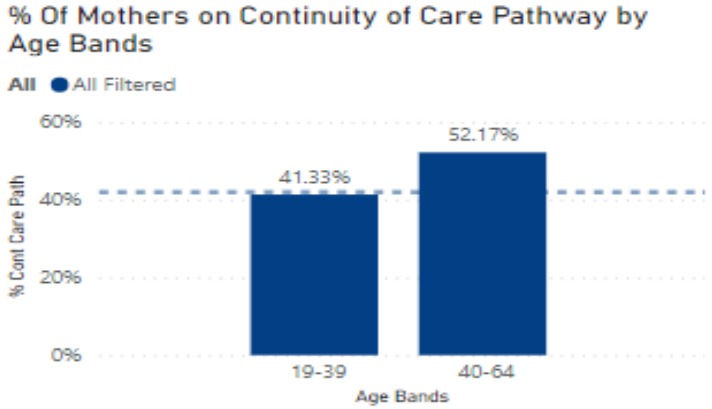
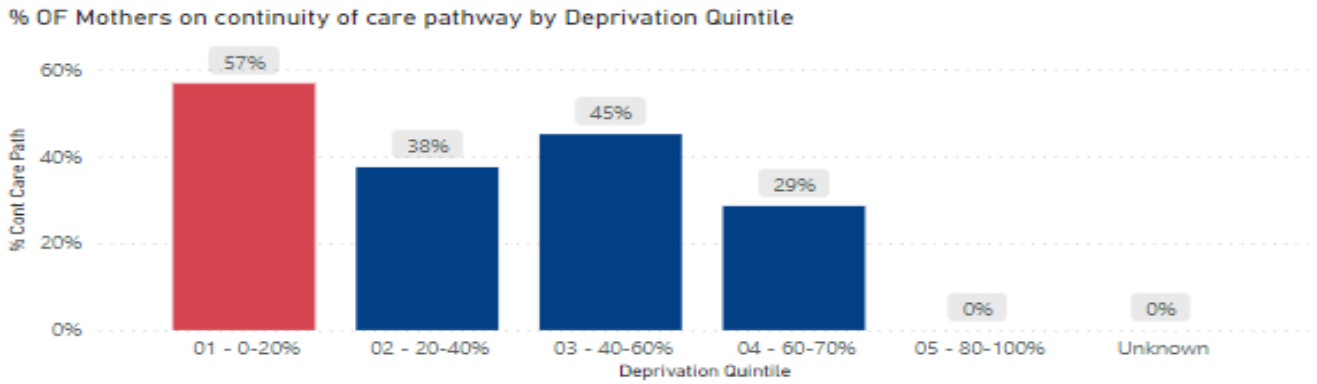








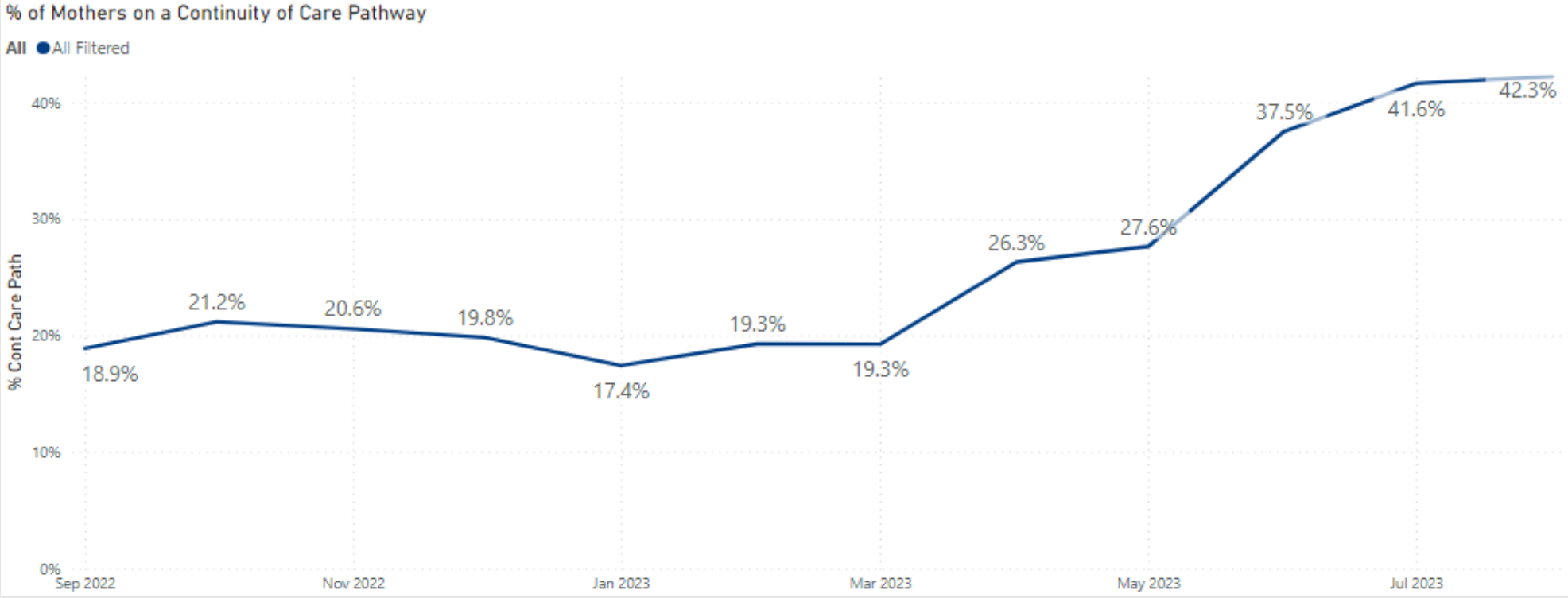
L.1 continuity of maternity care for women from Black, Asian and minority ethnic communities.

For **Mothers on Continuity of Care Pathway,** the latest total figure is **42.25%**, compared to the previous month **41.64%** this is a **Increase of 0.61%**

Borough of Practice, PCN, Practice Name: Lambeth

Core20 Split: All | Core20

For the latest month, Core20 is showing **56.79%**, which is **18.23% more than** Non-Core20 (**38.56%**).



L3.2 Neonatal Deaths

Temporary historical data showing Neonatal Mortality per 1,000 live births in SEL by trust up to October 2022.

Trust	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
GST	5.89	6.20	5.59	2.02	3.94	5.61	1.78	9.28	3.86	2.02
KCH	0.00	0.00	1.58	1.70	1.50	4.74	3.07	0.00	1.66	0.00
LGT	1.83	0.00	0.00	0.00	1.68	1.75	5.04	1.85	0.00	2.54
Total	2.46	1.88	2.28	1.23	2.26	4.03	3.32	3.52	1.72	1.32

Changes to the structure of the data on the Maternity Services Data Set (MSDS) impacted the scripts of SEL Maternity Dashboard where this information was extracted, and the above table has not been refreshed since the last report.

L3.3 Preterm births

Temporary historical data showing pre-term birth rate up to October 2022.

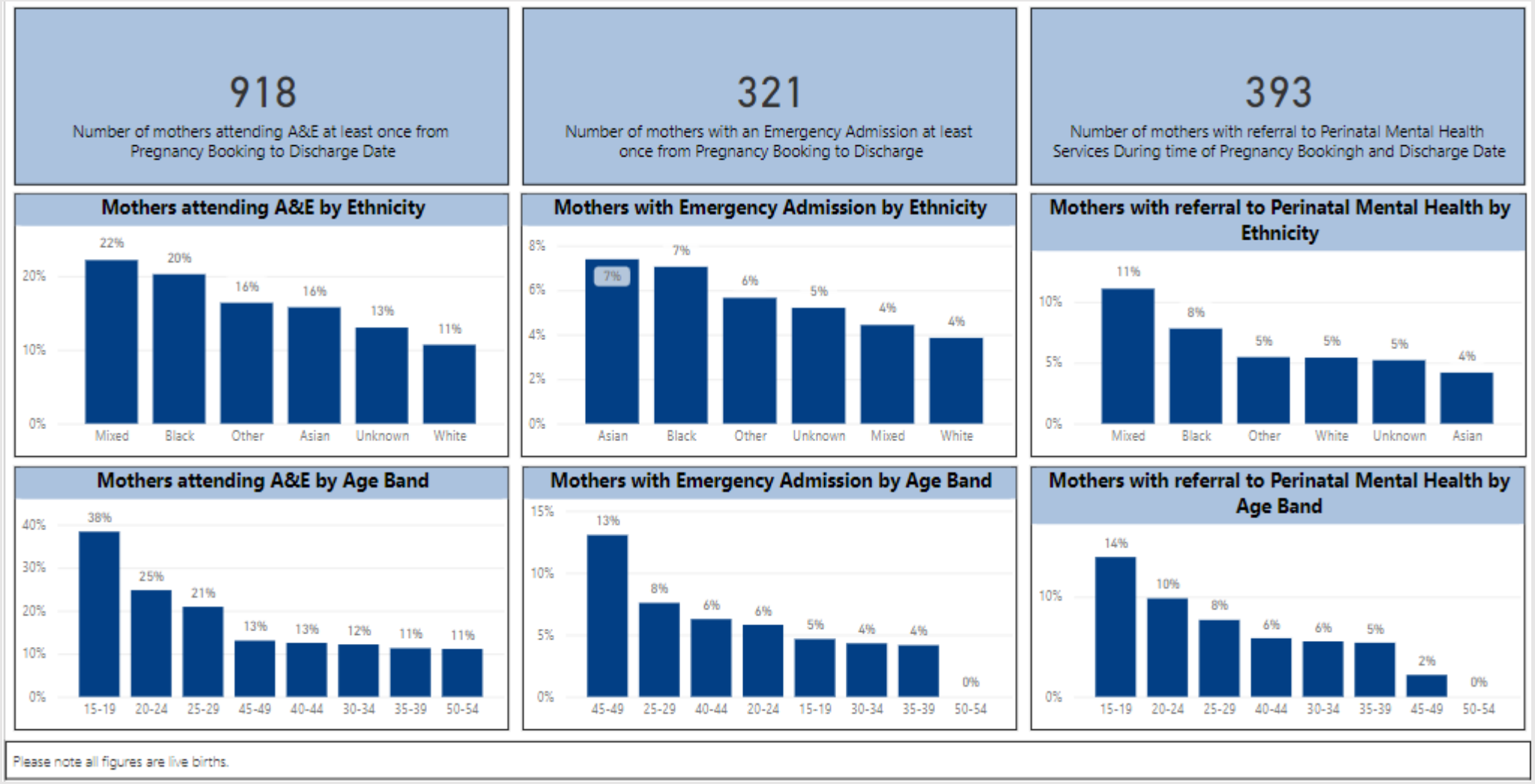
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Preterm birth rate per 1,000 births	72.6	41.9	70.3	39.7	48.1	71.4	48.0	109.6	80.7	60.1

Changes to the structure of the data on the Maternity Services Data Set (MSDS) impacted the scripts of SEL Maternity Dashboard where this information was extracted, and the above table has not been refreshed since the last report.

Early Years Prevention – Deep dive March 2021 – February 2023 (Lambeth)

Analysis of the first two years of life looking at demographic information and secondary care usage of mothers who had given birth between March 21 and February 23 to understand populations at a ward level.

Early Years Prevention – Deep dive March 2021 – February 2023 (Lambeth)



Analysis of the first two years of life looking at demographic information and secondary care usage of mothers who had given birth between March 21 and February 23 to understand populations at a ward level.

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

Alliance and Programmes	CYPA (Owner)
Update Month	September 2023

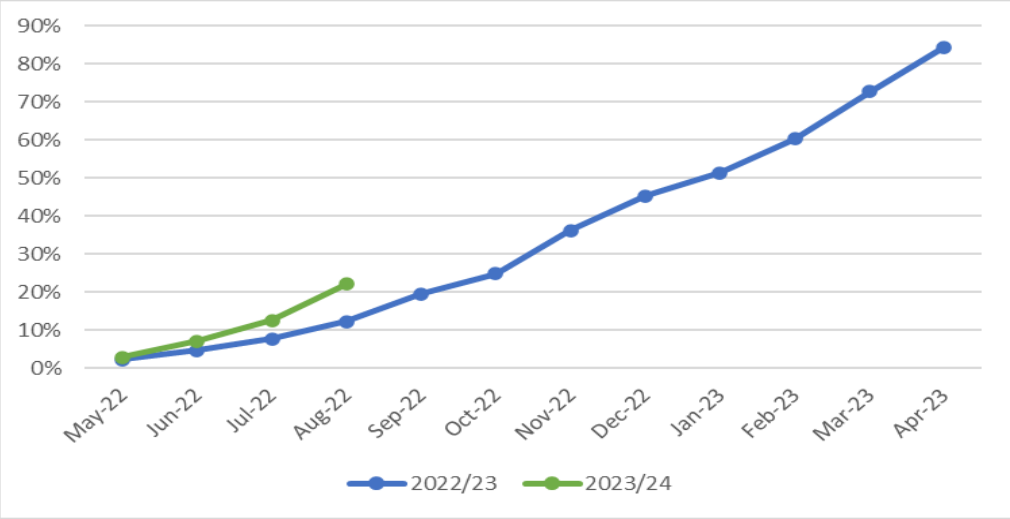
What does the data/intelligence indicate around ***progress against the outcome?***	**L1 Continuity of maternity care for women –** SEL ICB have confirmed the data in this measure needs refining. The "Continuity of Carer" measure is very hard to align with (75% compliance for the provider). Having the same carer/small maternity team across each peri-natal element (ante, intrapartum and post) is currently not possible due to staffing restrictions, and this is a national issue. There is work to review this measure and look to report ante and post-natal only as this will make the measure more attainable and align with patient feedback (that ante and post-natal continuity of carer is the most important aspect). Note - KCH alignment to standard (99.15%) is a coding issue that is being investigated with SEL BI team. The measure is close to 10% compliance across the SEL patch. **L3.2 Neonatal deaths & L3.3 Pre-term birth –** The data is slightly dated due to registry redesign. It is useful for identifying provider outliers thought in its current form, does not allow for effective tracking against outcome L.
Does the data/intelligence identify any ***health inequalities and whether they are reducing?***	**L1 Continuity of maternity care for women –** although breakdown into ethnic groups is presented, data validity is potentially unreliable at this stage and so no firm interpretations can or should be made. The above mentioned work should go some way to address this. **L3.2 Neonatal deaths & L3.3 Pre-term birth –** the data does not highlight any inequalities as there's no demographic breakdown, although this is available through Local Maternity and Neonatal Systems (LMNS) Quality Surveillance Group. Also, the metrics are trust level and do not filter out out-of-borough deliveries, of which GSTT has a high-proportion. A borough-scorecard is in development, and this, plus ethic breakdown, should allow better tracking and identification of inequalities. Still births (ante-natal and intrapartum) are not reported.
What are the ***challenges hindering any progress*** *and* ***are there actions which can be taken*** *to address these?*	**L1 Continuity of maternity care for women –** staffing challenges mean the "Continuity of Carer" measure, across the 3 elements of the maternity pathway (ante, intrapartum, post), is unattainable. The measure is being reviewed by the LMNS team in a bid to develop meaningful reporting. **L3.2 Neonatal deaths & L3.3 Pre-term birth –** indicators are being reviewed the CYPA, LTAG and the LMNS.
Additional Comments	Additional slides from Early Years Prevention – age, ethnicity and IMD breakdown are very helpful. Cross-referencing age with ethnicity to identify drivers would be helpful.

M1. number of children and adults discharged from specialist inpatient units

LDA Inpatient Pathway	28/04/2022	01/06/2022	01/07/2022	29/09/2022	03/11/2022	14/02/2023	13/04/2023	30/06/2023	31/08/2023
ICB Commissioned - Adults	8	8	7	9	8	9	6	7	7
SLP Commissioned (Forensic) - Adults	7	7	7	7	7	7	7	6	6
SLP Commissioned Children	1	1	3	2	2	3	2	1	1
Total	**16**	**16**	**17**	**18**	**17**	**19**	**15**	**14**	**14**

M3. rate of uptake for an Annual Health Check and Health Action Plan for those with LDA

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Numerator	866	1,022	1,126	1,305	43	109	195	344
Denominator	1,686	1,693	1,549	1,544	1,541	1,543	1547	1561
Proportion	51%	60%	73%	85%	3%	7%	13%	22%



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

M2.1.1 Number of people with LDA in work

In 2022/23, there were 17 people reported in employment. Figures for 23/24 activity will be reported at year end.

M2.1.2. Number of people with LDA in education

Data to be included in future reports.

M2.1.2. Number of supported employment and supported internships we create through our health and care partners

In 2022/23, there were 8 Supported Internships at Kings College Hospital supported by Lambeth. In 2023/2024, there will be another 8 Supported Internships at KCH (recruitment completed), and we are currently recruiting for up to 10 at NHS England.

The figures for Supported Internships being reported is solely for individuals with Learning Disabilities and/or Autism. The age range is 16-24 and the age breakdown for this information is 16-18: 13%, 19-21: 52%, 22-24: 26%.

M4. Waiting times at for an ASD diagnosis for children and young people

Number of children on the General Paeds waiting list for 1st appointment in Lambeth	792
Number of children on the waiting list for ARD assessment in Lambeth	863
Gen Paeds waiting time estimate	42 weeks
ARD assessment waiting time estimate	72weeks
Average wait of patients currently booked for 1st General Paeds appt in Lambeth	32 weeks
Average wait of patients currently booked for ARD assessment in Lambeth	63 weeks

Waiting times as of 31st July 2023

Additional intelligence M1: SEL (6 borough) progress is within target

Trajectory overview (1/2)

South East London Integrated Care System

		FY 22/23 Q4			FY 23/24 Q1			FY 23/24 Q2			FY 23/24 Q3			FY 23/24 Q4		
		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Inpatients	Total	69	64	64	61	57	56	58	61	-	-	-	-	-	-	-
	Non secure Adults	29	27	29	29	25	23	23	24	-	-	-	-	-	-	-
	Spec Comm/SLP Adults	31	29	29	27	28	28	29	29	-	-	-	-	-	-	-
	Children	9	8	6	5	4	5	6	8	-	-	-	-	-	-	-
	Adult inpatients per million (LTP 37 patients)	49	46	47	46	43	41	42	43	-	-	-	-	-	-	-
NHS Long Term Plan Trajectories	Total Trajectory	-	-	64	-	-	62	-	60	59	58	57	56	55	54	52
	Adult non secure-Trajectory	-	-	28	-	-	27	-	26	26	26	25	25	24	23	22
	Adult secure-Trajectory	-	-	31	-	-	29	-	28	27	27	27	26	26	25	25
	CYP- Trajectory	-	-	5	-	-	6	-	6	6	5	5	5	5	5	5
Change in month	Net	-5	-6	0	-1	-4	-1	2	3	-2	-10			0		
	Admissions	5	2	7	8	4	3	7	7	In Q2: ~12 admissions expected, with 6 remaining at end of Q2	In Q3: ~17 admissions expected, with 6 remaining at end of Q3			In Q4: ~16 admissions expected, with 6 remaining at end of Q4		
	Discharges	10	8	7	9	8	4	5	4	8	16			6		

*Position at 25/08/2023.
**The SEL forecast target was built on the analysis of the current cohort and modelling based on the review of historical data, and the expected positive impact new services will have on the trajectory.

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

Additional intelligence M3 : LDA health checks: Performance against target

Total by Financial Year	2018-19	2019-20	2020-21	2021-22	2022-23
Number on LD register (aged 14+)	1,346	1,469	1,402	1,465	1,510
Number of checks Completed	1,008	1,042	953	1,169	1,308
Proportion of LD AHC completed	75%	71%	68%	80%	87%

- NHSE target: 75% of people of the LD GP register to access an AHC
- In 2019/20 and 2020/21 Lambeth did not reach 75% due to the major impact on GP practices of the pandemic
- The general trend is upwards, with Lambeth reaching or exceeding 75% in 18/19, 21/22 and 22/23
- Note the number of people on the LD register is increasing, meaning it is increasingly challenging to reach the target

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

Alliance and Programmes	**LDA (Owner)**
Update Month	**September 2023**

What does the data/intelligence indicate around ***progress against the outcome?***	**M1 Number of children and adults with learning disabilities and/or autism discharged from specialist inpatient units -** Reducing the use of inpatient services: One-system data analysis of admissions and discharges across Lambeth within the ICS (adults only), showed that • 14 patients were discharged to the community in the three years to March 2023 (after removing repeat admission/discharges). • The net number of inpatients was reduced from 12 in 2020/21 to 11 in 2022/23 • The net number has reduced by 2 in the 12 months to June 2023 **M2.1.1 Number of people with LDA in work & – M2.1.2. Number of supported employment and supported internships we create through our health and care partners -** demonstrates the number of people with LD as defined in the Adult Social Care Outcome Framework (ASCOF) as in paid employment (17 people is 2% for 22/23). This is an increase from 21/22 of 1%, but is still below the national average of 5%. **M3 Rate of uptake for an Annual Health Check and Health Action Plan for those with LDA -** Rate of uptake of AHC and HAP: The achievement in 22/23 of 86% is excellent against a national target of 75%. Over the last 5 financial years Lambeth has met or exceeded the target, only failing to do so in 19/20 and 20/21 when there was major disruption due to the pandemic. **M4 Waiting times for an ASD diagnosis for children and young people –** There is a slight increase in the number of patients waiting for both Gen Paeds 1st appointment, and Autism and Related Disorder (ARD) assessment. Although there is a push to address the longest waiters for Gen Paeds and ARDs assessment, in Lambeth, there has been no significant impact,.
Does the data/intelligence identify any ***health inequalities and whether they are reducing?***	**M1 Number of children and adults with learning disabilities and/or autism discharged from specialist inpatient units -** within LD service, of 5 sustainable discharges to the community in last three years all are Black British indicating a reduction in Black patients being over-represented in more restricted settings. **M3 Rate of uptake for an Annual Health Check and Health Action Plan for those with LDA -** Comparison of data on health indicators collected during AHCs shows: • In some areas people with LD are achieving slightly better outcomes than people in the general population as shown by indicators of management of hypertension and diabetes • Fewer people with a learning disability have a healthy weight compared to the rest of Lambeth **M4 Waiting times for an ASD diagnosis for children and young people –** No inequalities are highlighted in this data, there is no demographic breakdown.

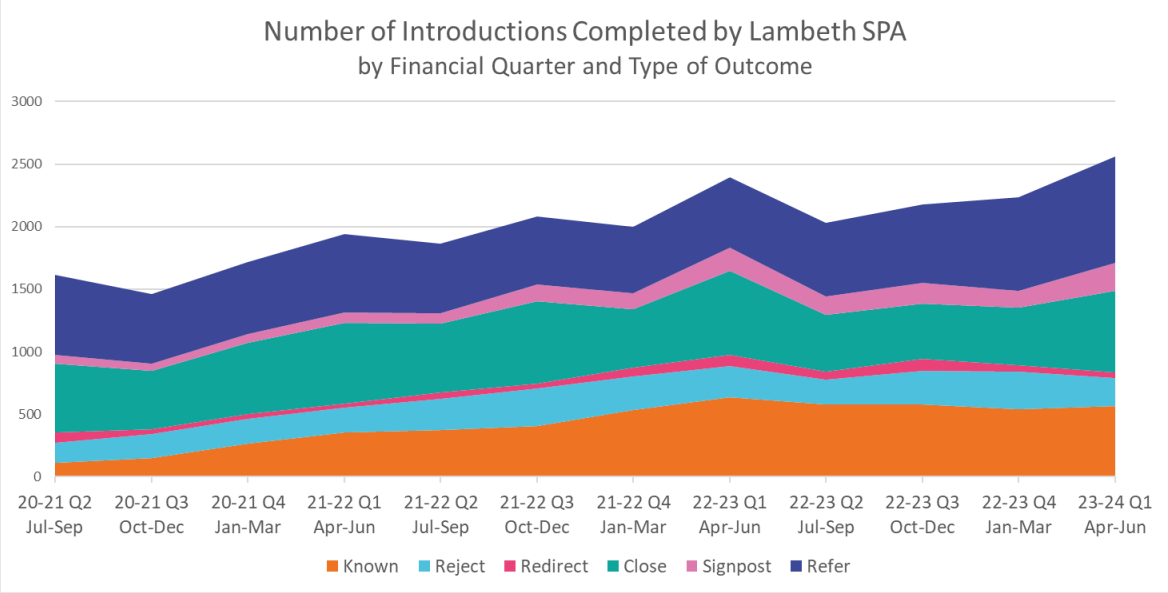
M. People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services

Alliance and Programmes	**LDA (Owner)**
Update Month	**September 2023**

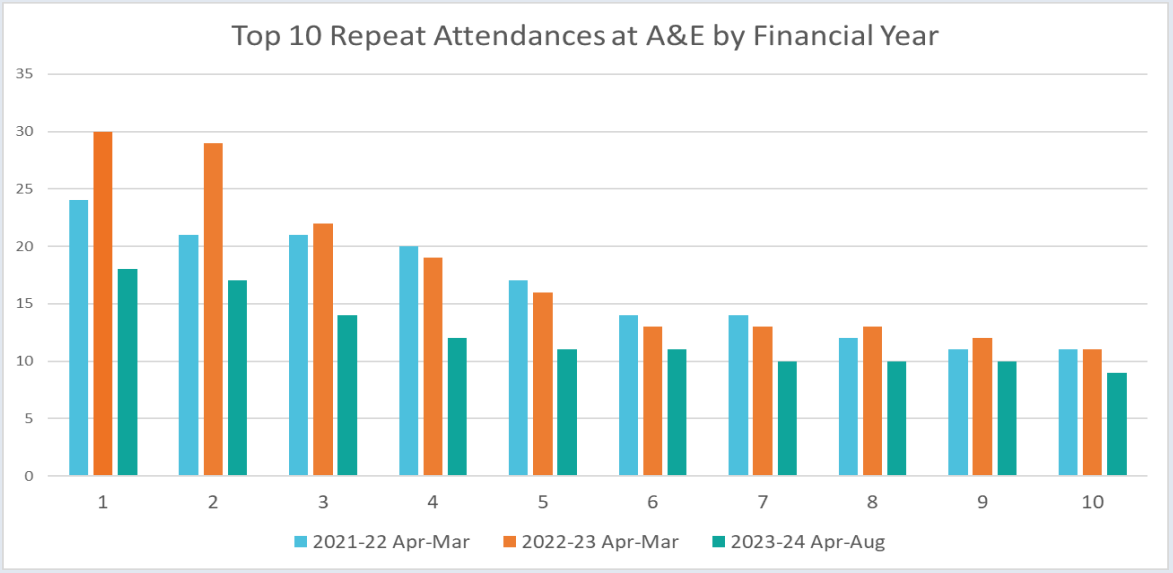
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**M1 Number of children and adults with learning disabilities and/or autism discharged from specialist inpatient units -** there are a number of issues that lead to blockages to people with challenging behaviour being discharged in 2023/24. Mitigation: through securing accommodation in London using capital funds released by NHSE; and proactive development work with care providers **M2.1.2. Number of people with LDA in education -**focused data on number of people with LDA in education is not currently available and this will be addressed for the November LTAG meeting. Low employment figures compared to national average is being tackled through a pilot Supported Employment Service- procurement processes to commence in near future in coordination with Southwark and Lewisham, and a further review of existing services for effectiveness. **M3 Rate of uptake for an Annual Health Check and Health Action Plan for those with LDA -** Access to informative and consistently reported data has been a challenge and work continues to access data from EMIS, and to report across the system on key messages. We now have access to bespoke in borough as well as SEL data re LD AHC's that allows detailed drill down including by PCN and demographic characteristics i.e. ethnicity, gender This will allow us to further target our work to those who are most disadvantaged with repost to health outcomes. **M4 Waiting times for an ASD diagnosis for children and young people –** The service bottleneck due to staffing has been addressed. Additional data around lists would provide further insight, but these reports are not routinely complied in EL, and focus currently is Epic go-live not report generation. PTL position in ARD is currently poor due to C-19 (ARD assessments are delivered in-person) and a recent IT outage.
Additional Comments	

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

N2.1. Number of referrals LWNA teams make for service users to additional support routes

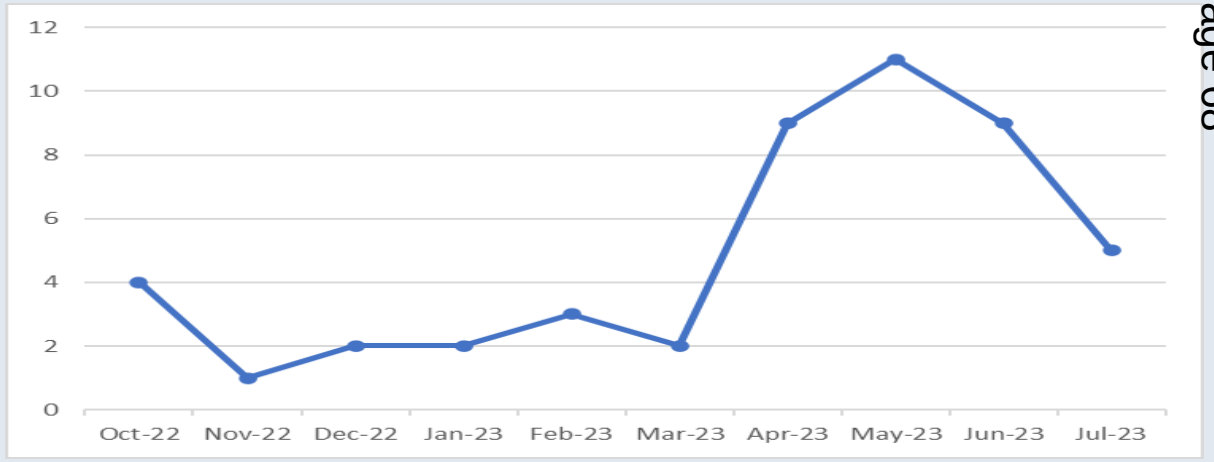


N3.1. Number of repeated A&E attendances



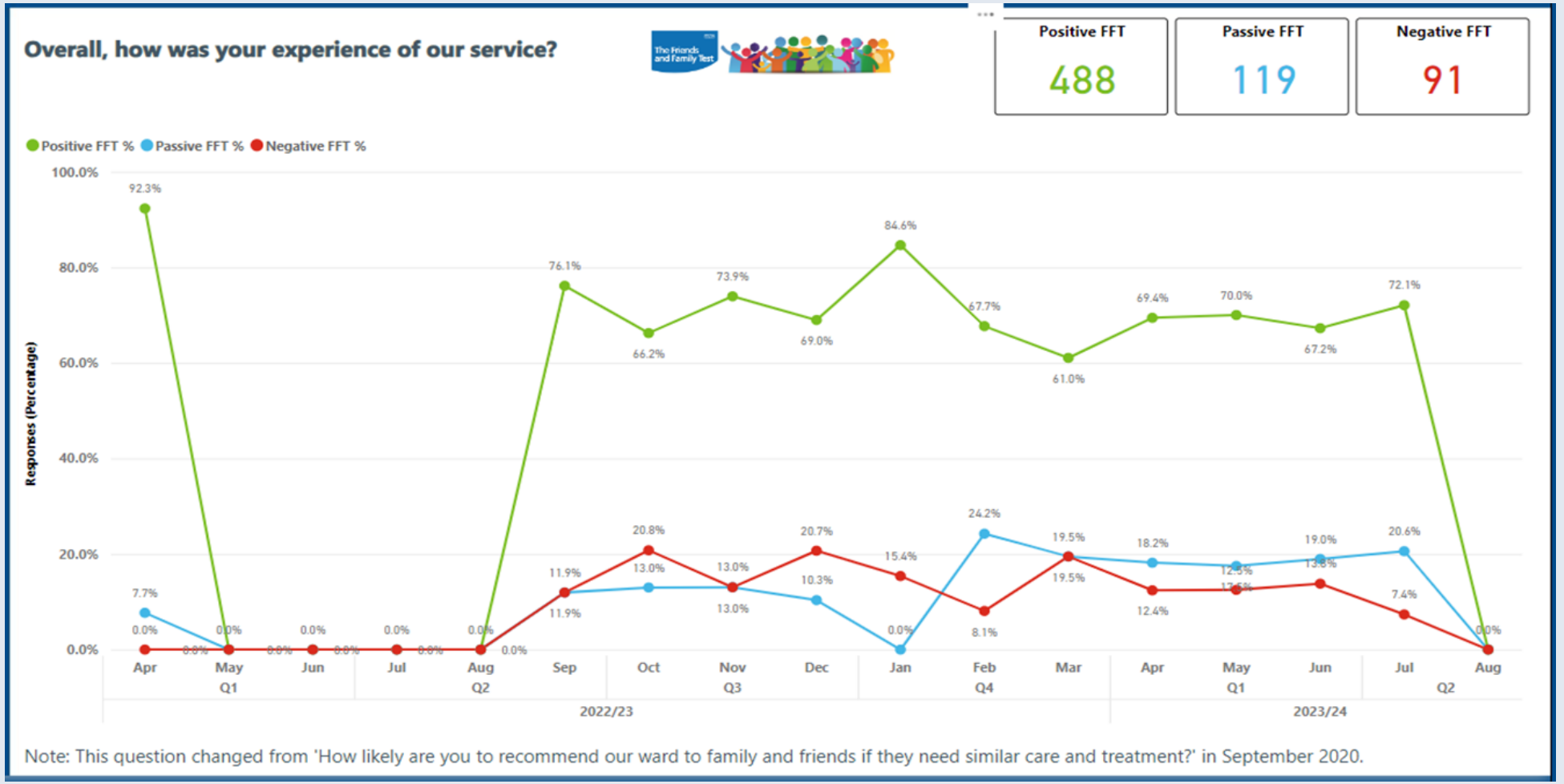
N3.2. Number of acute mental health inpatient readmissions

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Number of readmissions within 30 days	2	3	2	9	11	9	5



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

N2.2. Number of service users reporting a positive experience of using mental health services



Note: This question changed from 'How likely are you to recommend our ward to family and friends if they need similar care and treatment?' in September 2020.

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

Alliance and Programmes	LWNA (Owner)
Update Month	September 2023

What does the data/intelligence indicate around ***progress against the outcome?***	**N1.1 Numbers of people with severe mental illness are supported to live in their own home & and N1.2 Number of people per year are supported by the Living Well Network Alliance into paid employment -** The quality of data available on employment and independent living does not currently support analysis against these targets. **N2.1 Number of referrals Living Well Network Alliance teams make for service users to additional support routes -** Lambeth SPA is signposting more service users to other sources of support: 224 (9%) in FY23-24 Q1 Apr-Jun up from 87 (4%) in FY21-22 Q1 Apr-Jun. **N2.2 Number of service users reporting a positive experience of using mental health services -** In FY23-24 M4 July, 72% of respondents to the PEDIC questionnaire would recommend Lambeth Services to friends and family. The monthly average since FY22-23 M6 September is 71%, as yet showing no sustained progress towards the target. **N3.1 Number of repeated A&E attendance -** Repeat attendance at A&E increased, FY21-22 to FY22-23, with the top 10 repeat attenders making 8% more visits. The top 10 repeat attenders for FY23-24 Apr-Aug, have made almost 70% as many visits as in the previous financial year after just five months, suggesting a direction of travel away from achieving this target. **N3.2 Number of acute mental health inpatient readmissions within 30 days -** Acute readmissions within 30 days fell to 5 in M4 July for the second consecutive month, after peaking at over twice that number. It is not clear however whether this trend will be sustained.
Does the data/intelligence identify any ***health inequalities and whether they are reducing?***	**N1.1 Number of referrals Living Well Network Alliance teams make for service users to additional support routes & and N1.2 Number of service users reporting a positive experience of using mental health services -**The lack of available data on these measures currently prevents any conclusions being drawn with respect to equalities. **N2.1 Number of referrals Living Well Network Alliance teams make for service users to additional support routes -** The data suggest no significant difference between the ethnic background of service users in the proportions being signposted to other support services. The PEDIC system does not to confirm to the ONS standard used elsewhere in the alliance, making it hard to draw conclusions about inequalities based on ethnicity without a much deeper investigation. **N3.2 Number of acute mental health inpatient readmissions within 30 days -** Ethnicity data for repeat attenders at A&E and 30 day acute readmissions is available, but the numbers involved are relatively small making it hard to draw any clear conclusions about ethnicity based inequality issues. Analysis in this area is on-going.

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

Alliance and Programmes	LWNA (Owner)
Update Month	September 2023

*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**N1.1 Number of referrals Living Well Network Alliance teams make for service users to additional support routes & and N1.2 Number of service users reporting a positive experience of using mental health services -**Meaningful and reliable measures of employment and housing status are constrained by current systems and processes for gathering and maintaining the data. Time and focus will be needed to change this. **N2.2 Number of service users reporting a positive experience of using mental health services -** Intelligence is required about signposting by LWNA teams other than just SPA and to which specific support services users are being signposted. Questionnaire responses from community service users are suspiciously positive with 100% willing to recommend to friends and family, contrasting with the many more negative responses from former inpatients. How responses are collected should be reviewed for quality. The ethnicity groupings used by PEDIC should be reviewed to see if they can be aligned with the ONS standard. **N3.1 Number of repeated A&E attendance & N3.2 Number of acute mental health inpatient readmissions within 30 days -** Repeat A&E attendance and acute readmissions are obviously key issues for LWNA with a complex of causes, not least the type and provision of services available to prevent them. The design of services, including their resources and processes are constantly reviewed and changed by the LWNA management team to address such core issues.
Additional Comments	

Impact measures O1-O4

KPI ID	Impact measure	Q4 22/23	Q1 23/24
O1.1	Number of people resettled into longer-term accommodation	5%	3%
O1.2	Number of rough sleepers brought into accommodation	38	71
O2	Number of households that move on from temporary accommodation into settled housing	TBA	TBA
O3	Proportion of people living in our supported housing that are registered with a GP	74%	75%
O4	Rate of residents in supported housing engaged with mental health support services.	12%	12%

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

O5.1. - Number of new treatments referred by health services and social care and criminal justice

	Q2 22-23		Q3 22-23		Q4 22-23	
	Number	Proportion of all referrals	Number	Proportion of all referrals	Number	Proportion of all referrals
Criminal justice	16	6.90%	15	6.90%	15	7.40%
Health care	44	19.00%	31	14.30%	10	9.60%
Social care	3	1.30%	5	2.30%	1	1.20%

O5.2. - Proportion of substance users known to health, social care, youth offending and criminal justice services who are referred to treatment services (and proportion of these who complete the treatment)

	2020		2021		2022	
	Number	Proportion	Number	Proportion	Number	Proportion
Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	16	15.20%	22	20.60%	26	21%

	2020/21		2021/22		2022/23	
	Number	Proportion	Number	Proportion	Number	Proportion
Successful completions as a proportion of Criminal Justice clients of all in treatment	30	22.10%	16	11.90%	7	5.30%

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

Alliance and Programmes	**Homeless Health (Owner) with contributions from LWNA and Substance Misuse**
Update Month	**September 2023**

*What does the data/intelligence indicate around **progress against the outcome?***	On the Homeless Team impact measures, we can report the first meeting of the Vulnerable Adults Needs Assessment Task and Finish Group is taking place in mid-September. This multi-agency group is tasked with reviewing progress so far on the Needs Assessment including identifying gaps in data available and how this can be improved through greater partnership working. The future purpose of the group will be to produce an options appraisal for the future commissioning of the Vulnerable Adults Pathway A sharp rise of new rough sleepers has been recorded across London over the last few months. Analysis of the reasons behind this is ongoing but early data shows that a significant proportion are people that are only seen once and there is a rise in numbers of people formerly occupying Home Office refugee hotel accommodation.
*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	The Needs Assessment work will provide further intelligence which will allow the team to identify health inequalities and develop plans of action to mitigate unwanted variation on service delivery. We will include this data on the report once this information is available.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	No update received from programme
Additional Comments	

Finance

Finance: South East London ICB: Lambeth

Overall Finance Position (M4)

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	396	184	212	1,188	552	636
Community Health Services	8,604	8,587	18	25,813	25,760	53
Mental Health Services	7,116	7,109	7	21,348	21,348	0
Continuing Care Services	10,551	11,282	(731)	31,652	33,846	(2,193)
Prescribing	12,888	14,058	(1,170)	38,414	42,604	(4,190)
Other Primary Care Services	1,041	996	45	3,123	2,988	135
Other Programme Services	88	88	0	264	264	0
Delegated Primary Care Services	26,316	26,316	0	78,951	78,951	0
Corporate Budgets	1,937	1,670	267	5,811	5,292	518
Total	**68,938**	**70,290**	**(1,352)**	**206,564**	**211,605**	**(5,041)**

Overall Savings Position

	Year to date Plan £'000s	Year to date Delivery £'000s	Year to date Variance £'000s	Annual Plan £'000s	Forecast Delivery £'000s	Forecast Variance £'000s
Efficiencies embedded within 2023-24 starting budgets	(775)	(775)	0	(2,325)	(2,325)	0
Additional Vacancy Factor	0	(267)	267	0	(267)	267
Continuing Care Services	(442)	(320)	(122)	(1,834)	(1,834)	0
Prescribing	(382)	(373)	(8)	(1,611)	(1,611)	0
Total	**(1,598)**	**(1,735)**	**137**	**(5,770)**	**(6,037)**	**267**

- The borough is reporting an overall £1.4m overspend position year to date and forecast £5m adverse variance at Month 4 (July 2023). The reported year to date position includes £0.7m overspend on Continuing Healthcare and £1.2m overspend on Prescribing, offset by underspends in other budget lines.
- The key risks within the reported position relate to the Prescribing and Continuing Healthcare budgets.
- The CHC team is continuing delivery of actions in its savings plan for 23/24. Reviews of cases and care packages have been set out on a programme of work and are methodically working through them.
- Prescribing month 4 is based upon M02 2023/244 actual data and represents an adverse in-month position. The Prescription Prescribing Authority (PPA) information is provided two months in arrears. The year to date overspend of £1.2m is driven by increase in demand, price pressures due to Cat M and No Cheaper Stock Obtainable (NCSO). All ICBs are experiencing similar impact. The borough Medicines Optimisation team saving initiatives via local improvement schemes include undertaking visits to outlier practices, working with community pharmacy to reduce waste and over-ordering, etc. This is being linked with the wider SEL work being undertaken.
- The 2023/24 borough minimum savings requirement is £4.7m and has a savings plan of £5.8m. In addition to the embedded efficiency (£2.3m) as part of the budget setting process, the borough has saving plans for both Continuing Healthcare (£1.8m) and Prescribing (£1.6m) budgets. Year to date delivery at M04 is £0.1m above plan due to additional vacancy factor. All existing and future expenditure/ investment is being scrutinised to ensure key priorities are delivered within confirmed budgets.

Finance: Lambeth Council – Adults & Health Q1 position

	2022/23 OUTTURN (£'000)	FULL YEAR BUDGET (£'000)	FORECAST (£'000)	VARIANCE (£'000)
ADULT SOCIAL CARE	100,759	102,703	106,130	3,427
INTEGRATED COMMISSIONING	223	133	133	-
SENIOR MANAGEMENT – A&H	1,481	1,466	1,466	-
PUBLIC HEALTH	1,266	-	-	-

ASC	Full Year Budget	Forecast	Variance
ADULTS WITH LEARNING DIFFICULTIES	41,094	44,001	2,907
ADULTS WITH MENTAL HEALTH NEEDS	12,472	13,108	636
OLDER PEOPLE	25,678	26,770	1,092
OTHER – ADULTS	8,413	5,807	(2,606)
ADULTS WITH PHYSICAL DISABILITIES	11,501	12,056	555
SUPPORTED HOUSING	868	868	-
SUPPORTING PEOPLE	2,677	3,519	842

- £3.4m forecast overspend, with budget pressures relating almost solely to third party expenditure on packages of care.

Main pressure areas:

- £2.9m overspend in Learning Disabilities with key issue of high acuity of new clients resulting in increasing costs of community-based care.
- £1.1m overspend in Older People with home care and nursing care being key issues with higher acuity and greater numbers.
- General increase in placements with particular impact in OP nursing care.

Main mitigations:

- Systematic review of high-cost placements to ensure these are appropriate and whether lower care cost options can be developed further or further increases can be limited.
- Reducing residential placement referrals where possible.
- Alternatives to supported living being sought in some high acuity cases.
- Overspend can be met in year by reserves and other short-term funding will also be utilised.

Quality

Patient Safety Incident Response Framework (PSIRF) Update across SEL ICB (August 2023)

PSIRF Stakeholder Session

SEL ICB has arranged for a PSIRF stakeholder in September 2023 inviting all the acute providers to present their draft/signed off PSIRF plans. Each acute provider will be presenting their work on PSIRF with emphasis on:

- Challenges faced
- Implementation approach across the organisations
- Communication and training plans

This is intended to generate beneficial discussions among the providers with opportunities for cross-learning.

Medical Examiners

SEL ICB continues to work with medical examiners across SEL with a view to expanding their role. The expansion in role include:

- Scrutiny of all deaths in the acute settings not referred to coroners
- Expansion of the system from acute trusts to include community settings including GP practices.

A monthly meeting has been arranged to discuss roles and responsibilities and current challenges. SEL ICB is working on regular communications plan to be rolled out across SEL.

World Patient Safety Day

World Patient Safety Day observed annually on 17 September, aims to raise global awareness about patient safety and call for solidarity and united action by all countries and international partners to reduce patient harm. Patient safety focuses on preventing and reducing risks, errors and harm that happen to patients during the provision of health care.

SEL ICS have arranged World Patient Safety Day planning sessions with the acute providers. Good ideas/plans were shared in the August meeting with collaborative list of events across the providers. Providers were encouraged to use the Patient Safety Partners SEL network.

Care Quality Commission (CQC) Update

The new structure of the CQC has the aim of following the patient journey through services – so having a system approach rather than teams assigned to Primary Care, Acute, MH etc. They are also changing methodology of how they inspect and report on services with a single assessment framework. This should enable the CQC to mobilise more quickly if/when concerns are raised. There will be more of a continuous assessment, rather than full day site inspections and each case may differ depending on the risks.

At present, CQC are focusing on high-risk areas and going forward will continue to prioritise based on risk. They also advised that Ardens provide a suite of searches that is free, and practices should find it useful to access in preparation for an inspection. The new assessment will apply to providers, local authorities and ICS. There is useful information available on the CQC website and YouTube channel. See the links below:
Provider webinar | Implementing our new assessment approach and provider portal – YouTube
Our new approach to assessment - Care Quality Commission (cqc.org.uk)

The timeline of information made available to providers and other partners is as below.

• 27 July: New podcast sharing the experiences of providers who have been part of research and engagement
• 31 July: Publishing a news story to publicly update on when and how CQC will implement the new assessment approach and provider portal
• 31 July: Email bulletin to all providers, highlighting news story and sharing where providers can read more on the new assessment approach
• 31 July: New video describing when and how CQC is changing
• 2 Aug: Webinar on how and when CQC will be implementing their new assessment approach and provider portal
• 7 August: New video demonstrating how to submit a notification in the new provider portal
• 7 and 8 August: Targeted communication to small numbers of providers, inviting them to join the new provider portal (this will continue throughout the rest of 2023)

Serious Incidents Reported for Lambeth patients Apr - Jul 2023

14 SIs reported, the numbers of individual SIs reported are decreasing with the introduction of PSIRF.

Subcategory	GSTT	KCH	NUPAS	Primary Care	SLaM
Alleged abuse of adult patient by staff		1			1
Alleged abuse of Child patient by third party		1			
Apparent/actual/suspected self-inflicted harm					3
Diagnostic incident including delay	1	1			
Maternity/Obstetric incident: mother only			1		
Medication incident				1	
Pressure ulcers	1				
Slips/trips/falls		1			
Treatment delay		2			
TOTAL	2	6	1	1	4

SIs Overview

Most reported incident types

- Suspected self-inflicted harm
- Diagnostic incident including delay
- Treatment delay Abuse/alleged
- Abuse of adult patient by staff

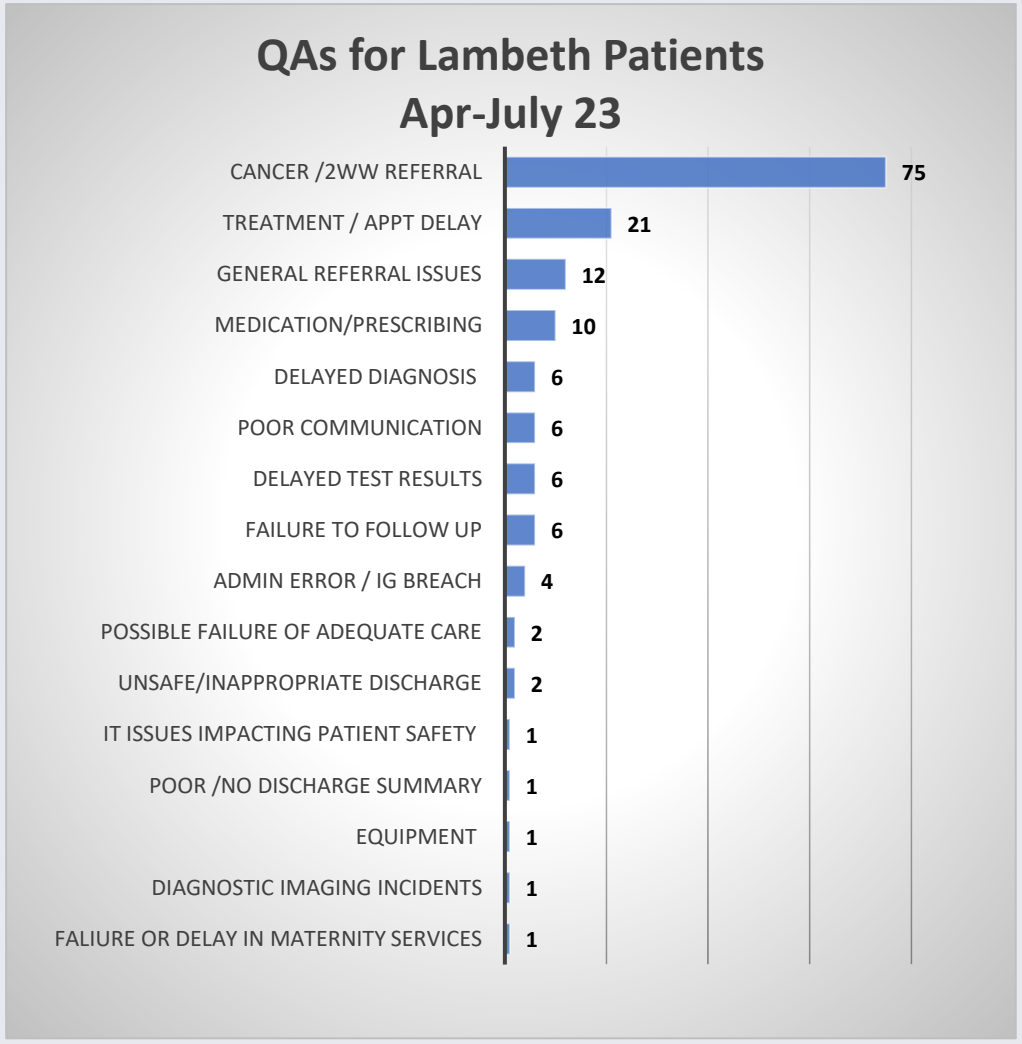
Snapshot of Serious incident and learning (2023/8006)

A patient at 31-week gestation contacted the Birth Centre reporting a headache and was advised to take pain relief. Four hours later, her husband called an ambulance due to worsening pain and a left sided lateral gaze. The patient suffered two tonic-clonic seizures enroute and a diagnosis of pre-eclampsia (PET) was made. A CT scan showed an intracerebral haemorrhage. Once stabilised, her baby was delivered by C-section and taken to the NICU for ongoing care. The woman was then transferred to the ITU for further stabilisation. The woman made a good recovery and was neurologically intact. She was discharged home seven days later, follow up arranged with the stroke team and the renal team. Both mother and baby have remained well following discharge.

Root Cause The delayed urine protein testing in the laboratory meant that the diagnosis of pre-eclampsia was not made until the woman acutely deteriorated and the opportunity to intervene prior to her seizure was lost.

Lessons Learned and Recommendations – To improve holistic assessments of women and their babies without focussing on isolated test results or features. The maternity helpline and MAU call process to be reviewed. The change in methodology for tests in the lab to be reviewed. (as part of Synovis SI investigations). Placental Growth Factor (PlGF) to be used as a diagnostic tool in women with complex medical conditions which may mask onset of PET.

Quality Alerts for Lambeth – Key themes



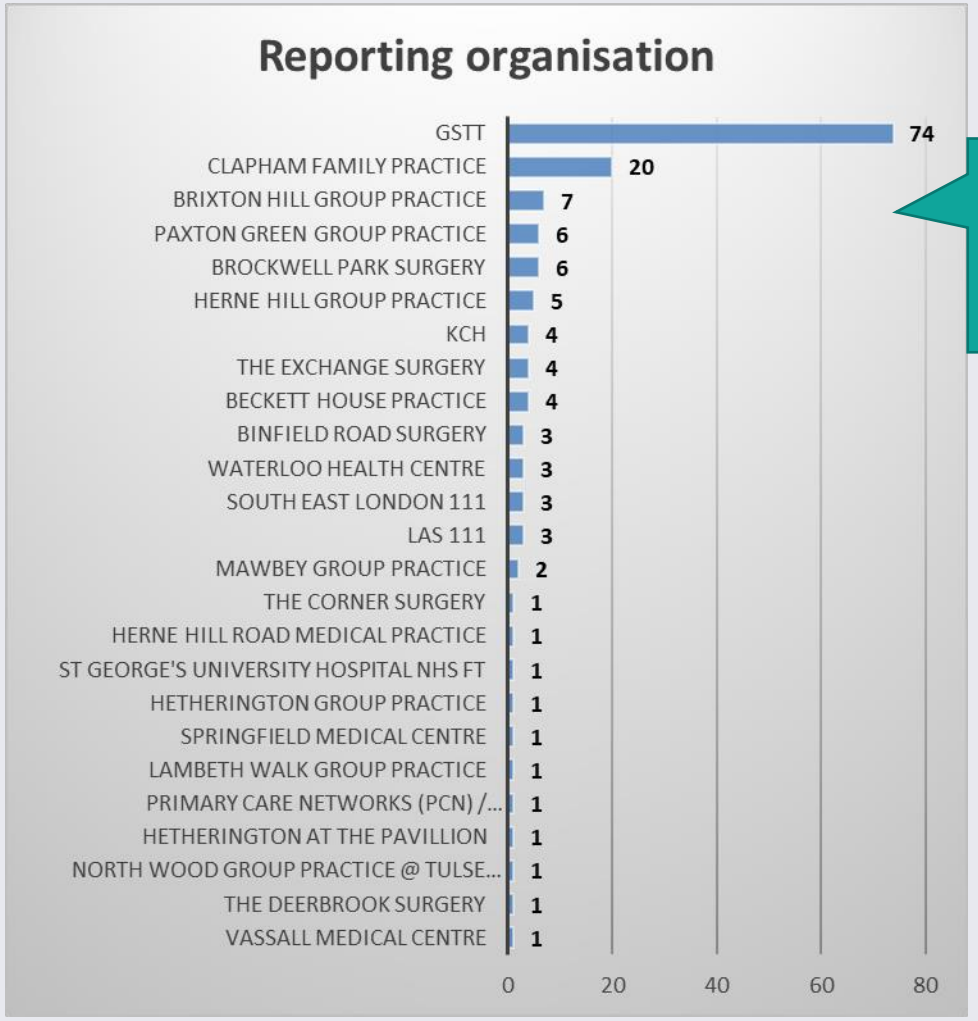
Most frequently reported QAs:

- Cancer 2WW referrals was the highest reported concern in this period with 75 incidents reported. GSTT reported 71 of those alerts due to practices uploading a previous version of the referral form from DSX, this has since been rectified by a ribbon being added to direct users to the correct form.
- Of the 21 alerts reported for treatment delays there were six each for GSTT and KCH that went across 12 specialities.

Actions taken by the ICB

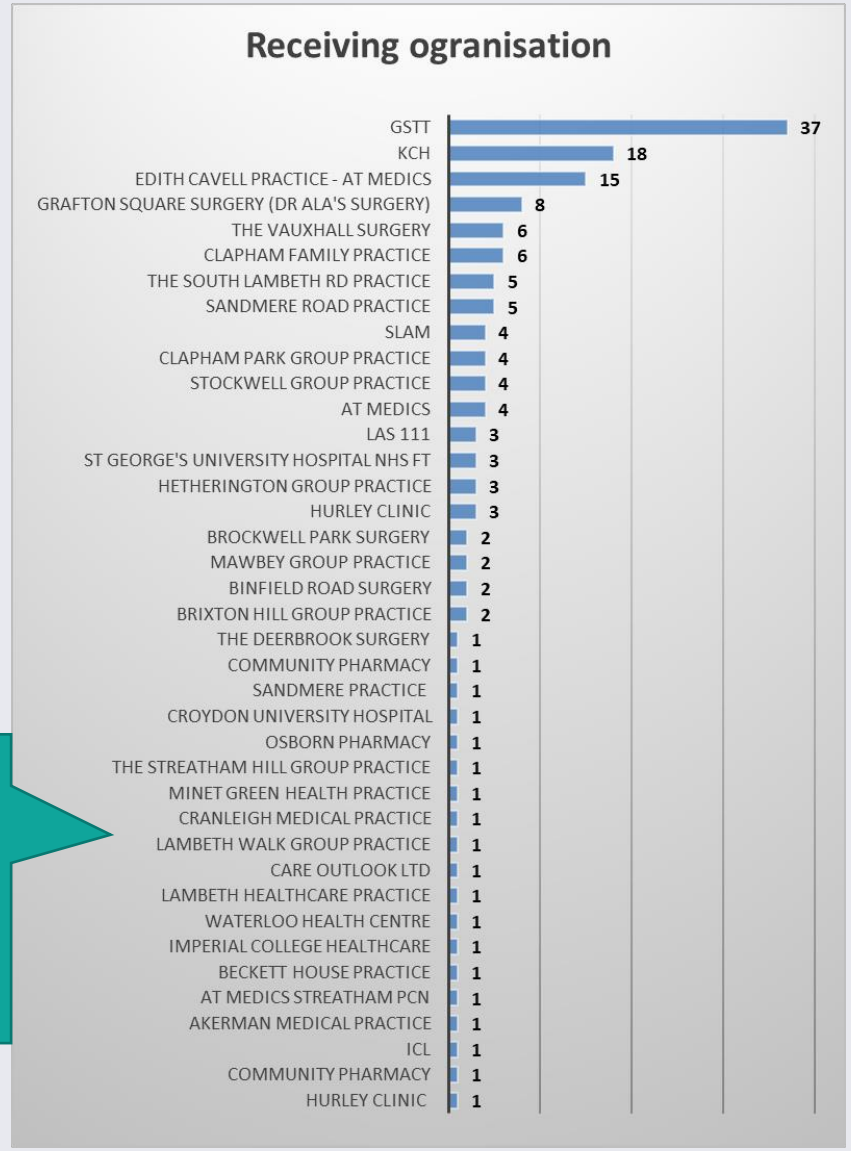
- The Quality Team ensures that each alert raised is with relevant parties to resolve the issue.
- Any themes and concerns are included in the bulletin / quarterly reports and shared with stakeholders with a view to learning from the alerts to improve care and service provision.
- Medicines related alerts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

Quality Alerts for Lambeth – Key themes



Most of the alerts reported by GSTT (70/74) related to the issues with the referral form on DSX, which has been resolved.

Forty percent of alerts raised are for issues in acute and mental health providers with the remainder reporting concerns across GPs and community services.



Sample of Lessons Learnt from Quality Alerts in Lambeth

Stroke follow up appointment (QA5219)

Patient discharged following a stroke with the plan for follow up with neurology in 6 weeks, no appointment was arranged.

Response from the Trust. When a patient is discharged from the stroke unit, the team email the Stroke Unit (SU) Consultant who arranges an outpatient appointment with Neurosciences. Unfortunately, this patient was missed when discharged and the SU Consultant did not see an email reminder from the secretary.

Upon receipt of the QA, the patient was immediately contacted, and a telephone appointment arranged.

Action Plan The stroke team will email both the SU Consultant and the Stroke pathway coordinator who will request the outpatient appointment after discussion with the SU Consultant.

The Trust is working towards building an electronic request for Stroke Unit Outpatient Follow Up in the new EPIC EPR system that will be launched later this year. This will allow the team to make appointments directly with outpatient team on discharge.

Lessons learnt. Back-up systems for follow up required as current system open to human error.

Poor communication (QA5917)

Patient had an MRI of small bowel as part of an investigation for possible Inflammatory Bowel Disease (IBD), there was an incidental finding of breast lump and the patient received a 2ww appt for breast clinic, but neither patient nor GP was informed of the reason for this.

Response from the Trust Consultant Gastroenterologist reviewed the patient and referred them for an urgent Breast Clinic appointment. This was due to an incidental finding of a lesion in the patient's left breast which had been picked up on an MRI scan of her abdomen. The reporting radiologist alerted the consultant to the finding and suggested it may be a fibroadenoma but suggested that an ultrasound scan should be arranged to clarify this. The clinic letter from the referring consultant was sent to patient and GP. Unfortunately, the Breast Clinic referral happened before the patient received the letter from the Consultant Gastroenterologist.

Action taken/Lessons learnt:
This incident was discussed at the Gastroenterologists Clinical Governance Monthly Forum. The patient has now had their Breast Clinic Appointment and the lesion is benign.

In the meantime, the team are very about the stress and anxiety that this must have caused the patient from receiving the Breast Clinic Appointment and discovering the results in a letter. It was agreed from the discussion that a person will be allocated to contact patients when they need additional or follow up tests or referrals and can address any concerns.

Sample of Lessons Learnt from Quality Alerts in Lambeth

Missed diagnosis (QA5083)

Patient attended ED following an assault and was treated for a deep laceration above the right eyebrow. Patient was discharged without further investigation/imaging. They contacted the GP four days later with ongoing facial pain and swelling and was referred to ED. The following day they attended a different ED with various concerns including numbness from right infraorbital region to upper lip, difficulty chewing due to reduced mouth opening, multiple comminated and displaced fractures of the right maxillary sinus, involving the anterior and lateral walls. Oblique fracture present at the condylar neck of the right mandible, with distal fracture fragment mildly displaced laterally.

Summarised response/ learning

1. This patient was referred by the triage nurse in ED and accepted by Oral and Maxillofacial Surgery (OMFS) without being seen by an ED doctor. This is problematic for OMFS accepting responsibility for the care of the patient before a full assessment to rule out serious injury. In this case the mechanism of being struck by a traffic cone while under the influence of alcohol should prompt a CT brain to exclude intracranial injury which requires a doctor's review. Similarly, for suspicion of a facial fracture therefore there is good reason to decline the referral until imaging has been taken and injuries excluded. Accepting direct referrals from ED triage is risky and should only be considered in very select circumstances. In trauma cases where alcohol is involved, or there is a suspicious mechanism, the referral should not be accepted until an ED doctor has reviewed the patient.

2. Timing of the referral: This referral was made at 0645, 15minutes before clinical handover. It is therefore possible that the night SHO handed over the referral to the day team. Extra care should be taken when accepting a referral during handover and on-urgent referrals should be politely delayed.

3. The assessment focussed mainly on the eyebrow laceration. The statement of 'No evidence of bony fracture' does not include specific signs that would indicate radiographic investigation. Peri-orbital and maxillary bruising was identified but did not prompt further investigation to exclude a bony cause. Because full details of a thorough clinical examination for facial trauma were not included in the documentation, we must assume it not completed. All trainees have training on how to assess facial trauma and the indications for imaging should be clearly defined but this should be repeated through the year.

4. Senior involvement - there was no SpR/consultant involvement in this case. It should be made clear that where there is any doubt in the investigation or management the case should be discussed with the on call SpR or Consultant.

Learning from this incident has been shared via individual feedback with junior trainees, as part of teaching sessions for new and existing trainees, both day and night, and via the departmental daily handover meeting, the M&M and local R&G meetings

Risk Summary

Risk highlights

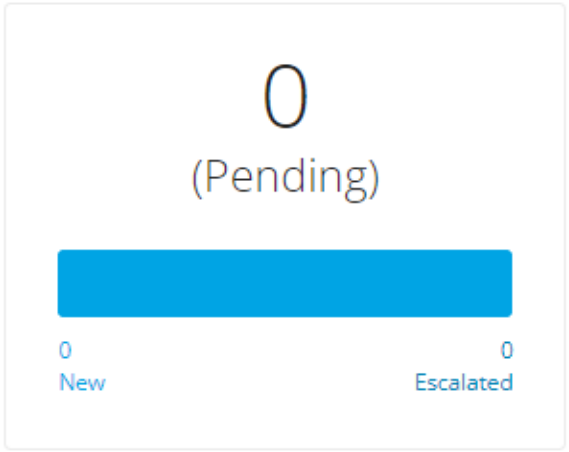
Director / lead	leads for the 7 priority areas, lead commissioners
Management Lead	Andrew Eyres, each of the leads for the 7 priority areas, lead commissioners
Data source / period	SEL BAF, Highlight reports x 7 / Enabler reports.

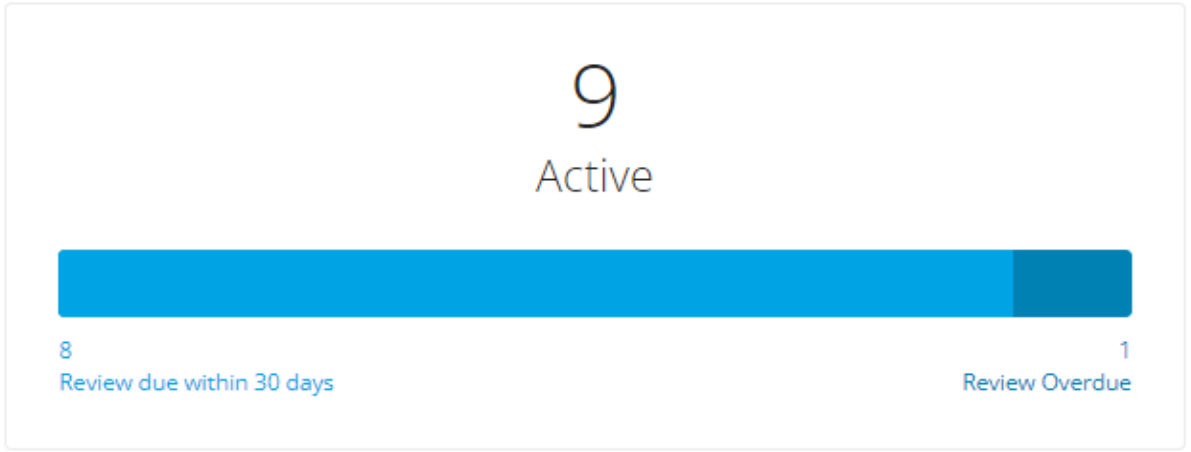
Lambeth Risk Register

- 9 risks currently held in Lambeth, all of which have been reviewed and updated by risk owners together with the risk sponsors.
- CHC overspend remains highest risk with potential negative impact on ICB finances and forward investment plan. Recovery plan in place and in operation to mitigate this risk.
- Safeguarding Children risk is under review. Talks are ongoing as to whether a new risk will be included on the risk register. Avis and Carol are working on this now.
- All risk scores are within the SEL risk appetite ranges except risk 319 (CHC budget and performance) which slightly exceeds the appetite range (see above).
- Next Risk Forum - 19th September.

Risk highlights

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





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

Risk highlights

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

Risk Number and Title	Risk Category	Current Rating	Target Rating	Next Review Date
128 - CAMHS waiting times	Strategic	9	3	25/09/2023
129 - Diagnostic waiting times for children and young people	Strategic	6	4	25/09/2023
132 - Unbudgeted costs linked to learning disability	Finance	8	6	25/09/2023
135 - Safeguarding of Adults	Clinical, Quality and Safety	8	6	25/09/2023
142 - Immunisation Rates	Strategic	12	3	25/09/2023
308 - Lambeth Together, Capacity for Transformation	Operations	6	4	25/09/2023
319 - Continuing Healthcare Budget and Performance	Finance	16	8	25/09/2023
419 - Primary Care commissioning and Premises - Business Continuity - Waterloo Health Centre and Lambeth Walk Group Practice	Clinical, Quality and Safety	9	9	25/09/2023
473 – Prescribing Budget and Performance	Finance	9	6	25/09/2023

Lambeth Integrated Health and Care Directorate Business Plan Update

Integrated Health and Care Business Plan

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

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

The table provides a summary of the areas of focus within the 23/24 plan. In Q1, we can report most actions have recorded a green status which evidences progress towards year end objectives. There were two actions where an amber status was recorded under Children and Young People (CYP) and Primary Care and Transformation service lines. The rationale behind the scoring of this status relates to delays on commencing specific workstreams on developing Single Point of Access for CYP and the other pertains to Primary Care commissioning programme on immunisations and vaccinations where plans were still on a preparatory stage for the flu programme in 23/24.

Service line	Actions description
Adult Mental Health	Access: Reduce wait times for initial assessment through monitoring and reviews.
	Health Inequalities: Increase performance of SMI health checks.
	Prevention: Develop and continue approach to helping population to remain as independent as possible
	Work continues to align business processes to deliver the Adult Social Care Reform agenda.
Adults Commissioning	Quality and safety: Improve standards and oversight through PAMMS
Adults Transformation	Cancer – Work collaboratively with primary care to increase the uptake of cancer screening
Adults with Learning Disabilities	Focus on LDA Health Inequalities
	NHSE Learning Disability and Autism Programme
Children and Young People	Design and deliver a Single Point of Access (SPA) for Children and Young People
	Pull together a comprehensive dataset for Lambeth women using maternity services.
	Recommission Domiciliary Care and CHC framework.
	Support Special Educational Needs and/or Disabilities (SEND) inspection preparation.
Long Term Conditions Optimisation	Long Term Conditions optimisation: Reducing health inequalities and improving access.
Medicines Optimisation	Medicines value: Identify high-value, quality initiatives for medicines optimisation
Primary Care and Transformation	Deliver a Primary Care Commissioning programme
	Ensure the continuation of high quality access to general practice.
Public Health	Health Determinant Research Collaboration - Staff training and development
	Health Protection - Redesign childhood Immunisations to meet challenge of low uptake
	Sexual Health - Re-modelling South East London Sexual Health Trust Contracts
	Staying Healthy - Develop and implement approaches to improve access to health improvement Services
	Staying Healthy - To make Lambeth an Age Friendly Borough
	Substance Misuse - Further development and embedding of the Combatting Drugs Partnership

South East London ICB Corporate Objectives & delegated assurance metrics

South East London ICB Corporate Objectives & delegated assurance metrics

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

- shows the position against key areas of local performance vs national targets, agreed trajectories and other comparators.
- covers a range of metrics where Local Care Partnerhips either have a direct delegated responsibility for delivery, play a key role in wider SEL systems or are an agreed SEL corporate objective.
- future iterations will include flu uptake once the flu season for 23/24 seasonal campaign begins (September/October 2023).

Standard	Period	Comparator	Benchmark	Lambeth Current performance	Vs SEL average?	Borough rank (of 6)	SEL Corp. Objective?
Dementia diagnosis rate	45078	National standard	67%	64%	below	6	No
IAPT access	Q4 - 22/23	Operating plan	4080	3080	N/A	-	No
IAPT recovery rate	45017	National standard	50%	45%	below	6	No
SMI Health checks	Q1 - 23/24	Local trajectory	2532	2741	N/A	-	Yes
PHBs	Q1 - 23/24	Local trajectory	349	199	N/A	-	No
NHS CHC assessments in acute	Q1 - 23/24	National standard	0	0%	above	1 (4 have 0%)	No
CHC - Percentage assessments completed in 28 days	Q1 - 23/24	Local trajectory	50%	26%	below	6	No
CHC - Incomplete referrals over 12 weeks	Q1 - 23/24	Local trajectory	1	3	N/A	6	No
Children receiving MMR1 at 24 months	Q4 - 22/23	London average	83%	84%	below	5	No
Children receiving MMR1 at 5 years	Q4 - 22/23	London average	87%	87%	below	6	No
Children receiving MMR2 at 5 years	Q4 - 22/23	London average	75%	80%	below	6	No
Children receiving DTaP/IPV/Hib % at 12 months	Q4 - 22/23	London average	87%	88%	below	5	No
Children receiving DTaP/IPV/Hib % at 24 months	Q4 - 22/23	London average	89%	88%	below	6	No
Children receiving pre-school booster (DTaPIPV%) % at 5 years	Q4 - 22/23	London average	75%	76%	below	6	No
Children receiving DTaP/IPV/Hib % at 5 years	Q4 - 22/23	London average	88%	89%	below	6	No
LD and Autism - Annual health checks	45078	Local trajectory	157	232	N/A	-	Yes
Bowel Cancer Coverage (60-74)	44896	Corporate Objective	67%	60%	below	6	Yes
Cervical Cancer Coverage (25-64 combined)	44652	Corporate Objective	69%	63%	below	6	Yes
Breast Cancer Coverage (50-70)	45261	Corporate Objective	57%	51%	below	4	Yes
% of patients with hypertension treated to NICE guidance	Q4 - 22/23	Corporate Objective	70%	68%	above	2	Yes

Appendix

Impact Measures: Reporting Status

ID	Outcome	Total number of measures	Ready to report	Need to establish routine process	Measure still needs refining	Difficulty accessing data	Identifying data sources	Waiting to be added to EZ	Data not available yet
A	People maintain positive behaviours that keep them healthy	7	2	0	2	1	0	2	0
B	People are connected to communities which enable them to maintain good health	4	3	0	0	0	1	0	0
C	People are immunised against vaccine preventable diseases	4	3	0	0	0	0	1	0
D	People have healthy mental and emotional wellbeing	6	4	0	2	0	0	0	0
E	People have healthy and fulfilling sexual relationships and good reproductive health	5	3	0	0	0	0	0	2
F	People receive early diagnosis and support on physical health conditions	9	7	0	0	0	2	0	0
G	People who have developed long term health conditions have help to manage their condition and prevent complications	5	5	0	0	0	0	0	0
H	When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	7	5	0	0	0	1	0	0
I	People have access to joined-up and holistic health and care delivered in their neighbourhoods	3	1	0	1	0	1	0	0
J	People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	8	8	0	0	0	0	0	0
K	Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well	7	7	0	0	0	0	0	0
L	Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate	5	3	0	1	0	1	0	0
M	People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services	5	5	0	0	0	0	0	0
N	People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life	6	4	0	0	0	2	0	0
O	People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health	6	6	0	0	0	0	0	0
	Total	**87**	**67 (77%)**	**0**	**6**	**1**	**8**	**3**	**2**
	July's report Total	87	45 (52%)	3	6	0	27	4	2

Impact Measures: Data sources (1)

ID	Measure	Data source
A4	Number of respondents completing DrinkCoach survey and monitor the proportion of people flagged as having a 'possible dependence'	DrinkCoach | Lambeth reporting dashboard › Key metrics by year
A6	Number of people accessing and engaging in structured treatment programmes	Public Health team via NDTMS
B1	Number of social prescribing unique contacts	EZ Analytics
B2	Residents' wellbeing, use of community assets and social cohesion	Residents survey
B3	Percentage of low-income residents coping financially	Public Health via Cost of Living Crisis team
C1	Proportion of Lambeth registered children by age 2 that have received all primary immunisations and 1 dose of MMR	COVER or EZ analytics
C3	Proportion of school-age vaccination consent forms returned to the vaccination provider.	EHCH
C4	Proportion of Lambeth registered population who are over the age of 65 receiving immunisation for Flu.	Immform
D2	Number of community organisations and volunteers undertaking mental health awareness and suicide prevention training.	Public Health Team
D3.1	Number of People Entering into Treatment for Integrated Talking Therapies	LWNA - Highlight reports
D3.2	Proportion of people Import referred starting treatment within 6 weeks	LWNA - Highlight reports
D3.3	Proportion of people who complete treatment and recover	LWNA - Highlight reports
E1.1	Rates of STI testing	Public Health Team via GUMCAD reports
E1.2	Rates of STI diagnoses	Public Health Team via GUMCAD reports
E3	Number of LARC uptake in primary care.	GP federation
F1.1	Uptake of the NHS Health Check for all eligible adults	EZ Analytics
F1.2	Uptake of SMI health checks	EZ Analytics
F1.3	Uptake of LD/AHC health checks	EZ Analytics
F2.2	Proportion of Bowel Cancer screening for those aged 60-74	EZ Analytics
F2.3	Proportion of cervical Cancer Screening aged 25-64	EZ Analytics
F2.4	Proportion of breast cancer screening for women aged 50-70	EZ Analytics
F3.2	Number of new PrEP users (and continuers) resident in Lambeth	Public Health team via GP Federation

Impact Measures: Data sources (2)

ID	Measure	Data source
G1	Proportion of people with Type 2 diabetes who receive 8 checks on an annual basis	EZ Analytics
G2	Proportion of people on the chronic pain register by ethnicity	EZ Analytics
G3.1	Cardiovascular dashboard, HYP aged 79 or under and last BP is less than or equal to 140/90 this FY	EZ Analytics
G3.2	Cardiovascular dashboard, HYP aged 80 or over and last BP is less than or equal to 150/90 this FY	EZ Analytics
G4	Proportion of people over age of 75 who are taking 10 or more medicines, having a medication review	EZ Analytics
H1	Average wait times for triage and initial assessment following a referral to the Living Well network Alliance Single Point of Access to be under 72 hours by 2024	LWNA - Highlight reports
H2.1	Access to Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents	LWNA - Highlight reports
H2.2	Recovery rates for Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents	LWNA - Highlight reports
H5.1	Proportion of children and young people with eating disorders are seen by a clinician within 1 week for urgent appointments and 4 weeks for routine support	SLAM 4 boroughs reports
H5.2	Number of children and young people waiting longer than 44 weeks for an assessment and commencing treatment with Child and Adolescent Mental Health Services	SLAM 4 boroughs reports
I1	Usage of consultant connect by primary care	SEL Dashboard
J1	Proportion getting an appointment with their GP practice within two weeks and this includes all populations and those who contact their practice urgently are assessed the same or next day according to clinical need	NHSD GPA
J2	Number of appointments in General Practice	NHSD GPA
J3	Number of referrals into urgent community response (UCR) from all key routes,	GSTT Integrated Local Services team
J4	Improve access to healthcare professionals through increased use of community pharmacies - GPs and NHS 111 direct people to pharmacies to support people with minor ailments and advice around self-care	Medicines Optimisation Team
J5	Increase the number of people using the community pharmacy consultation service for support and help with common ailments.	Medicines Optimisation Team
J7	Number of drug and alcohol related A&E attendances	GSTT Integrated Care Transformation Team
J8.1	Capacity of virtual wards	GSTT Integrated Care Transformation Team
J8.2	Proportion of virtual wards being used	GSTT Integrated Care Transformation Team
K1.1	Number of people with an intermediate care offer	MOSAIC
K1.2	number of people who have a reduced need for care at the end of this service.	MOSAIC
K2	Proportion of carers of the users of Adult Social Care Services are offered a carers assessment.	MOSAIC

Impact Measures: Data sources (3)

ID	Measure	Data source
K3.1	Proportion of people identified as being in their last year of life on practice registers	SEL Palliative and End of Life
K3.2	Proportion of people with Personalised Care and Support Plan(PCSP)/UCP	SEL Palliative and End of Life
K4	Percentage of Lambeth Residents' Survey respondents aged 65+ that describe their health as good	Lambeth's Residents survey
K5	Proportion uptake of Flu vaccinations in people known to be Carers.	Flu - Immform
L1	Continuity of maternity care for women	SEL Maternity Dashboard & SEL Core20Plus5 Dashboard
L3.2	2. neonatal deaths	SEL Maternity Dashboard
L3.3	3. pre-term birth	SEL Maternity Dashboard
M1	Number of children and adults with learning disabilities and/or autism discharged from specialist inpatient units	SEL inpatients dashboard
M2.1	Proportion of people with LDA in work or education	Lambeth council departments on SEN Service & Adults & Health
M2.2	Number of supported employment and supported internships we create through our health and care partners.	Lambeth council department on Economy, Culture and Skills
M3	Rate of uptake for an Annual Health Check and Health Action Plan for those with LDA	EZ Analytics
M4	Waiting times for an ASD diagnosis for children and young people.	GSTT Children's Community Services
N2.1	Number of referrals Living Well Network Alliance teams make for service users to additional support routes (such as education, training and employment support, Community Support, Alcohol Advice, Smoking, Benefits advice, Dietician, Family Support)	LWNA - Highlight reports
N2.2	Number of service users reporting a positive experience of using mental health services, feeling they have benefited from support and are more independent and in control of their lives,	LWNA - Highlight reports
N3.1	Number of repeated A&E attendance	LWNA - Highlight reports
N3.2	Number of acute mental health inpatient readmissions within 30 days	LWNA - Highlight reports
O1	number of people resettled into longer-term accommodation	Homeless Team service
O1	Number of rough sleepers brought into accommodation	Homeless Team service
O2	Number of households that move on from temporary accommodation into settled housing	Homeless Team service
O3	Proportion of people living in our supported housing that are registered with a GP	Homeless Team service
O4	Rate of residents in supported housing engaged with mental health support services.	Homeless Team service
O5	Refer people to drug treatment services upon their release from prison, and what proportion then complete their treatment.	Public Health via NDTMS

Outcomes description (1/2)

Outcome	Brief Description
People maintain positive behaviours that keep them healthy	People and communities have access to information about and the right support around substance misuse, the impacts of smoking and alcohol use, and how to manage their weight, in ways that are accessible and meaningful to them. There is a decrease in the number of people smoking, and an increase in the number of people achieving a healthy weight and drinking less alcohol.
People are connected to communities which enable them to maintain good health	Communities are well-connected, engaged and thriving, with the environment, infrastructure, tools and support needed to have good health and wellbeing. The wider determinants of poor health that impact infant and adolescent mortality, are addressed.
People are immunised against vaccine preventable diseases	Communities are well-connected, engaged and thriving, with the environment, infrastructure, tools and support needed to have good health and wellbeing. The wider determinants of poor health that impact infant and adolescent mortality, are addressed.
People have healthy mental and emotional wellbeing	Lambeth's communities co-produce and co-deliver better and faster support for people to improve and maintain their emotional wellbeing. Our support is targeted at those individuals and communities most in need and is based on feedback from people about what works best. Children and young people can access Community Child and Adolescent Mental Health Service (CAMHs) support in a timely manner and more children and young people are able to use a wider range of emotional health and wellbeing provision. Children and young people report improved emotional health and wellbeing following contact with commissioned provision.
People have healthy and fulfilling sexual relationships and good reproductive health	People have informed access to contraception, high quality Sexually Transmitted Infections (STI) treatment and testing and there is zero HIV-related stigma and zero HIV transmissions.
People receive early diagnosis and support on physical health conditions	All people eligible for an annual health check have access and there is an increase in uptake; with a specific increases/focus in uptake for people with learning disabilities and those living with severe mental illness. Increase the number of cancer cases diagnosed at stage 1 or 2. People living with HIV know their status, the virus is undetectable, they live and age well and there are zero HIV related deaths.
People who have developed long term health conditions have help to manage their condition and prevent complications	Diabetes is identified early and managed well. Those with chronic pain have consistent, high quality support, are not over medicalised, have community support and streamlined pathways. High blood pressure is prevented and identified through the use of blood pressure checks. Personalised care approaches and structured medicines reviews are utilised to ensure that people are prescribed the right medicines for them and know how to take them.
When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	Mental health support is available in the community and schools and is a timely and a positive experience. We reduce the number of people reaching a mental health crisis point and give prompt and appropriate support to people in crisis

Outcomes description (2/2)

Outcome	Brief Description
People have access to joined-up and holistic health and care delivered in their neighbourhoods	People are supported by integrated working by GPs, mental health services, community health, social care staff and others. Children and young people remain supported by health and care services when they transition to adulthood where appropriate.
People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	People can access the right support in the right place at the right time, utilising the most appropriate help including primary care, community pharmacy, 111, urgent treatment centres and emergency departments. More people attending hospital, are treated and go home on the 'same day' and people admitted to hospital are discharged in an appropriate timeframe with a reduction in preventable delays. People needing scheduled treatment are suitably prioritised and any unnecessary waits are reduced. People in need of support due to the harms caused by drug or alcohol misuse, are offered it at the persons point of need and support services can work together to counter these harms with the individual and wider communities. 'Virtual wards' allow patients to get the care they need at home safely and conveniently, rather than being in hospital.
Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well	Older adults, with a focus on maximising their independence, have access to good quality care services which range from support to remain at home to support to live in care homes. Lambeth is an age-friendly and dementia friendly borough and supports people in ageing well and continuing to tackle the challenges that lead to poorer outcomes in older age. Adults have personalised care and support by health and care services during the end of their lives.
Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate	Maternal outcomes improve for all, and the disparity of maternal outcomes for Black women is eradicated.
People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services	People with learning disabilities and/or autism are discharged from inpatient settings and supported to live in the community with appropriate accommodation and care. Health and social wellbeing across the life course for all people of all ages, with learning disabilities and autism, improves.
People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life	People with mental health needs are able to recover, live independently, live in stable and appropriate accommodation, and in education, training, volunteering or employment.
People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health	In supported housing, residents have access to a GP and holistic support with their mental health and substance use. Homeless vulnerable adults and rough sleepers receive tailored support to manage physical and mental health conditions to prevent serious illness and the overall number of entrenched rough sleepers is reduced.

Outcome Deep Dives – Forward view

The table below shows the dates when leads will present at LTAG on each outcome

Meeting	ID	Outcome	NWDA	LWNA	CYPA	Staying Healthy	LDA	Sexual Health	Homeless Health	Substance Misuse
25 July 2023	C	People are immunised against vaccine preventable diseases	Contributor			Owner				
25 July 2023	J	People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	Owner							Contributor
25 July 2023	D	People have healthy mental and emotional wellbeing		Owner	Owner					
19 September 2023	G	People who have developed long term health conditions have help to manage their condition and prevent complications	Owner							
19 September 2023	H	When emotional and mental health issues are identified; the right help and support is offered early and in a timely way		Owner	Owner					
12 March 2024	M	People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services			Contributor		Owner			
14 November 2023	F	People receive early diagnosis and support on physical health conditions	Owner	Contributor		Contributor	Contributor	Contributor		
14 November 2023	N	People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life		Owner						
16 January 2024	K	Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well	Owner							
16 January 2024	A	People maintain positive behaviours that keep them healthy		Contributor		Owner	Contributor			Contributor
16 January 2024	L	Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate			Owner					
12 March 2024	B	People are connected to communities which enable them to maintain good health	Owner		Contributor	Contributor				
12 March 2024	E	People have healthy and fulfilling sexual relationships and good reproductive health						Owner		
12 March 2024	O	People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health		Contributor					Owner	Contributor
15 May 2024	I	People have access to joined-up and holistic health and care delivered in their neighbourhoods	Owner	Contributor	Contributor					

Risk Appetite Guide

Risk Category	Risk appetite score range and description
Financial	**10-12** - Prepared to invest for benefit and to minimise the possibility of financial loss by managing the risks to tolerable levels.
Clinical, Quality and Safety	**7-9** – Is led by the evidence base and research, but in addition to a commitment to prioritising patient safety, is open to taking calculated risks on new treatments / approaches where projected benefits to patients are likely to outweigh new risks.
Operations	**13-15** – Desire to "break the mold" and challenge current working practices. High levels of devolved authority – management by trust / use of lagging indicators rather than close control.
Strategic	**10-12** – Guiding principles or rules in place that are receptive to considered risk taking in organisational actions and the pursuit of priorities.
Governance	**10-12** – Receptive to taking difficult decisions when benefits outweigh risks. Processes and oversight / monitoring arrangements enable considered risk taking.
Data and Information Management	**7-9** – Accept need for operational effectiveness with risk mitigated through careful management limiting distribution.
Workforce	**13-15** – Innovation pursued desire to "break the mold" and do things differently. High levels of devolved authority and a strong willingness for workforce to act with autonomy to improve its impact.
Reputational	**10-12** – Appetite to take decisions with potential to expose organisation to additional scrutiny, but only where appropriate steps are taken to minimise exposure.

Glossary (1)

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

Glossary (2)

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

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