

Lambeth Together Care Partnership Public Forum and Board Meeting in Public

Online only via: [Microsoft Teams Meeting](#)
Thursday, 18 January 2024 | 1:00pm – 5:00pm

AGENDA

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

Agenda Item No. & Time	Agenda Item Title	Supporting Information	Item Lead & Contributors
1pm	Public Forum		
60 mins	Welcome and introductions The Public Forum and how to take part Questions from the public		Cllr Jim Dickson <i>Co-Chair</i>
2pm	Board Meeting in Public		
1.	Introductions <ul style="list-style-type: none"> ▫ Welcome, introductions and apologies. 		Dr Di Aitken <i>Co-Chair</i>
2.	Declarations of Interest <ul style="list-style-type: none"> ▫ Members of the Board are asked to declare any interests on items included in this agenda. 		Dr Di Aitken <i>Co-Chair</i>
3.	Review of Minutes <ul style="list-style-type: none"> ▫ Members of the Board are asked to approve minutes and review any matters arising from the Lambeth Together Care Partnership Board meeting in Public on 16th November 2023. 	Paper enc.	Dr Di Aitken <i>Co-Chair</i>
4. 2:10pm (10 mins)	Lambeth Together Care Partnership - Place Executive Lead Report <ul style="list-style-type: none"> ▫ Members of the Board are asked to receive an update on key developments since the last Lambeth Together Care Partnership Board meeting in Public on 16th November 2023. 	Paper enc.	Andrew Eyres <i>Place Executive Lead, Strategic Director, Integrated Health, and Care</i>

5. 2:20pm (50 mins)	Deep Dive: Homeless Health Programme and the Homewards Project <ul style="list-style-type: none"> ▫ Members of the Board are asked to receive an update on the developments and ongoing work around the Homeless Health Programme. 	Paper enc.	Paul Davis <i>Head of Commissioning – Supported Housing</i> David Orekoya <i>Associate Director Integrated Commissioning - Mental Health</i> Megan Doherty <i>Homewards Local Delivery Lead</i>
3:10pm	BREAK		
6. 3:20pm (10 mins)	Lambeth Together Assurance Update <ul style="list-style-type: none"> ▫ Members of the Board are asked to note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report for November 2023. ▫ Support the changes to measures recommended by the Lambeth Together Assurance Sub-Group from the mid-year review. 	Paper attached.	Sue Gallagher <i>Lambeth Together Board Lay Member</i> Warren Beresford <i>Associate Director Health and Care Planning and Intelligence</i>
7. 3:30pm (25 mins)	Age Friendly Research Findings <ul style="list-style-type: none"> ▫ Members of the Board are asked to note the findings from the Age Friendly Lambeth Community Engagement. ▫ Support the next steps in taking forward Age Friendly Lambeth. 	Paper enc.	Jessica Engen <i>Consultant in Public Health (Children and Young People, Sexual Health and Age Friendly)</i>
8. 3:55pm (10 mins)	Lambeth Together Primary Care Commissioning Committee (PCCC) Update <ul style="list-style-type: none"> ▫ Members of the Board are asked to note the update on discussions held at the Primary Care Commissioning Committee on 08 November 2023. ▫ Ratify decisions made at the Primary Care Commissioning Committee on 08 November 2023. 	Paper enc.	Sue Gallagher <i>Lambeth Together Board Lay Member</i> Oge Chesa <i>Director of Primary Care</i>
9. 4:05pm (20 mins)	Clinical and Care Professional Leads (CCPLs) <ul style="list-style-type: none"> ▫ Members of the Board are asked to consider the changes to the Clinical and Care Professional Leadership framework. ▫ Feedback/comment on next steps. ▫ Support arrangements going forward. 	Paper enc.	Chris Moretti <i>Lambeth Together Programme Lead</i> Dr Di Aitken <i>Co-Chair</i>
10 4:25pm (20 mins)	Market Position Statement / Home Care <ul style="list-style-type: none"> ▫ Members of the Board are asked to note and support the publication of the Lambeth Market Position Statement 2023 to 2028. 	Paper enc.	Jane Bowie <i>Director of Integrated Commissioning (Adults)</i> Orla Oakey

	<ul style="list-style-type: none"> Note and support the update on plans for recommissioning home care for adults in Lambeth for the period 2024 to 2031. 		<i>Lead Commissioner</i>
11. 4:45pm (10 mins)	<p>Questions from public attendees</p> <ul style="list-style-type: none"> An opportunity for members of the public to ask any further questions. 		<p>Dr Di Aitken <i>Co-Chair</i></p> <p>Cllr Jim Dickson <i>Co-Chair</i></p>
12. 4:55pm (5 mins)	<p>AOB</p> <p>Close</p> <p><i>Date of next meeting: 21st March 2024</i></p> <ul style="list-style-type: none"> <i>Public forum, 1pm-2pm</i> <i>Board meeting in Public, 2pm-5pm</i> <i>In person, venue: Lambeth Town Hall Basement</i> 		<p>Dr Di Aitken <i>Co-Chair</i></p>

LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

Thursday, 16th November 2023, 2pm
Council Chamber, Lambeth Town Hall, Brixton Hill, SW2 1RW

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

[Part 2 Meeting Recording - Item 1 to Item 6 \(Inclusive\)](#)

[Part 3 Meeting Recording - Item 7 to Item 10 \(Inclusive\)](#)

[Lambeth Together Care Partnership Board Papers](#)

Members Present:

Cllr Jim Dickson	Lambeth Together Care Partnership Board Co-Chair. Cabinet Member for Healthier Communities (job-share), Lambeth Council
Dr Di Aitken	Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead
Andrew Eyres	Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
Anna Clough	Site Chief Operating Officer, Kings College Hospital NHS Foundation Trust (deputising for Julie Lowe, Site Chief Executive, Kings College Hospital NHS Foundation Trust)
Cllr Judith Cavanagh	Young People's Champion, Lambeth Council
Cllr Marcia Cameron	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Dan Stoten	Director of Integrated Children's Commissioning and Youth Services, Lambeth Council (deputising for Andrew Carter, Corporate Director of Children's Services, Lambeth Council)
Dr George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead
Mairead Healy	Chief Executive, Healthwatch Lambeth
Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Paul Coles	Chief Executive, Age UK, Lambeth
Rich Wiltshire	Patient and Public Voice Member
Richard Outram	Director of Adult Social Care, Lambeth Council (deputising for Fiona Connolly, Corporate Director of Housing and Adult Social Care, Lambeth Council)
Ruth Hutt	Director of Public Health, Lambeth Council
Sarah Austin	Chief Executive Integrated and Specialist Medicine, GSTT NHS Foundation Trust
Sarah B Flanagan	Patient and Public Voice Member
Sue Gallagher	Lambeth Together Care Partnership Board Lay Member

Apologies:

Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Dr Penelope Jarrett	Chair, Lambeth Local Medical Committee
Fiona Connolly	Corporate Director of Housing and Adult Social Care, Lambeth Council
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust
Lilian Latinwo-Olajide	Programme Director, Black Thrive, Lambeth
Nathalie Zacharias	Director of Therapies, South London, and Maudsley NHS Foundation Trust
Therese Fletcher	Managing Director, Lambeth GP Federation

In Attendance:

Catherine Flynn	Head of Communications and Engagement, Southeast London Integrated Care Board
Chris Moretti	Lambeth Together Programme Lead
Edward Odoi	Associate Director of Finance, Lambeth, Southeast London Integrated Care Board
Guy Swindle	Living Well Network Alliance Deputy Director
Jane Bowie	Director of Integrated Commissioning (Adults), Lambeth Council and Southeast London Integrated Care Board
Jen Henderson	Interim Associate Director, Integrated Commissioning (Older People), Lambeth Council
Joseph Reynolds	Neighbourhood and Wellbeing Delivery Alliance Programme Director
Juliet Amoa	Associate Director, EDI Community Health and Engagement, Lambeth Council
Oge Chesa	Director of Primary Care and Transformation, Southeast London Integrated Care Board
Simon Boote	Children and Young People Alliance Lead
Warren Beresford	Associate Director, Health and Care Planning and Intelligence, South East London Integrated Care Board
Alice Dias	CEO, Carers Hub Lambeth
Dr Stephen Thomas	Clinical Director, Medical Specialities and Specialist Ambulatory Service
Josie Brooks	Lead Commissioner, Lambeth Council
Margaret Ashmead	Lambeth Carer

1 Introductions

Those present introduced themselves. Apologies were noted from Nathalie Zacharias, Fiona Connolly, Therese Fletcher, and Julie Lowe.

Reporting back from the Public Forum

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

- Access to public parks during the winter months.
- Coin Street Community Builders' long-term project for a nursing home in North Lambeth.
- The ability to book a blood test at Guy's and St Thomas' Hospital, Gracefield Gardens, and the Tessa Jowell Centre, namely, the booking system being an online system only.
- Lambeth Together 'Vox Pop' community engagement at the Lambeth Country Show was introduced to Forum participants and the Board during the Public Forum. Three Vox Pops were shown to the Forum where members of the public in the community were asked 'what matters to them about their health and care?' Access to medical services, such as GP appointments and hospital waiting times were the main responses. The responses to the Vox Pop questions raised can be found [here](#) at 37:41.

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

The following discussions were also had:

- Sue Gallagher requested to have an item on the Housing Strategy brought to a future meeting, namely, advice and/or input into how the consultation has gone, what the issues are, and how the health constituency has inputted into the consultation.
- Preparing for Winter Self Care Week 13th to 19th November 2023.
- How to and where to get your winter flu and Covid jabs in the borough, as well as cost of living support for residents with sickle cell disease during the winter.

Action: The Housing Strategy to be brought back to a future meeting.

2 Declarations of Interest

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

None were declared.

3 Minutes from 21 September 2023 Meeting

The [minutes](#) of the meeting of Thursday 21 September 2023 were agreed as an accurate record of the meeting.

4 Lambeth Together Care Partnership – Place Executive Lead Update

Andrew Eyres gave an overview of key highlights in his Place Executive Lead report, and the following discussions were had:

- Dr Raj Mitra mentioned Primary Care Commissioners helping practices get ready for the new inspection regime. Andrew confirmed it is not a new inspection regime, the existing regime has just been restarted but work will be done with practices to remind them how they are going to be measured and to build shared learnings.
- Sue Gallagher raised the point around engagement opportunities that the Integrated Care Board offer, namely, do they have a similar Public Forum to Lambeth? Andrew confirmed the Southeast London Integrated Care Board met in public and had held the November Board meeting the day before the Lambeth Board meeting. Andrew explained they rotate their meetings around each borough and held their November one in the Bromley Civic Centre. Lambeth were the first out of the six boroughs to hold the Integrated Care Board meeting. They do not have a Public Forum in the way Lambeth do but do have the opportunity to ask questions in advance, to be answered at the Board meeting.
- Age restrictions on cigarettes and increased funding for smoking cessation and tobacco enforcement. Lambeth are consulting on this at the moment and are asking members of the public for their views before responding back to the government. Lambeth are looking at putting together a Local Lambeth Tobacco Control Plan.
- The issue of flu vaccination was raised as we come into winter, and their effectiveness. Ruth Hutt confirmed Lambeth is actively trying to encourage vaccine uptake as it remains an effective preventative measure.

RESOLVED

1. Board members to note the update of key developments since the last Lambeth Together Care Partnership Board meeting in Public on 21st September 2023.

To view the report accompanying this item, refer to pages 19 to 25 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 01:14 – 13:05.

5 Carers Strategy

Josie Brooks presented the Lambeth Carer's Strategy for approval by the Board and the following was discussed:

- The mental health of carers and the brilliant work around supporting carers who do suffer with poor mental health as a result of their caring responsibilities.

- Sue Gallagher asked about the number of carers who are currently accessing respite care and how certain can we be that the recommendations will guarantee at least some respite care for all carers? Sue asked if we can prioritise looking at things that give tangible benefits when considering timing, as capacity is limited and to what extent are volunteer programmes linked in with carers and the Carers' Hub? Josie responded that respite is planned into people's packages of care as needed. Where it is needed, additional respite is provided, such as residential respite or something else (that may be required). We must be assured that those who are needing a break are accessing those services in a way that is meaningful for them. In terms of tangible benefits, we will look at those as priority services. With the volunteer programme, we haven't thought about that previously but can explore that.
- Cllr Judith Cavanagh raised a point around young carers and plans for them, especially in terms of respite and tasks that young children should not be doing at home. Josie explained, in terms of young carers, the bulk of the work has been done around adult carers, but some work has been done with young carers as well, the priorities do align across all areas, so we need to continue to work together across social services, the council, and ensure identifying young carers is one of our main priorities. We have consulted the young carers with exactly the same points as we have done with adult carers too.
- Sue Gallagher asked what happens when the person who is being cared for passes away, what support is there? Josie explained this point came through a lot in the consultation. Shopping for someone or helping them around their home is very different to when it comes to the end of someone's life, and we do recognise that.
- Sarah Flanagan stated there has been a 29% increase in the number of carers since the pandemic – is this as a result of the pandemic or were they there before? Josie mentioned, with the increase in the percentage of carers, the Census data is thought to not be a true reflection of the number of carers we currently have and regarding those we do not know about, that is why the identification work is so key so we can ensure we do know about the majority of our carers in the borough.
- Di Aitken asked, as Board members, how many of us know about our own teams and colleagues and whether they have caring responsibilities so suggested to start thinking about individual teams.

APPROVED

1. Board members approved the Lambeth Carers Strategy 2023-2028.

To view the presentation accompanying this item, refer to pages 27 to 78 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 13:06 – 56:00.

6 Lambeth Together Primary Care Commissioning Committee Update

Sue Gallagher gave an update on the meeting that took place in September and asked the Board to ratify the decisions made at the September meeting.

RATIFIED

1. Board members to note the update on discussions held at the Primary Care Commissioning Committee on 07 September 2023.
2. Board members ratified the decisions made at the Primary Care Commissioning Committee on 07 September 2023.

To view the presentation accompanying this item, refer to pages 79 to 84 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 56:10 – 1:00:00.

7 Community Diabetes Service

Dr Stephen Thomas updated the Board on the Lambeth Community Diabetes Service, and the following discussion took place:

- Sue Gallagher asked what the likelihood is of those being diagnosed with diabetes being given an electronic blood sugar monitor and when considering engagement opportunities, whether education, training and support could be looked at? Stephen explained there is work ongoing around how the monitors may be useful – if you have type 1 diabetes, you definitely get the device but not for the majority of those with other types of diabetes. Ruth Hutt added to Sue's point by asking, if there was support for families or within the community to help with prevention and if it is not part of the offer, is there any way it could be included in the offer? Stephen explained the standard training package, Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND), is offered. Further, the contract for the new service has a requirement for training to be given on weekends, as it is Monday to Friday currently. We are considering Q&A sessions with diabetes professionals as well. We have not considered Primary Care Network engagement/training sessions, but it is something we could think about.
- Rich Wiltshire asked about the capacity the service has as numbers of those being referred into the service is increasing. Stephen responded that there was a huge uptake in referrals which may be due to not having diabetes care during the pandemic and this was responded to quite well, but it is often difficult to discharge back to primary care as there are a lot of very complex issues but again, this is down to education. The solution to the increase is engaging with some primary care colleagues to take up some of the work as well.
- Cllr Judith Cavanagh asked about young people and the service. Regarding young people in Lambeth, Stephen explained that there is a huge risk to young people with diabetes. The standard offer provided is education. But we need to think about how we provide services to the young population, so we are focusing on them, and we are looking to develop a support group.
- Josepha Reynolds requested to be connected with the Service via Jenny Sivaganam and Finlay Royle to assist with work the Neighbourhood and Wellbeing Delivery Alliance are completing.
- Raj Mitra asked about prevention and the success of the prevention programme. Stephen highlighted that in terms of prevention, the service isn't addressing the much younger population and working with public health, we would offer any expertise that we could.

Action: Josepha Reynolds requested to be connected with the Service via Jenny Sivaganam and Finlay Royle to assist with work the Neighbourhood and Wellbeing Delivery Alliance are completing.

RESOLVED

1. Board members to note the update on the Lambeth Community Diabetes Service.
2. Board members to continue to support and contribute to the future aims of the Service.

To view the presentation accompanying this item, refer to pages 85 to 101 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 01:55 – 39:00.

8 Lambeth Together Assurance Update

Sue Gallagher and Warren Beresford gave an update on the September Assurance Group meeting.

RESOLVED

1. Board members to note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report for September 2023.

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

To view the recording accompanying this item, refer to part 3 of the meeting recording from 39:48 – 47:42.

9 Living Well Network Alliance – Deep Dive

Guy Swindle updated the Board on the alliance's business plan and the Primary Care and Alliance Network (PCAN) and Individual Placement Support (IPS) services. The following discussion took place:

- Paul Coles asked how the PCAN service deals with supporting someone who is of an age where it is not deemed a normal 'working age' but are of an older age, namely, is it accessible. Guy Swindle explained PCAN support a lot of older people, there is not a cut-off. We would like to look at all-age services as the need is there for it. There are increasing numbers of people over 60 accessing PCAN, around 20-25%. We have linked with older adults' teams as well.
- Sue Gallagher asked where the population is not yet covered by the PCAN service, will they get support soon and what are the usual reasons for rejecting referrals to the IPS single point of access service? Guy explained there are mental health practitioners in each of the primary care networks which work really well. Single point of access referrals is not rejected as such, we get a lot of questions around medication which tends to clog up the referral service.
- Cllr Jim Dickson mentioned the arrangement we have with the alliance is looked upon by Southeast London as a model to emulate, particularly the relationship with the voluntary sector. As we look to review the alliance contract going forward, are there other voluntary sector organisations we are looking to work with that we do not currently work with and what conversations are being had? Guy responded – in terms of voluntary sector organisations, we are having conversations with as many organisations as possible, involving GPs, expanding services we currently have. We are trying to reduce those attending A&E where they can attend a service instead.
- Cllr Marcia Cameron noted that British Gas engineers enter properties where they find vulnerable people, report what they find and when they go back to the property, no change has been made. How can we pick up this missed cohort of people?

Action: A response is to be provided to Cllr Marcia Cameron's question outside of the Board.

RESOLVED

1. Board members to note the progress of the Living Well Network Alliance in delivering its business plan.
2. Board members to note the success of the PCAN and IPS services.

To view the presentation accompanying this item, refer to pages 103 to 129 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 47:50 – 1:31:48.

10 Questions from public attendees

There were no questions from public attendees.

Sarah Flanagan asked if there would be 'warm spaces' in the borough again this year, as there was last year.

Ruth Hutt confirmed there would be and if the information had not already been sent out, it will be circulated.

Action: To circulate information on warm spaces to Board members.

11 AOB

Healthwatch Lambeth are recruiting to a new position on their Board. Please look online for more information.

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as 18th January 2024 and will be held virtually.

The meeting ended at 16:55.

CHAIR
LAMBETH TOGETHER CARE PARTNERSHIP BOARD
Thursday 16 November 2023

Lambeth Together Care Partnership Board

Title	Lambeth Together Place Executive Lead Update
Meeting Date	18 January 2024
Author	Andrew Eyres – Strategic Director, Integrated Health and Care
Lead	Andrew Eyres – Strategic Director, Integrated Health and Care

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Note an update on key developments since the formal Lambeth Together Care Partnership (LTCP) Board meeting in public on 16th November 2023.

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

N/A. Individual items addressed at various fora.

Summary and Impact on Inequalities

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

Lambeth Together Care Partnership

Place Executive Lead Report 18th January 2024

Andrew Eyres – Strategic Director, Integrated Health and Care

‘Our Health, Our Lambeth’



The Lambeth health and care plan ‘*Our Health, Our Lambeth*’ was launched in May 2023 and sets out how health and care services will work together, with residents and communities, to improve health and wellbeing over the next 5 years. The plan outlines our system aspirations, the activities we will undertake to achieve these aspirations and the impact measures to understand the difference we are making. It sets out our ambition by incorporating over 200 activities to be delivered through our three Alliances and five Programme Areas. We have set out a requirement in the Plan for an annual review and the production of an action plan for the next year. This is a process we have commenced, and we look forward to the opportunity to celebrate elements of the plan which we have achieved, but equally we seek to understand our learnings, evaluate and importantly to respond to emerging issues and change. Our aim is to have the review and action plan finalised in the final quarter of 2023/24 in line with wider 2024/25 business planning processes.

System Pressures and Industrial Action

As we reported in September, junior doctors had voted in favour of potential strikes up until 29th February 2024 and on 5th December they announced two further periods of action – 20th December to 23rd December and 3rd January to 9th January. The episodes of dispute are adding considerable additional stress on our health and care services; however, we continue to work closely with all system partners to implement measures to minimise disruption and any possible adverse impacts to services and our patients. To this end, we held additional Urgent Emergency Care (UEC) touchpoint meetings for Lambeth and Southwark leads on 19 December and again on 2 January to ensure all were able to share any key issues and actions that were felt to particularly add benefit.

Management Cost Reduction (MCR)

The Integrated Care Board (ICB) launched a 45-day staff consultation on 16 October concerning proposals to deliver the required 30% management cost reduction. The consultation process included a number of engagement events plus opportunities for individuals and teams to provide feedback on the consultation proposals and the Executive Team were very grateful for the responses received and the time staff took to feedback. SEL-wide themes from the staff consultation feedback were as follows:

- **Capacity** – the ability to deliver ICB core or statutory functions after reductions.
- **Ways of working and the interface between teams** - interfaces between Places and the SEL-wide directorates, along with the need for new operating models and clarity as to respective roles and responsibilities.
- **Variations in structures** - including securing core functions consistently across our Places given structural and functional variation.

- **Readiness of partners to take a greater role in ICB/Integrated Care System (ICS) planning and delivery** - expectations around partners from the ICS playing a wider role in delivery of ICS functions traditionally provided by the ICB.
- **Missed opportunities to make more radical changes** - opportunities for more pan borough roles within Place structures, plus wider opportunities to bring together similar or linked functions that remain as separate teams under different Directorates in the proposals.

Post-consultation, the process for filling posts in the new structure is now underway as follows:

- **Stage 1** - posts in the new structure are filled either by slotting-in or by ring-fencing. Focussing on staff affected by the structure changes, with job matching panel sessions during December 2023/January 2024.
- **Stage 2** – remaining vacant posts available to any staff member on the SEL ICB at risk register for whom the post is considered suitable alternative employment (SAE) – February/March 2024.
- **Stage 3** – ‘open competition’ where remaining vacancies are advertised internally and/or externally, in line with the normal recruitment process and are open to all employees to apply. Priority will be given to employees that are “at risk” or on notice of redundancy – February/March 2024.

In Lambeth, while delivering on our savings target, we have been able to sustain our already well-developed integrated structures with less disruption or the need for change than in other parts of the SEL system, including through working in partnership. We will need to further develop our working in collaboration across Lambeth and across the wider SEL system to address the overall impact of the reduced resources. We appreciate, however, that this continues to be a difficult time for some staff and offers of support remain available. ICB staff can continue to access the Employee Assistance Programme (EAP), which is available 24/7 and is open to staff and all family members over the age of 18. An ongoing series of HR/OD drop-in sessions will also be available.

Our Delivery Alliances

Living Well Network Delivery Alliance:

The Alliance supported the Lambeth Collaborative to hold an Open Space event on 23 November. This proved a very successful day with over 80 people attending, the majority of whom had experience of, or cared for those with experience of, using mental health services in Lambeth. The recommendations, which include greater acknowledgement and information of community networks, increasing use of paid peers and a longer-term talking therapy offer, are now being turned into an action plan by the Collaborative and Alliance.



An extension to the Alliance business contract has also been up for review and Certitude and Thames Reach have agreed the extension. The Council has also agreed this in principle, with final documents going to the Informal Cabinet in March. The ICB have reviewed the papers informally and are anticipated to sign off the extension in March. The South London and Maudsley NHS trust (SLaM) Executive Leadership Team have agreed to support the extension in principle, and this is expected to go to their Board in March.

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

Children and Young People Delivery Alliance: The past year saw significant developments across the Alliance's key focus areas - the Alliance successfully enhanced their communications and engagement, ensuring that the voices of Lambeth's children, young people, and expectant mothers are heard and considered in-shaping services. This effort was in line with the activities and outcomes laid out in the Our Health, Our Lambeth health and care plan.

A milestone was achieved with the publishing and unanimous approval of the Alliance Work Plan, which serves as a testament to the commitment to structured and impactful service delivery.

We also witnessed the revitalisation of the Alliance Board, convening in November for the first time in over ten months. This meeting marked the beginning of a renewed focus on governance and strategic oversight. Looking ahead, the Alliance is set to strengthen partnerships further. Their aim is to explore innovative approaches to serving Lambeth's children, young people, and the maternity community more effectively. With a stable base established, the Alliance is well-positioned to continue making strides in enhancing the health and social care landscape for Lambeth's community.

Neighbourhood and Wellbeing Delivery Alliance: Each ICS was requested to develop and extend its virtual ward capacity in line with national ambitions of developing 40 – 50 virtual ward 'beds' per 100,000 population by December 2023. A Virtual Ward enables people who have an acute condition that would normally require hospital-level care, to receive this care in the place they call 'home'. The target service users are adult patients, resident in the London Boroughs of Lambeth and Southwark, who require acute clinical care which includes components of hospital admissions avoidance and early supported discharge. The intended impact is to improve patient experience and outcomes, as evidence shows that they recover better when staying in a familiar environment. Technology will also allow acute hospitals to dedicate their increasingly pressured capacity for patients in need of complex acute care whilst addressing inequalities and barriers of access by providing care closer to home.

Since April 2023, the Alliance has been able to increase the available virtual ward bed capacity by 45% to 201 beds and expect to provide 240 beds, an increase of 65%, by the end of March 2024. They are also working on new opportunities to develop a coordinated approach across Lambeth and Southwark, primary care, acute hospital and community services, to care for more patients outside of hospital in an environment familiar to them such as their own home.

Organisational Development (OD)



In December, the Lambeth Together Care Partnership Board had its third organisational development programme away time. Held in one of the Community sites in the heart of Brixton, the session was designed to deepen connections within the Lambeth Together Partnership, and to consolidate our work on anti-racism and equity, keeping it front and centre as we implement our plan. It also gave us all an opportunity to identify emerging issues, next steps and apply learning in the delivery of [Our Health, Our Lambeth - Lambeth Together health and care plan 2023-28](#).

As featured in previous updates, the overall programme is intended to empower, enable and develop the skills of Board members as system leaders to collectively embody the behaviours and deliver the vision, values and strategic objectives of the Lambeth Together Care Partnership, to support us to work together effectively as a system, to improve the health and wellbeing of Lambeth's population.

Equality, Diversity and Inclusion (EDI)

The EDI group held presentations from project managers and representatives of projects funded through the SEL ICB Health Inequalities Funding. Updates were provided on the work of nurses who were funded to provide emotional and mental health support for vulnerable children who are not in education or are Educated Other Than at School (EOTAS), which was delayed due to recruitment but is now underway. This was followed by an emotional presentation on a project aimed at supporting the emotional health and well-being of Unaccompanied Asylum-Seeking Children (UASC). The presentation highlighted the effects of trauma and human suffering and explained how the project has benefited UASC in Lambeth and surrounding boroughs during its pilot year.

In November, the SEL Inequalities and Early Diagnosis provided an update on breast screening in Lambeth and interventions to improve cancer outcomes for the black community. A campaign will be launched across Lambeth, Lewisham, Southwark, and Greenwich in January to encourage Black women between the ages of 50 to 70 to attend a breast cancer screening appointment, and Black men aged 45 and over, to contact their GP practice and ask for a Prostate Specific Antigen (PSA) blood test.

During the December EDI group meeting, the group discussed the Neighbourhood and Wellbeing Delivery Alliance activities that the group will monitor in the Health and Care Plan. These were proposed and agreed by the group to be recommended for the Lambeth Together Executive Group approval.

Carer's Strategy

Board Members will recall that shortly before Carer's Rights Day in November, the Lambeth Carer's Strategy was signed off at the Lambeth Together Care Partnership Board. The strategy is the result of close collaboration with unpaid carers and stakeholders and partners are working closely together to mobilise the workstreams that will respond to the feedback carers provided. Following sign off, we've been finalising the strategy following final comments from stakeholders and the communications team are now progressing production of the final, public-facing strategy document. Alongside this, we've been plotting next steps for the action plan and reviewing the strategy groups to ensure that we have the right people around the table to progress the identified priorities.

Waterloo Health Centre

The NHS and Council teams have worked in partnership and agreed use of the former library site on Lower Marsh for the temporary relocation of the Waterloo Health Centre. Planning permission has been granted and works are close to completion to install and fit out a modular building which will open to patients in January 2024.

Lambeth Together Care Partnership Board

Title	Lambeth Homeless Health Update
Meeting Date	18 January 2024
Author	Paul Davis – Head of Commissioning Housing Needs David Orekoya – Associate Director Integrated Commissioning-Mental Health
Lead	Paul Davis – Head of Commissioning Housing Needs David Orekoya – Associate Director Integrated Commissioning-Mental Health

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Receive an update on developments and ongoing work around Homeless Health from various partners

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

N/A. Individual items addressed at various fora.

Summary and Impact on Inequalities

An update to the Lambeth Together Care Partnership Board (LTCP) from the partners across the council and health services. This update will inform the board of various strands of work that are ongoing in order to address the health inequalities often experienced by vulnerable homeless people.

Homeless Health Inclusion

Lambeth Together Care Partnership 18th January 2024



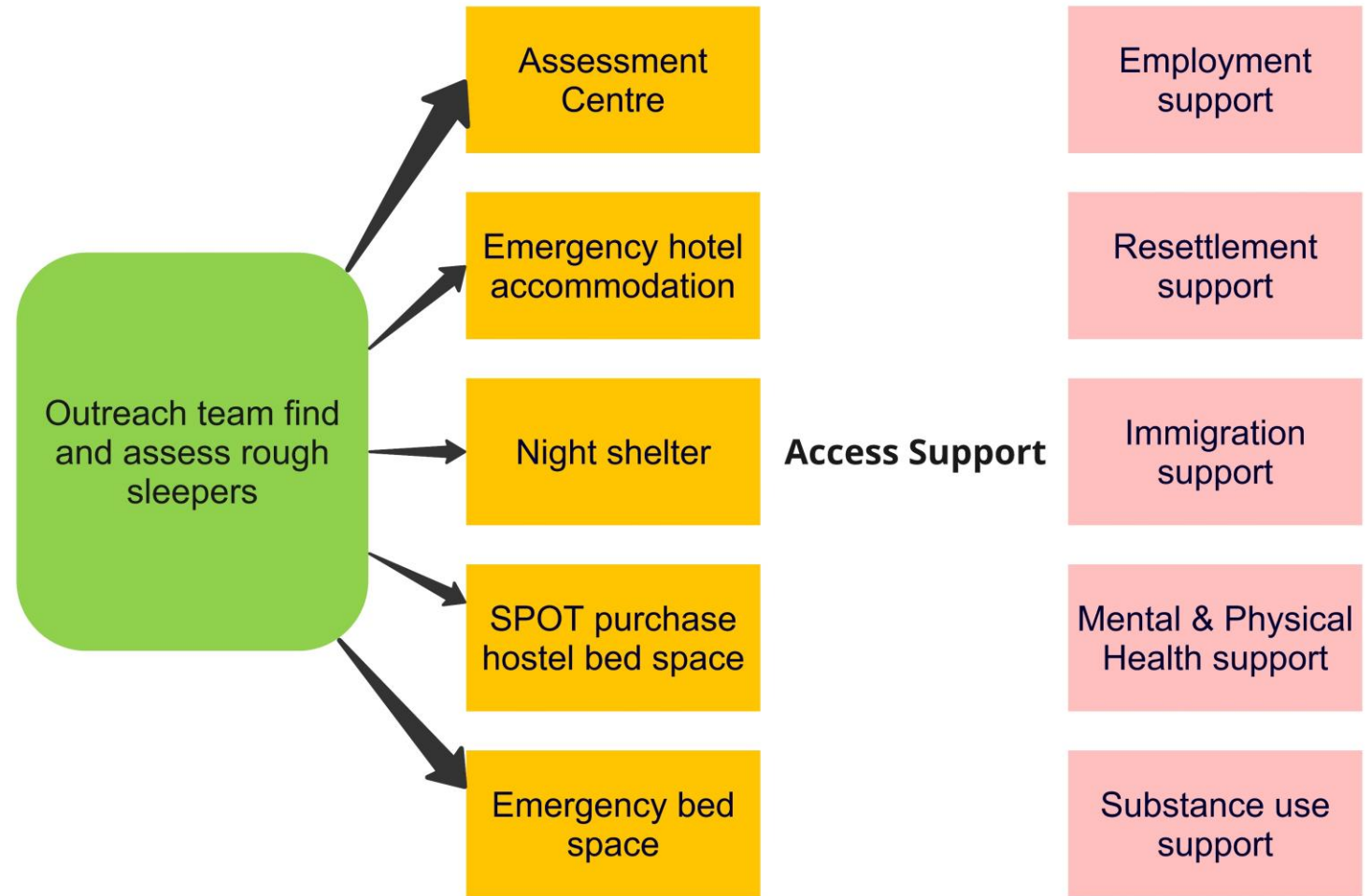
Working in partnership for a healthier borough

Lambeth Homeless Health Programme

- Lambeth's Ending Rough Sleeping Plan
- Lambeth Vulnerable Adults Pathway
- Primary Care
- Integrated Health Network
- SLaM NHSE Rough Sleeper Project
- GSTT Health Inclusion



ROUGH SLEEPING



Lambeth's Ending Rough Sleeping Plan

Successfully awarded DLUHC
RSI funding of £6 million
between 2022 -2025



This funding plus Lambeth's
commissioned rough sleeping
outreach team aims to
support ALL rough sleepers
away from street and to
ensure they do not return



The intervention's cover:

- Prevention support
- Outreach support
- Emergency accommodation
- Support to access private rented accommodation
- Mental/physical health support
- Education, training and employment support
- Substance use support

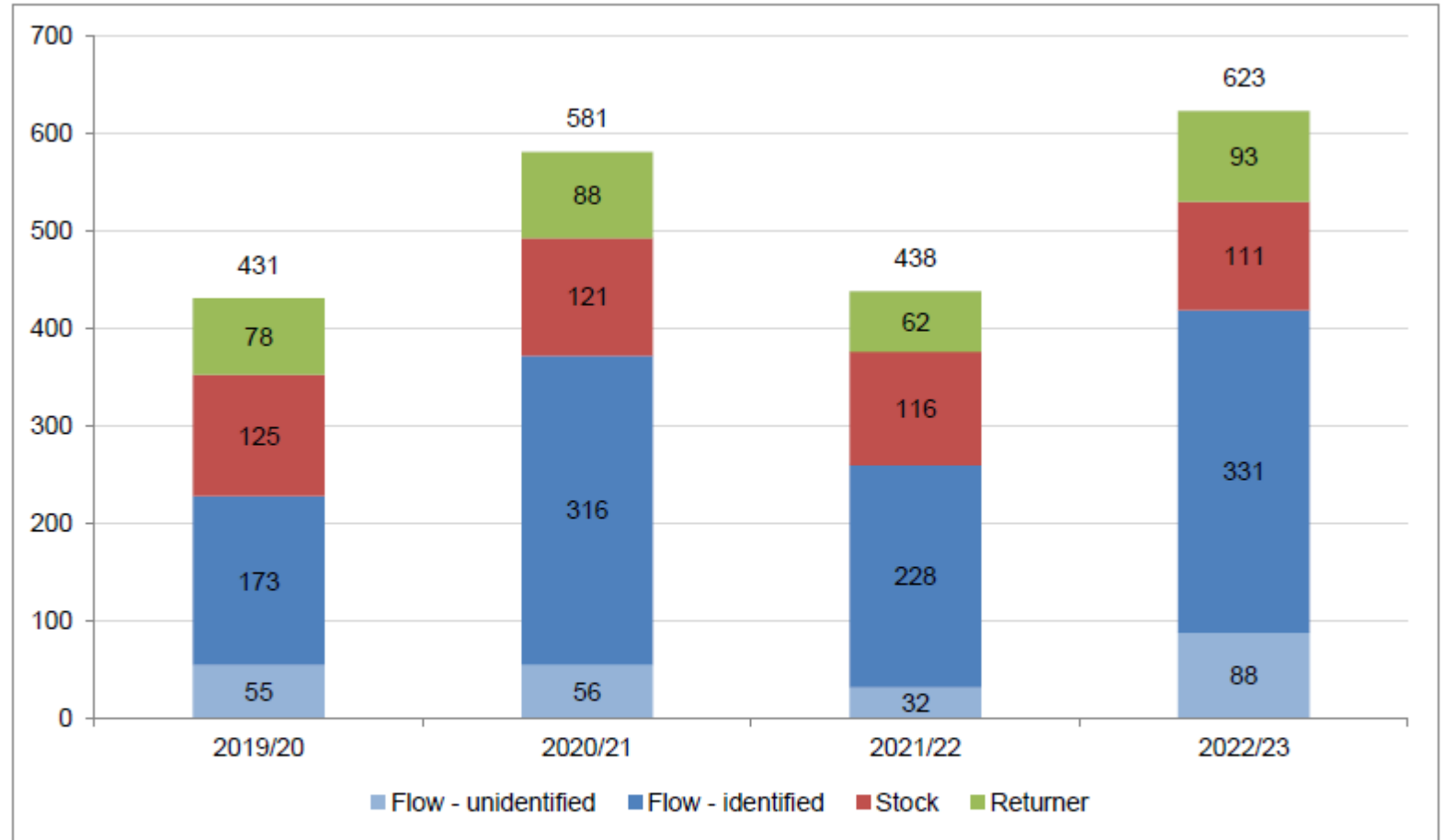
Rough sleeping numbers in Lambeth

Flow – New to the street

Stock - People who were also seen rough sleeping in 2020/21

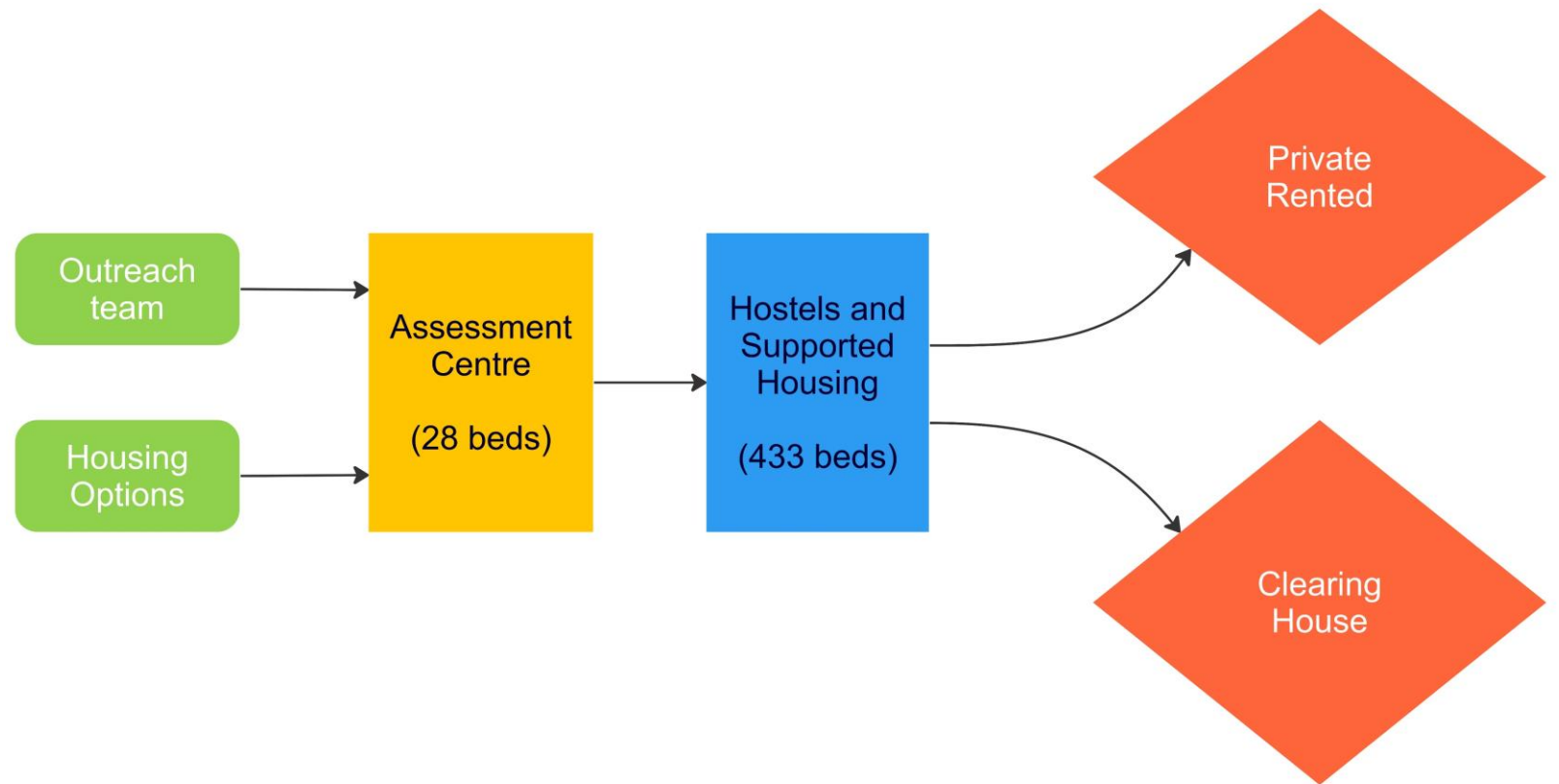
Returner - People who were first seen rough sleeping prior to 2022/23 , but were not seen during 2021/22 (gap in R/S)

Chart 1: People seen rough sleeping, by flow, stock, returner breakdown, 2019/20 - 2022/23



2019/20 base:	431
2020/21 base:	581
2021/22 base:	438
2022/23 base:	623

VULNERABLE ADULTS' PATHWAY (VAP)



Accommodation providers encourage ALL residents to access appropriate health support via:

1. GP's,
2. Dentists
3. GSTT Health Inclusion Team
4. Integrated Health Network
5. SLaM mental health START team or CMHT's
6. Psychologies in Hostels team
7. SLaM treatment consortium (Lorraine Hewitt House)

Numbers accommodated in the Vulnerable Adults Pathway (VAP)

The VAP has accommodated 751 people between April 2019 and March 2023

283 were referred via the rough sleeping outreach team

468 were referred by Lambeth Housing Options team

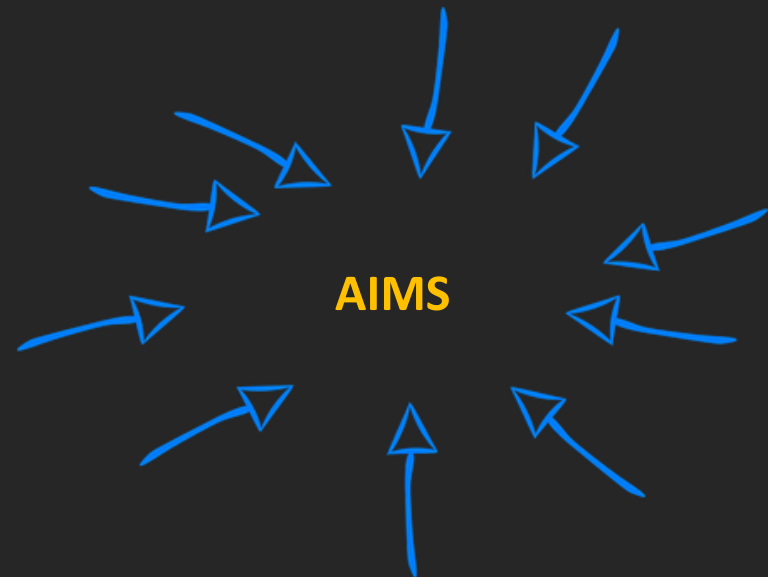
483 people have moved on in a planned way between April 2019 and March 2023

Primary Care

- Guidance issued to all GP practices that they can and should register people who are no fixed abode and/or rough sleepers staying in the borough to facilitate access to primary and community health services
- Enhanced specialist GP primary care service offer commissioned for many years from 3 practices in north of borough where rough sleeping and most hostels concentrated:
 - Hetherington Group Practice –also provides in-reach to Ace of Clubs
 - Mawbey Group Practice –provides in-reach to Lambeth Assessment Centre and Robertson Street
 - Waterloo Health Centre – additional registration option for rough sleepers in north Lambeth due to historic concentration of rough sleeper around Waterloo and South Bank
- All 3 practices work closely with Guy's and St Thomas Health Inclusion Team – community nurse led team which works to engage, assess, provide direct physical care input and case manage to vulnerable homeless individuals whether in hostels or currently living on the streets



INTEGRATED HEALTH NETWORK (IHN)



Increase	Increase	Promoting	Decrease
Access to preventative and early-stage health services	Confidence, knowledge and motivation of clients to seek specialist healthcare and manage their health proactively	Flexible access to the right care at the right time at the right place	The number of missed appointments by clients, thereby ensuring treatment is received

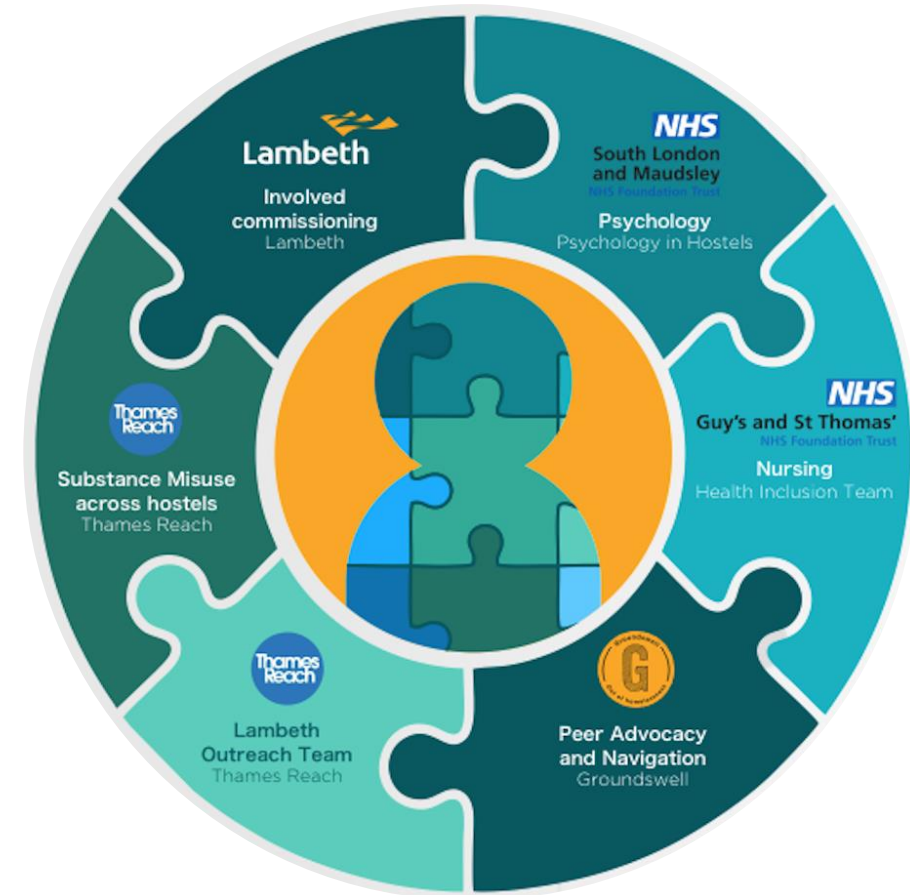
The IHN offers a combination of direct nursing care, psychological input, peer advocacy, outreach and substance misuse support to improve access to housing, healthcare and substance misuse services

Multi-agency partnership between Lambeth Council, SLaM, GSTT, Groundswell and Thames Reach



RSDTAG UPDATE


- All funded posts are recruited to, with Clinical Psychologist actively in post since 09-10-2023.
- Grant funding will continue at same rate up until March 2025.
- Conversations are starting to be had to explore ways of sustainability beyond 2025.
- Collaboration across RSDATG partnership services have improved as IHN members particularly Thames Reach recovery workers who base themselves in 9 hostels work alongside the Lambeth Integrated Treatment Consortium, with the aim to get more people into structured treatment, In Patient Detox and Residential Rehab.
- ILLY case management system is now being used to monitor the performance of RSDTAG activity.
- Commissioners are working with Housing and Thames Reach to represent hostel services to develop an SLA to improve effective accessibility between Lorraine Hewitt House and hostel services.





**South London
and Maudsley**
NHS Foundation Trust

NHS E Rough Sleeping Project

**South East
London** 
Integrated Care System

Overview

NHS England awarded five years revenue funding in 2020 to support the implementation of an expanded service offering for homeless and rough sleepers in Lambeth.

The five key outcomes are to:

- Reduce homelessness – maintaining or improving accommodation
- Improve access to mental healthcare
- Improve access to substance misuse treatment
- Reduce the number of Criminal Justice contacts
- Reduce the number of Emergency care contacts
(A&E, S136)



Key Interventions

Assertive outreach targeting people in support housing provisions to sustain their tenancies through the provision of specialist assessments, referrals and interventions for activities for daily living (provided by the START team and Psychology in Hostels)

Clinical input to address trauma and mental health needs including **psychologically and trauma informed** training directly to service users within the pathway

Psychological complex case support to peer advocated and voluntary sector housing providers

Nurse prescribing within the hostel setting for service users requiring addictions support

Peer advocacy to support service users in accessing mental and physical health services

GP assessment and management support into complex cases particularly those with **neurocognitive conditions** to ensure physical, mental health and support needs are being managed

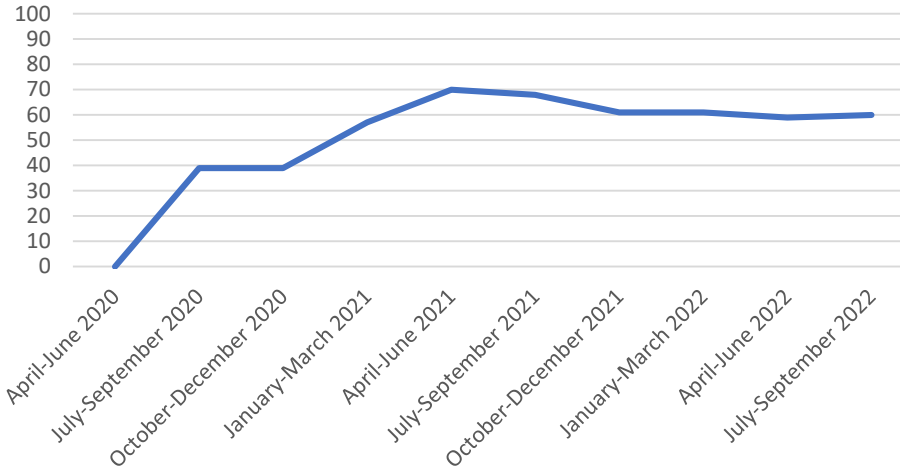
Navigating health, care and support services and systems to facilitate access and reduce barriers to service use and engagement

Achievements

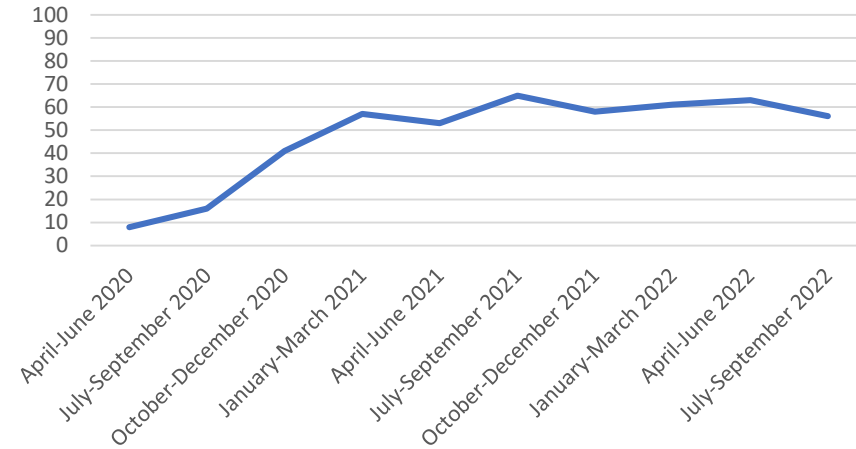
- **Creation of the Lambeth Hostels Brain Injury and Neuropsychology service** – providing specialist support to hostel residents including physical health and capacity assessments. One hostel referred 17 or their 40 residents which demonstrated the unmet need. Input from the service has led to a number of move on from hostels to more appropriate accommodation, often funded by Adult Social Care
- **Two Opiate prescribing clinics have been put in place** – ensuring that clients in two of the largest hostels can stabilise drug use without needing to travel.
- **Hard to reach client outreach** – which has improved access to mental health services. Many of whom had been previously referred to mainstream services and either rejected due to their complexity or discharged due to non-attendance. Currently approximately 120 clients have been supported to access mental health services since spring 2020.
- **GP and care coordinator expertise** has been used to access a placements via Adult Social Care for those with eligible care needs under the Care 2014.

Data

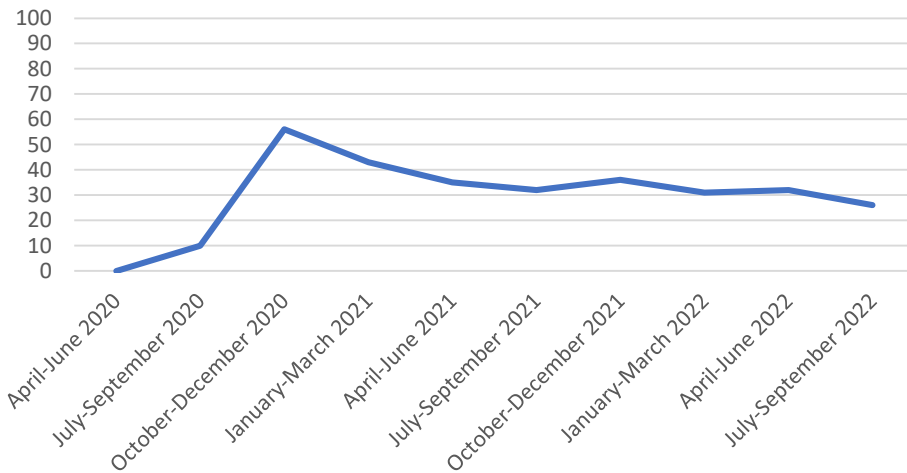
% Mental Health Input



% Physical Health Engagement



% Neuro Input



Key findings:

- Consistently high numbers of people sustaining their accommodation provision (>90%)
- Improved access to mental health services due to this project
- Improved access to physical health services due to this project
- Average of 35% of case load receiving specialist neuro input

Homeless Nursing service

This service is a nurse-led primary care and specialist care service that provides community healthcare for people experiencing homelessness and those with addictions. In-reach clinics are located within homeless hostels, day centres and street out reach (night shelter) and covers the homeless contingency hotel - delivering health screening, minor ailments triage and chronic disease management.

IHN – Integrated Health network

Nursing, peer advocacy, drug recovery workers and psychology. The team are working with complex clients with co/tri morbidities

BBV screen services - Lorraine Hewitt House

Physical health along side BBV screening e.g. sexual health, leg ulcer dressings.

[Case Study]

Client History: Michael (name changed) is a 36-year-old male from Devon who arrived in London in 2017 having fallen out with his family over his ongoing drug use. He was referred to the IHN project after he had been housed in a interim hostel following a period of rough sleeping and placement at LAC and at another homeless hostel within the borough.

Michael was referred to the IHN project as he had been seeing nurses in the Health Inclusion Team regularly at a variety of community venues.

Presenting Problems:

- Long standing leg ulcers due to injecting into his groin and vascular damage.
- Deteriorating renal function secondary to bacterial infections due to ongoing IV drug use.
- Treated for Hepatitis C during his time rough sleeping (Sustained Viral Response to treatment)
- Peritoneal dialysis was recommended. Catheter for this type of dialysis inserted but recurrent infections meant a haemodialysis port had to be inserted.
- Attending haemodialysis three times a week.

Other professions involved:

Michael has been supported by the Groundswell team to attend appointments and supported with food parcels and food during those visits. Initially travel to appointments in taxi's/hospital transport but progressively independent and using public transport

Michael has been working with the drug recovery workers in the IHN team and with the team at a clinic supporting drug and alcohol treatment and is stable on a methadone script which he is working at reducing.

Examples of Interventions:

- Liaising with the home dialysis team and attending MDTs to plan Michael's PD catheter insertion.
- Taking blood tests in the community as Michael has requiring specialist input for phlebotomy and facilitating him to take his own bloods.
- MRSA/CRE/Covid swabs pre-surgery and organising groundswell to accompany him to his PD dialysis training.
- liaison with specialist services around his Methadone script in relation to his dialysis and Michael attending training sessions.
- Dressing changes in the community post catheter insertion, swabs and bloods as this became infected.
- Advocated for Michael so he was able to receive dialysis while visiting his family in Devon.

Outcome:

He is maintaining his methadone script consistently and is no longer using heroin or crack cocaine in addition to this. He is taking pride again in his appearance, he has new clothing, he is washing regularly and his leg ulcers are completely resolved. Michael is attending dialysis regularly and was accepted by the North Devon satellite dialysis unit and spent Christmas with his family for the first time since 2016. His sister has also offered to be a donor if he can wean himself off the methadone completely and he is now hoping to move back to Devon following the stay this Christmas.

Hospital Homeless Health Team

The King's Health Partners Homeless Health Team supports patients experiencing homelessness who are attending or admitted to: Guy's and St Thomas' NHS Foundation Trust, King's College Hospital, South London and Maudsley NHS Foundation Trust, Lewisham General Hospital, Queen Elizabeth Hospital and Princess Royal University Hospital. Our team includes: housing workers, specialist nurses, occupational therapists, social workers and GPs. We provide individual case working and support to rough sleepers, sofa-surfers, hostel residents, and those in unsuitable or unsafe accommodation. Together with the Salvation Army we operate a five bed step-down unit in Westminster. We have partnered with Southwark Law Centre to provide legal advice to patients to help resolve housing, immigration and benefits problems. Support workers from the British Red Cross are embedded within the Homeless Team to provide additional support to patients during admission and post-discharge.

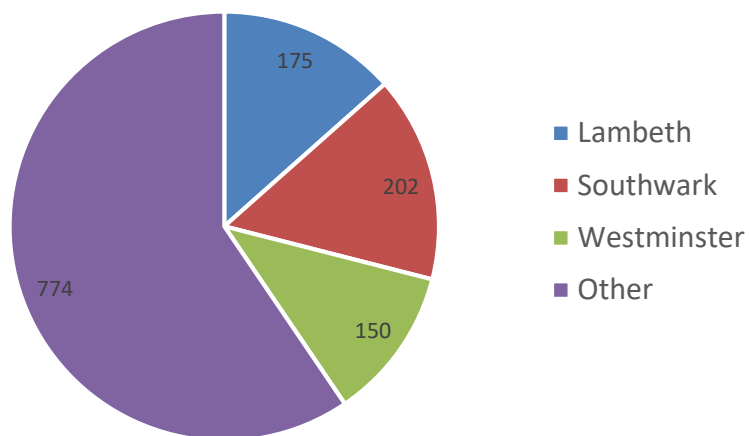
GSTT Hospital Homeless Health Referral and Outcome data: April to December 2023

The Hospital Homeless Health team at GSTT have received a total of 1303 referrals in this financial year so far. There has been a steady increase in the average number of weekly referrals received by both GSTT and KCH Homeless teams. Below is a snapshot of data relating to Lambeth connected patients referred into the service at GSTT.

Gender	Age	Count
Female (inc trans woman)	18-35	30
	36-50	10
	51-64	10
Female (inc trans woman) Total		50
Male (inc trans man)	18-35	30
	36-50	52
	51-64	36
	65+	7
Male (inc trans man) Total		125
Lambeth only: Apr-Dec 23		175

Count of referrals by Local Connection

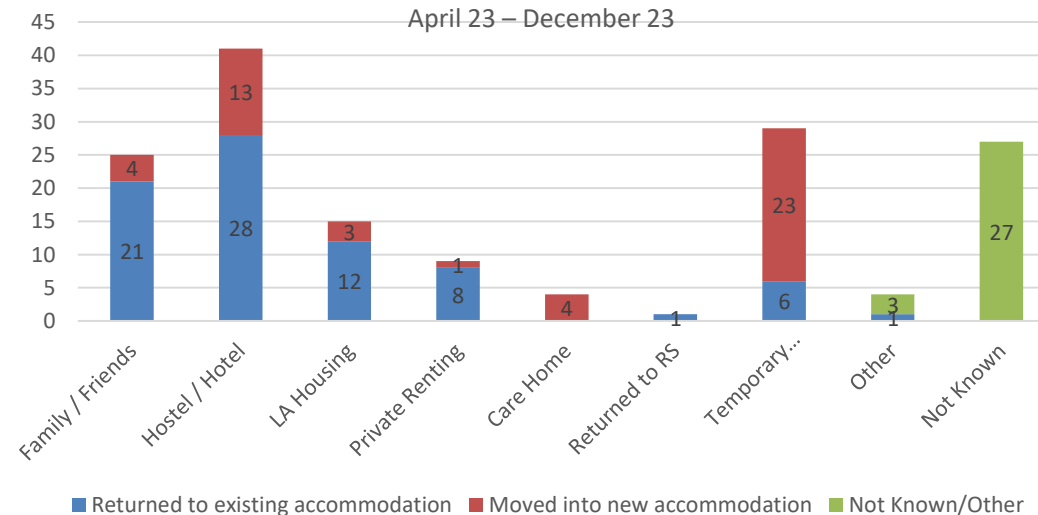
April 23 - December 23



*Where discharge destination Not Known these are patients who absconded before the homeless team was able to review them or self discharged.

Discharge Destinations: Lambeth Only

April 23 – December 23



GSTT Hospital Homeless Health Team – Case Studies

[Case Study 1 - AM]

Presenting Problems:

- AM has a background of significant trauma and suffering from severe depression, and had recently been given a non-priority housing decision by the local authority.
- Attended hospital with chest pain which was attributed to stress as a result of being made homeless after being granted refugee status and evicted from their Home Office accommodation.

Examples of Interventions:

- The Homeless Team requested a review of the non-priority housing decision and also sent a referral to a provider of semi-independent accommodation.
- The Homeless Team liaised with SLaM and the Health Inclusion Team who both worked with the patient in the community and were able to provide information and supporting letters.

Outcome:

- The Homeless Team funded a hotel stay for three nights as they no longer required medical attention.
- Following an assessment, AM accepted an offer of semi-independent accommodation where they could receive ongoing support with accessing local health services.

GSTT Hospital Homeless Health Team – Case Studies

[Case Study 2 - DP]

Presenting Problems:

- Had recently lost their HIV medication attended A&E with a leg wound.
- DP had been rough sleeping for several weeks following a prison stay and had previously been accommodated through the Lambeth Supported pathway due to complex needs.

Examples of Interventions:

- Leg wound treated in A&E and prescription for medication issued
- As the patient attended at the weekend, a call was made to the Local Authority Out-of-Hours line who provided hotel accommodation for the weekend.
- A duty to refer was sent and followed up on the Monday when it was confirmed that DP was well known to the Local Authority.

Outcome:

- The Local Authority was able to find a hostel placement for DP to move into immediately.

Priorities 2024

- Demonstrable impact on health inequalities by continued delivery of key programmes including IHN
- Update of needs assessment of vulnerable adults pathway to ensure accommodation and holistic support meets current and anticipates emerging need
- Stocktake of learning from mental health and substance misuse intervention to embed learning and shape future primary and community health offer



Questions and Comments



Working in partnership for a healthier borough



homewards

homewards
lambeth

join us on the journey
and together we
overcome homelessness

homewards



CONTENTS



1. Summary
2. Introduction to Homewards
3. How Homewards will work
4. About the Homewards locations
5. How we will measure impact
6. The Homewards offer
7. The Homewards Partnership
8. The story so far
9. What's next?



SUMMARY

HOMEWARDS: A SUMMARY

Prince William and The Royal Foundation have launched Homewards: a transformative five-year programme that aims to demonstrate that together, it's possible to end homelessness – making it rare, brief and unrepeated.

Homewards is working in partnership with six flagship locations from across the UK, who are forming locally led coalitions of committed people, organisations and businesses, who will work together to create and deliver a plan to prevent homelessness in their areas.

Homewards is supporting them by providing a local lead to drive forward changes on the ground; flexible seed funding to support the delivery of the action plan; access to the Homewards Partnership - an extensive network of best-in-class partners to unlock new ideas, skills and resources, and further funding and investment to build and scale solutions; and a research partner to support learning and evaluate success.

By demonstrating that homelessness is not inevitable, and is in fact a solvable issue, Homewards will kickstart an inspiring movement in the UK, and further afield, to end homelessness for good.



ROYAL FOUNDATION

OF THE PRINCE AND PRINCESS
OF WALES

A photograph of two men shaking hands outdoors. The man on the left is white, wearing a light beige blazer over a light blue collared shirt. The man on the right is Black, wearing a red and white striped polo shirt. They are both smiling. In the background, there is a crowd of people, some holding cameras, and a green tent. A black metal fence is visible behind them.

INTRODUCTION TO HOMEWARDS

homewards

A LONGSTANDING COMMITMENT



Prince William was first introduced to the issue of homelessness when his mother, Diana, Princess of Wales, took him on engagements as a child.



As a result, His Royal Highness' earliest patronage was Centrepont – a homelessness organisation.

And the Prince's commitment to the issue has only increased with time.



ABOUT THE ROYAL FOUNDATION

The Royal Foundation of The Prince and Princess of Wales, leading with optimism and the belief that change is always possible, looks to develop solutions, raise awareness, and drive long-term and game-changing impact on some of society's greatest challenges.

The Royal Foundation partners with the best and the brightest, bringing together groups, organisations and people around particular issues to create lasting change.

Through programmes such as the Centre for Early Childhood, The Earthshot Prize and Heads Together, The Royal Foundation has inspired conversations, built partnerships and coalitions, and designed and incubated innovative solutions that span the globe.




**ROYAL
FOUNDATION**
OF THE PRINCE AND PRINCESS
OF WALES

A MAJOR SOCIETAL CHALLENGE

Since Prince William's early visits with his mother, the number of individuals and families experiencing homelessness has increased – a trend set to continue.

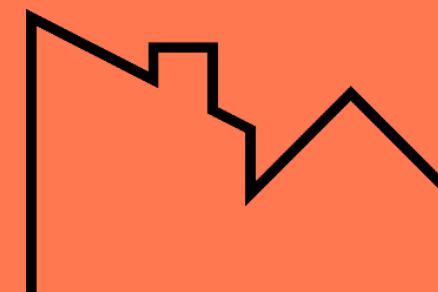


Centre for Homelessness Impact / Liam McBurney/PA

It can be difficult to get a clear picture of the true scale of homelessness. It is a complex issue, and its definition is broad – from rough-sleeping to living in temporary accommodation to sofa surfing.

But it is now estimated that over 300,000 people – nearly half of whom are children – are sofa surfing, sleeping on the streets, staying in hostels, living in their cars or other forms of temporary accommodation.

And this is only the tip of the iceberg. There are many more people experiencing hidden forms of homelessness who are not currently captured through official statistics.



Over

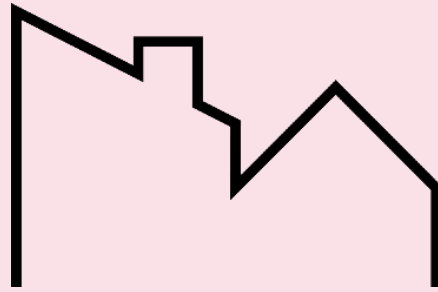
300,000

people in the UK are sofa surfing, sleeping on the streets, staying in hostels, living in their cars or other forms of temporary accommodation.

THE PUBLIC'S VIEW

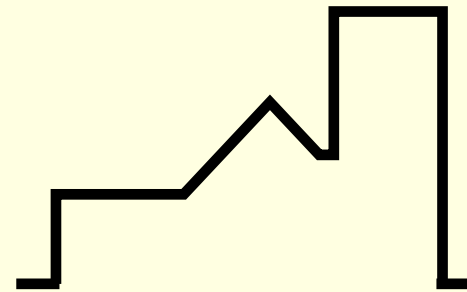
Through research undertaken by The Royal Foundation, we understand that the UK public also think homelessness is a serious problem, but one we can and should strive to solve.

Our baseline public perceptions survey has found that:



8 in 10

think homelessness is a serious problem in the UK, and 7 in 10 think society does not pay enough attention to ending homelessness.



80%

think homelessness can happen to anyone, and 1 in 5 have experience of homelessness.



7 in 10

support ending homelessness.

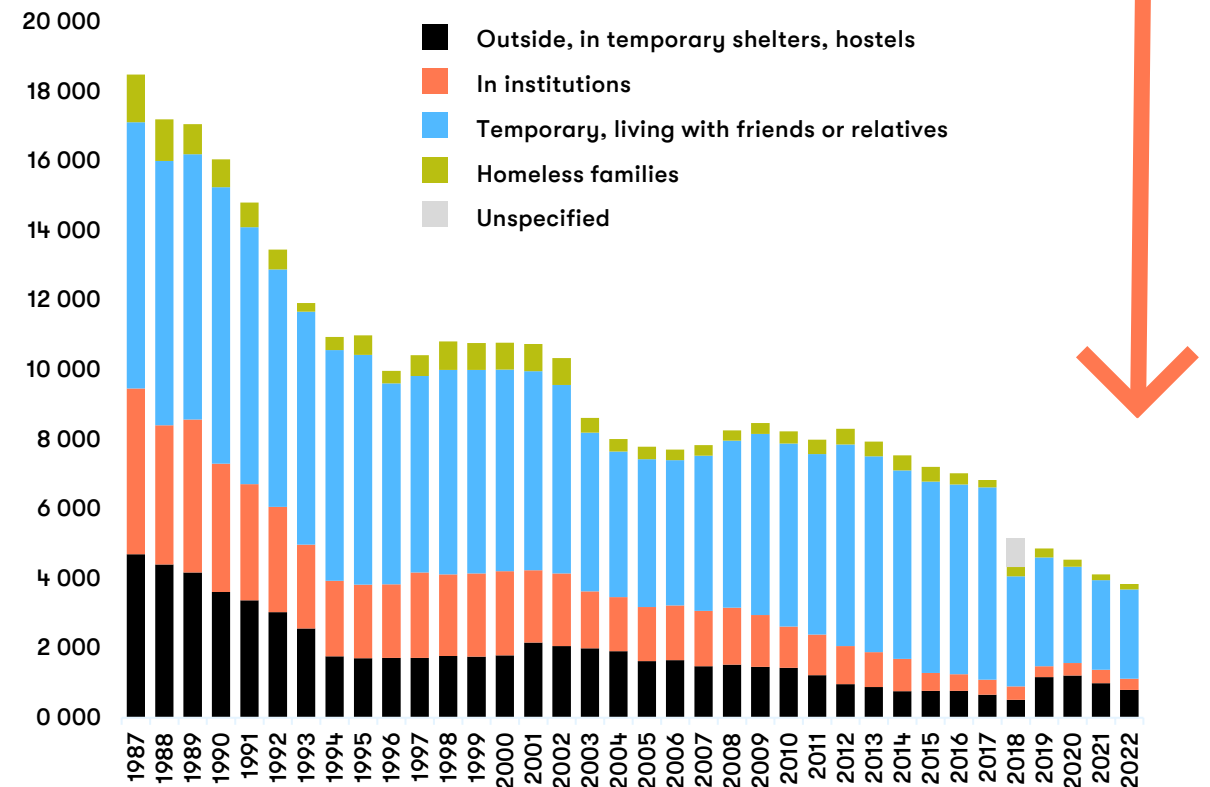
THIS IS NOT INEVITABLE

Through our research and from talking to experts across the world, we know that homelessness is not inevitable.

We have been inspired by international success stories, such as Finland, and examples set by pioneering projects here in the UK.

Through innovative, cross sector partnerships, they provide reason for optimism and demonstrate that a move towards ending homelessness is possible.

Homelessness in Finland 1987 - 2022



RIGOROUS CONSULTATION & DESIGN



With all of this in mind, The Royal Foundation embarked on a journey to understand if there was a role that we, and Prince William, could play to support the efforts to end homelessness.

We spent two years conducting crucial research in partnership with NGOs, public bodies, sector experts, people with lived experience and many more.

And, through this extensive period of consultation and design, we found an ambitious but achievable way forward. We designed and launched a bold, new programme that could utilise Prince William and The Royal Foundation's unique platform and convening power to truly shift the dial on ending homelessness – Homewards.

3.uk

Demonstrating
it's possible to
end homelessness.



homewards

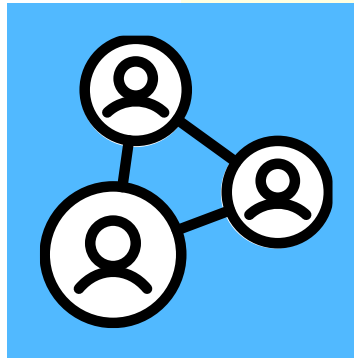


THE HOMEWARDS MISSION

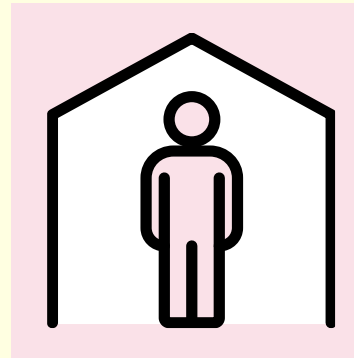
HOMWARDS IS A TRANSFORMATIVE FIVE-YEAR PROGRAMME THAT WILL AIM TO DEMONSTRATE THAT TOGETHER IT'S POSSIBLE TO END HOMELESSNESS – MAKING IT RARE, BRIEF AND UNREPEATED.

To achieve our mission, we will focus our activity around four key pillars:

**1.
CONVENE**



**2.
DELIVER**



**3.
SCALE**



**4.
REFRAME**



1. CONVENE



Homewards has collaboration at its heart.

Working in partnership with six flagship locations across the UK, we are using the unique convening power of Prince William and The Royal Foundation, to develop local coalitions of people, organisations and businesses - existing and new - who are committed to ending homelessness.

We are also bringing together an unprecedented network of national and international individuals and organisations - the Homewards Partnership - to support our locations and their work, and to galvanise worldwide momentum on the issue.

2. DELIVER

Homewards is place-based and locally led. The local coalitions in each of the six flagship Homewards locations are working together to create and deliver an action plan to prevent and end homelessness.

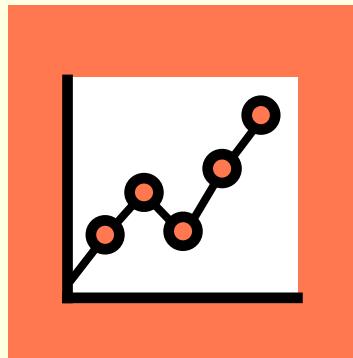
Informed by a rigorous theory of change, and with the support of the wider Homewards Partnership, their local action plans and the solutions they include will be wide-ranging and multi sector, focussed on preventing and ending homelessness.

While each action plan will be locally-led and bespoke to the location, they may include themes such as early intervention, housing, mental and physical health, employment pathways, better data sharing and education. Some may be innovations that we don't yet know of!

WELL-BEING



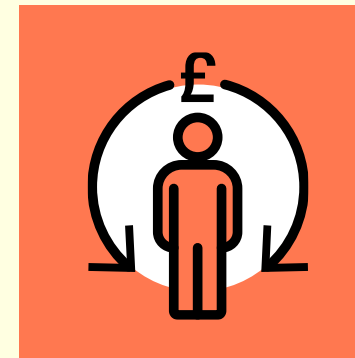
DATA



EMPLOYMENT



FINANCIAL INCLUSION



AND MANY MORE...

AND TESTING NEW WAYS TO UNLOCK HOMES



We also know that you can't solve homelessness without homes.

So, homes will be a focus of the Homewards programme.

As one element of their action plan, we will support each flagship location to deliver an Innovative Housing Project that will test new ways to unlock homes at scale within the location – and beyond.

3. SCALE

By generating robust, compelling evidence, the impact of Homewards will reach far beyond the six flagship locations.

Our approach to evaluation will enable us to capture ongoing learnings on what works in each location, supporting us to understand how, why, for whom and under what circumstances solutions to ending homelessness are most effective.

We will strengthen the evidence base in our locations to support sustained change towards ending homelessness in our locations.

And from our learnings, we will inspire others and create flexible but tried and tested approaches for preventing homelessness that can be adopted by other areas in the UK and internationally.



4. REFRAME



Through Homewards, we will create a game-changing approach that reframes the issue and inspires belief that homelessness can be ended.

As well as developing tangible solutions in our six locations, we will use our platform to reframe public perceptions of homelessness and reposition it as an urgent societal issue that we must address collectively.

Through national campaigns, local storytelling and placing those with lived experience at the heart of the programme, Homewards will raise awareness of the breadth and complexities of homelessness and galvanise momentum for change.

Communities from the UK and beyond will feel a renewed sense of optimism that it is possible to end homelessness, recognise that it is beneficial to do so, and demand the action required to make it happen.



ABOUT THE HOMEWARDS LOCATIONS

PLACE SELECTION



Our three high-level selection requirements were:

The six flagship locations are pivotal to the success of Homewards.

Through a rigorous selection process, our National Expert Panel selected our six locations across the four nations of the UK.

AMBITION

There is the local will, belief and commitment to demonstrate homelessness can be ended

DISTINCTIVENESS

Each location has challenges and demographics that capture the breadth and complexities of homelessness, to help us build a model that can be shared

POTENTIAL

Opportunities identified that can be quickly galvanised to create inspiring projects

SIX FLAGSHIP HOMEWARDS LOCATIONS



homeworlds
northern ireland
▶

homeworlds
aberdeen
▶

homeworlds
newport
▶

homeworlds
sheffield
▶

homeworlds
bournemouth, christchurch
and poole
▶

homeworlds
lambeth
▶

A low-angle photograph of a woman with braided hair holding a young child. Both are wearing dark, puffy winter jackets. The woman is looking up at the child with a gentle expression. The background is a clear, bright blue sky. The text 'HOW WE WILL MEASURE IMPACT' is overlaid in white, bold, sans-serif font in the center-right of the image.

HOW WE WILL MEASURE IMPACT

homeshards

A LEADING EVALUATION & LEARNING PARTNER

The Royal Foundation has commissioned an Evaluation and Learning Partner for Homewards to carry out capacity-building in locations, capture and share learnings across the locations, and generate robust evidence about what works in ending homelessness.

This Evaluation and Learning Partner is a consortium of three leading organisations – Ipsos, Renaisi and Groundswell - that bring a wealth of expertise and are highly skilled in in delivering complex place-based evaluations, learning and capacity building, and measuring public perceptions.

Through Homewards, they will enable meaningful engagement with the homelessness sector, our wider networks of partners, and those with lived experience, which will in turn support the scaling of solutions and wider impacts we are seeking to achieve.



OUR LEARNING AND EVALUATION APPROACH

There are four key strands to the Homewards evaluation:

1.

PROCESS EVALUATION

to understand how local action plans are being developed and implemented on the ground, incorporating regular feedback loops to inform programme development.

2.

IMPACT EVALUATION

measuring the key outcomes and impacts across the five to six locations and at an overall programme level.

3.

PUBLIC PERCEPTIONS

measuring perceptions of homelessness over time, including what being homeless really means, its causes and solutions, including baseline measures before launch.

4.

TRIED AND TESTED MODELS

based on the learnings from the locations that can then be shared far and wide for other locations to replicate and adapt in the UK and beyond.

INFORMED BY PRINCIPLES

Our approach to learning and evaluation is informed by the following principles, allowing us to track progress over the five years:

SIMPLICITY

Solutions must be relatable, easily digestible and replicable

THEORY BASED

Based on and building on existing evidence in this space

DEVELOPMENTAL

Continuously develop approach to capture new lessons

AMBITIOUS

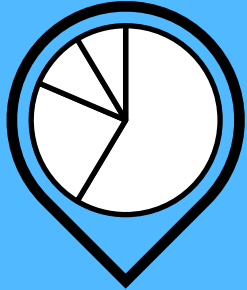
Demonstrate impact and be realistic about changes that can be expected over time

PROPORTIONAL

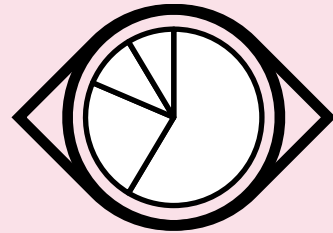
Data collection will not be burdensome and will build on existing systems

homewards

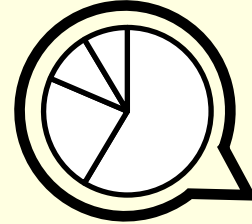
USING A RANGE OF SOURCES



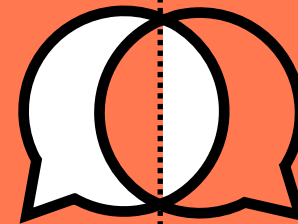
CURRENT EVIDENCE ON WHAT WORKS
collected from other existing place-based programmes and evaluations



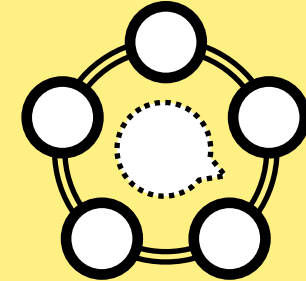
MONITORING DATA
from the projects, including the number of people experiencing homelessness and key demographics



QUANTITATIVE & QUALITATIVE EVIDENCE
collected at a location level demonstrating project and wider programme progress & impact



REFLECTION ACTIVITIES
by partnerships in each location facilitated by the Evaluation & Learning Partner

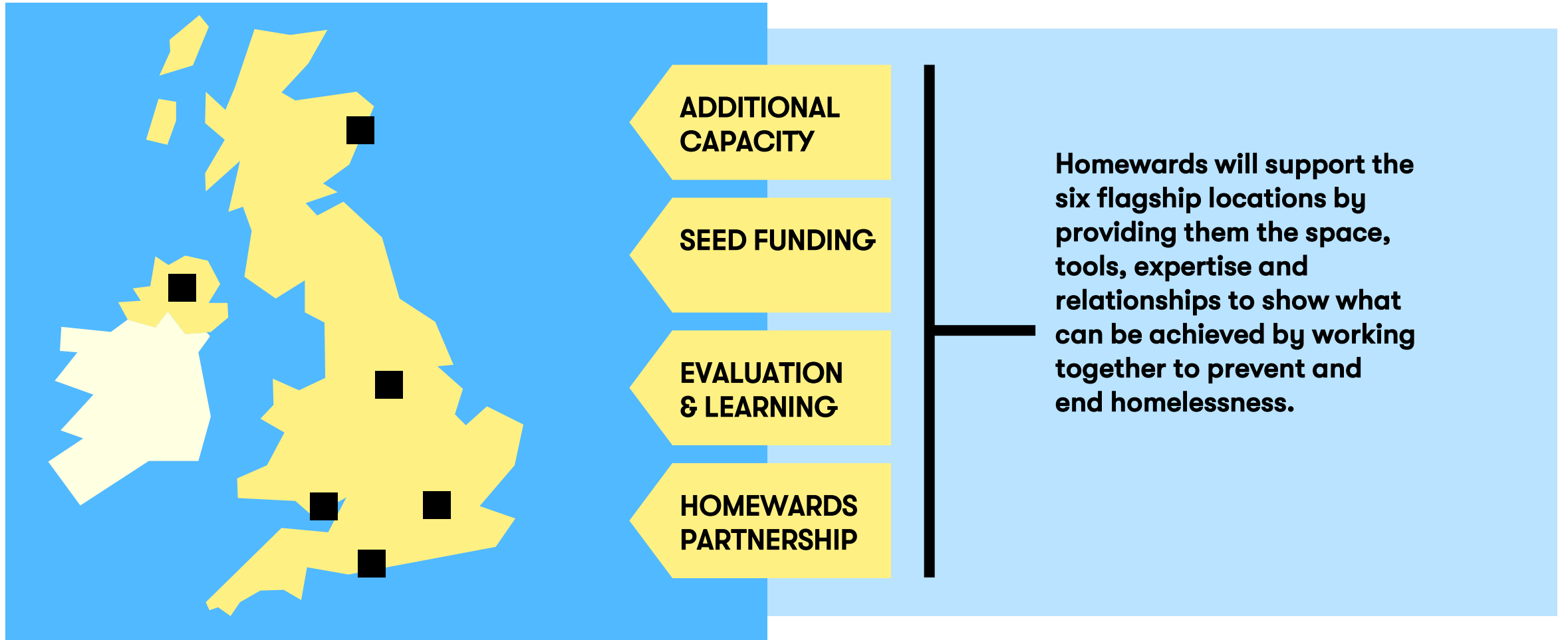


LEARNING EVENTS, PEER NETWORKING & INFORMATION SHARING
(i.e. establishing a learning network)



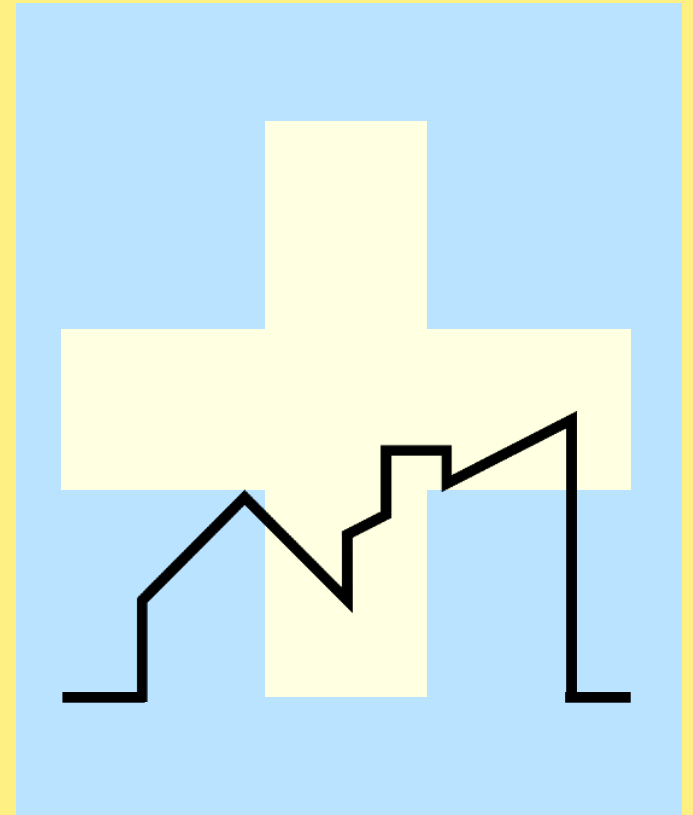
THE HOMEWARDS OFFER

AN UNPRECEDENTED PACKAGE OF SUPPORT



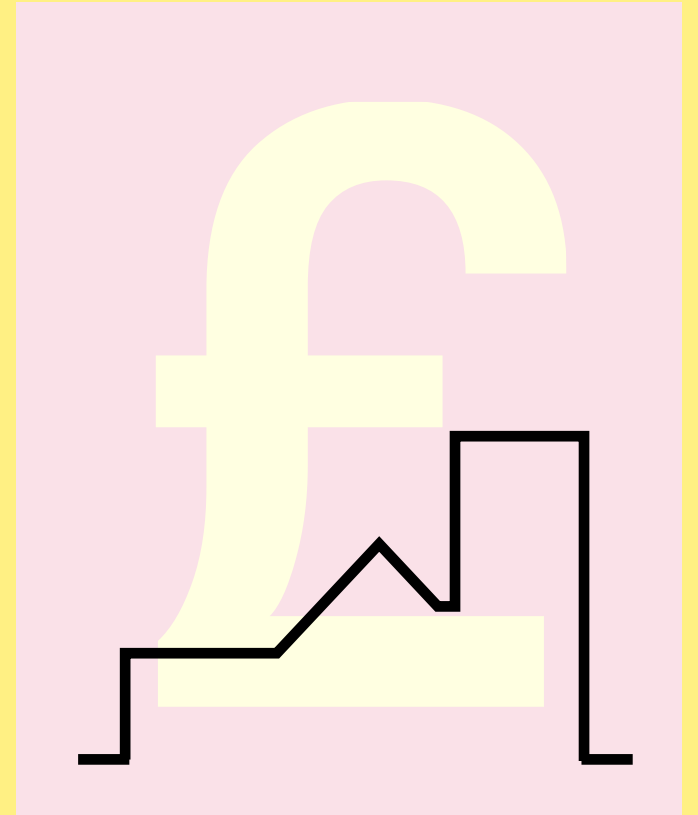
ADDITIONAL CAPACITY

The Royal Foundation is providing a Local Delivery Lead in each of the six flagship locations, who will provide the strategic leadership and operational capacity to oversee and coordinate the implementation of Homewards, supporting the local coalition in each location and driving forward change on the ground. Through the Evaluation and Learning Partner, we will also be providing a Local Learning Lead who will help each location to understand and share learnings throughout the five years.



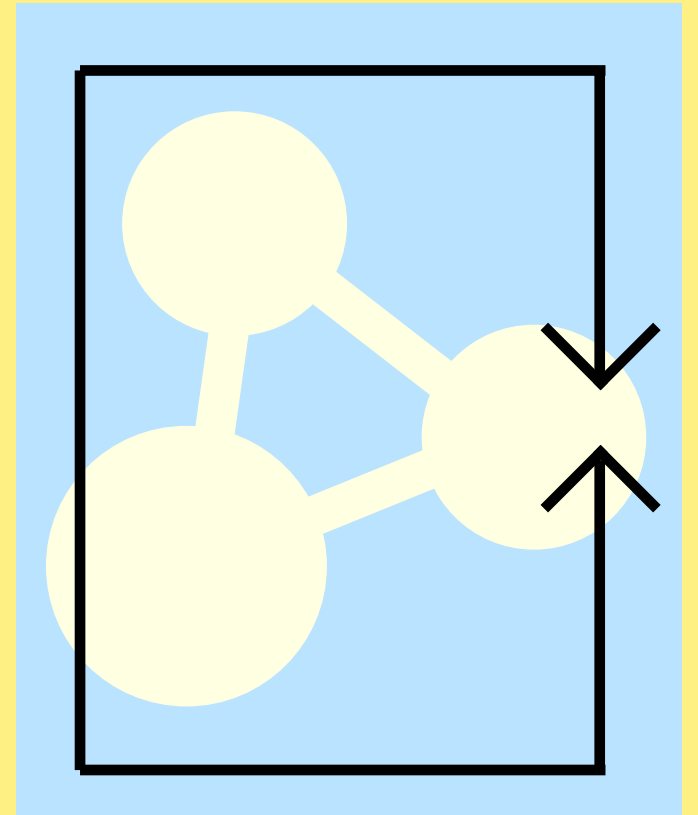
SEED FUNDING

Through the Homewards Fund, delivered in partnership with Homeless Link, we will provide up to £500,000 of flexible seed funding over the five years of the programme to support each location's delivery of their action plan. This seed funding will in turn help to drive significant further investment for sustainability and scale.



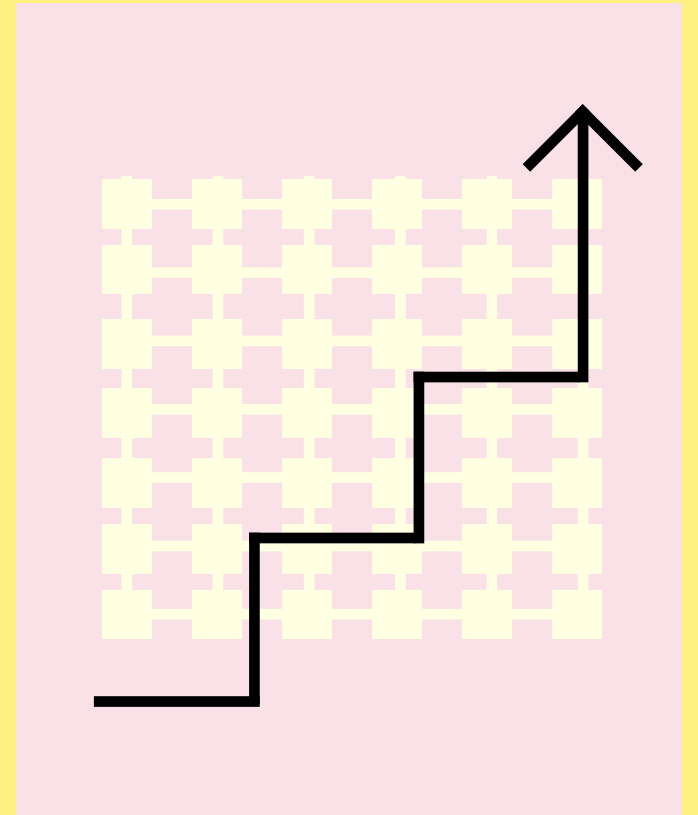
EVALUATION & LEARNING

Our Evaluation and Learning Partner – Ipsos UK, Renaisi and Groundswell – will support Homewards to better understand the breadth and complexities of homelessness in our six locations over the next five years, and importantly establish a Learning Network to share what works across our locations and beyond when it comes to ending homelessness so that our impact reaches as far as possible.



THE HOMEWARDS PARTNERSHIP

We will provide locations with access to the Homewards Partnership: an unprecedented network of individuals and organisations that we have brought together to support the six Homewards locations and galvanise national and international momentum on homelessness. These partners will provide skills, expertise, resource and transformative investment to support each location's action plan, and to further scale solutions.





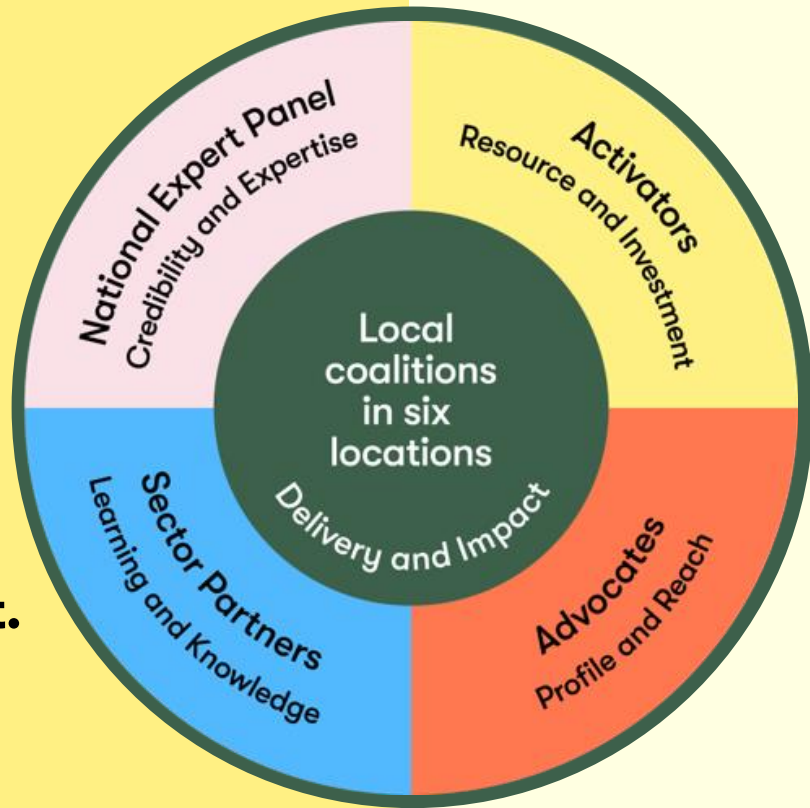
THE HOMEWARDS PARTNERSHIP



THE HOMEWARDS PARTNERSHIP

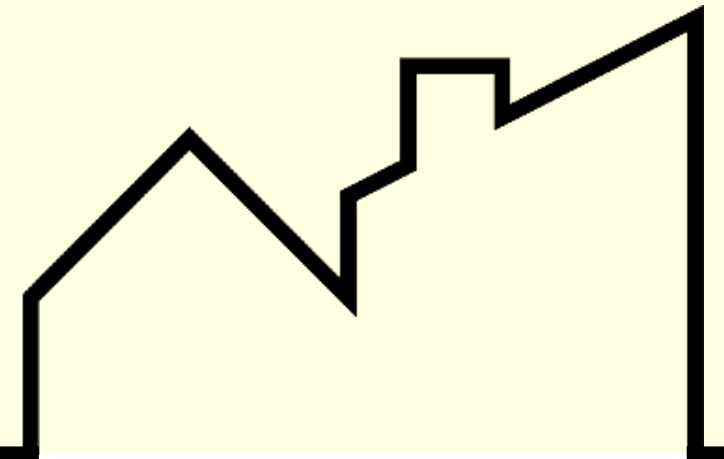
The Homewards Partnership is already an unprecedented network of individuals & organisations.

But this is only the start.



We will continue to build the Homewards Partnership further, bringing more of the brightest and best to work with us.

Together, we will demonstrate that it is possible to end homelessness.



HOMEWARDS NATIONAL EXPERT PANEL

CREDIBILITY & EXPERTISE

Our National Expert Panel is a group of individuals with renowned expertise across a range of key thematic areas, convened to provide best-in-class advice and counsel to The Royal Foundation.

They supported location selection and will continue to ensure rigour in the ongoing design and implementation of Homewards at local and national level.



RACHEL
BRENNAN



TOM BRIDGES



PAVAN
DHALIWAL



PROF.
PETER MACKIE



DR LADE SMITH



LYDIA STAZEN



PROF. KEN GIBB



TAMSYN HYATT



GEETA NANDA
OBE



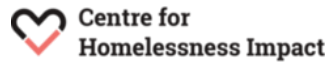
ALYSON
KILPATRICK

HOMEWARDS SECTOR PARTNERS

LEARNING & KNOWLEDGE

Our Sector Partners are leading UK homelessness charities, homelessness networks across the four nations, patronages, experts in homelessness lived experience, and international organisations.

They will engage with Homewards to share on the ground expertise and learnings with the six Homewards locations, alongside forming a powerful joint platform for impact.



HOMEWARDS ACTIVATORS

RESOURCES & INVESTMENT

Our Activators are a diverse group of UK private and public organisations from a range of sectors and industries, who will contribute their skills, resources, funding and networks to support our locations and act as a driving force for wider change.

Through their engagement and action, Activators will play a key role in building solutions – helping us to create the flexible, yet tried and tested, models that can be shared across the UK and beyond.

We were delighted to launch Homewards with nine initial Activators and look forward to growing this group further.



ARUP



HOMEBASE



HOMEWARDS ADVOCATES

PROFILE & REACH

Our Advocates are high-profile individuals with lived experience of or longstanding engagement with homelessness.

They will use their profile and reach to help the showcasing work and solutions in the locations, reframe the issue, and inspire optimism throughout the UK that homelessness can be ended.



SABRINA
COHEN-HATTON



SARAH COX



DAVID
DUKE MBE



GERI HALLIWELL
HORNER



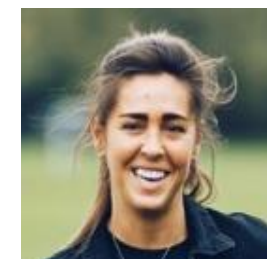
TYRONE MINGS



GAIL PORTER



SIR BRYN
TERFEL CBE



FARA WILLIAMS
MBE



STEVEN
BARTLETT



WE LOOK FORWARD TO WELCOMING MANY MORE PARTNERS WHO SHARE OUR VISION TO END HOMELESSNESS INTO THE HOMEWARDS PARTNERSHIP, OVER THE COMING MONTHS AND YEARS.



THE STORY SO FAR

EXTENSIVE REACH OF THE HOMEWARDS LAUNCH

In June 2023, Prince William and The Royal Foundation launched Homewards.

His Royal Highness travelled to each of the six flagship locations, focusing on a range of the different activities, from employment to housing, sport to education.

We launched with backing from the homelessness sector and a breadth of different partners, showcasing the cross-sector, collaborative Homewards approach.

The Homewards launch secured extensive media coverage to a readership of up to **1.8 billion**



- Seven print front pages across three consecutive days
- Extensive coverage across national primetime broadcast shows and radio shows
- Strong regional coverage across all six locations,
- Positive engagement on social media with over 2 million views of the and social media channels.

WITH EARLY ON-THE-GROUND IMPACT

Whilst we are committed to making long term and systemic change, we were delighted to see the launch already begin to leverage some very immediate impact for some of the on-the-ground partners in our locations.

From the carpentry workshop in Bournemouth, Christchurch and Poole:

The visit has led to ‘genuinely life changing opportunities that instead of taking months to achieve have come about in two days’, including a new ongoing donation of wood from a log miller, a new referral agency on board, three new businesses ordering and two new potential partners for training, qualifications and work placements.

▶ WATCH THE VIDEO



HOMEWARDS LEARNING WEBINARS

In September 2023, as part of our offer to share learning across Homewards, The Royal Foundation hosted two Homewards Learning Webinars, convening experts from the UK and around the world to share evidence and practical learnings about ending homelessness.

Session 1: Homelessness prevention

Jointly led by world-renowned expert in homelessness prevention, Professor Peter Mackie (Cardiff University) and specialist in place-based change, Lily O’Flynn (Renaissi), this webinar provided an overview of the evidence available on homelessness prevention. The speakers showcased inspiring case-studies, highlighting effective practice and actionable learnings to support coalition development and action planning.

Session 2: International learnings

Over the past 30 years, Finland has made extraordinary progress towards ending homelessness and is now widely regarded as world-leading in its scope and ambition. With international context provided by Lydia Stazen (Institute of Global Homelessness), Juha Kaila (Head of International Affairs at Y-Säätiö) shared his reflections on progress made in Finland and potential learnings for the Homewards flagship locations.

We will continue to provide the six flagship locations with access to the incredible depth and range of expertise held within the Homewards Partnership, with landmark opportunities to hear from world renowned experts and leading organisations, alongside regular peer-to-peer learning opportunities.

GALVANISING THE PRIVATE SECTOR

In September, Prince William visited Bournemouth to meet with local and national businesses, all of whom pledged their support to the Homewards programme.

The Prince visited Pret A Manger, who have committed to - through Homewards - expanding their long-standing Rising Stars programme, which helps break the cycle of homelessness by providing support, training and employment. Over the next five years, it will see a 40% expansion, supporting at least 500 people experiencing or at risk of homelessness into jobs at Pret's UK shops, including in Homewards flagship locations where Pret has a presence.

The Prince also visited AFC Bournemouth where he met with representatives of the club alongside those from local businesses including Lush and Sunseeker International. These businesses came together for the first time vowing to create employment opportunities, investment, and a range of other initiatives.





WHAT'S NEXT?

GOALS FOR YEAR ONE

To put us on the right trajectory, we are looking to achieve the following by the end of 2023:

Homewards firmly established in each location.

(e.g. Local Delivery Leads in place, key partners identified, ways of working determined)

A growing momentum of visible impact, both nationally and locally.

An increased awareness around homelessness, driving optimism that it can be ended.

homewards



“I refuse to believe that homelessness is an irrevocable fact of life....

If we really want to tackle homelessness, it can be done.

If we do it together and there’s a big team effort, it is possible.”

- Prince William

KEEP IN TOUCH

To keep up to date with Homewards' latest news, please sign up to receive our newsletter via www.homewards.org.uk

If you are an organisation with skills or resources that you can contribute to Homewards please contact us on homewards@royalfoundation.com.

Website:

www.homewards.org.uk

Latest news:

homewards.org.uk/homepage/news

Online and social channels:



Twitter @homewardsuk



Instagram @homewardsuk



YouTube @homewardsuk

homeshards

Lambeth Together Care Partnership Board

Title	Age Friendly Lambeth Engagement Findings
Meeting Date	18 th January 2024
Author	Jessica Engen, Consultant in Public Health
Lead	Andrew Eyres, Strategic Director, Integrated Health and Care

This item is for;

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

- The Lambeth Together Care Partnership Board is asked to;
1. Note the findings from the Age Friendly Lambeth Community Engagement
 2. Support the next steps in taking forward Age Friendly Lambeth

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

Age Friendly Lambeth Steering Group
Lambeth Health and Wellbeing Board

Summary and Impact on Inequalities

As part of the engagement stage of Age Friendly Lambeth a survey, supported by outreach in the community was conducted, targeting a diverse range of residents aged 50+ in Lambeth. The aim of the engagement was to listen to residents to understand lived experience of ageing in the borough and hear residents' perspectives on where improvements could be made.

Over 700 residents gave their views including a broad cross section of the Lambeth population. 43% said Lambeth is a good or very good place to live as you age; 23% said Lambeth is a poor or very poor place to live as you age. Positive perceptions of Lambeth as a place to live were centred around themes of the importance of community, convenience of location, and good transport connections.

Concerns around Lambeth as a place to live were centred on generational change, safety, importance of communication and availability/accessibility of activities and services.



The findings help increase our understanding of the views and needs of older residents who are not always fully represented in community research. 7 in 10 residents who responded felt their views had never, or not much, been consulted before. By using outreach we were able to engage people from traditionally under-represented groups and voices who are typically not heard from in consultations.

By speaking to a large number of residents aged 50+ we were able to start to understand the differing experiences of older residents, finding some variation in responses by age, disability and gender.

The findings will help to inform the development of an Age Friendly action plan which aims to reduce inequalities experienced in older age by ensuring structures and services meet the needs of all people as they age.



Age Friendly Lambeth

Community Engagement Findings



Working in partnership for a healthier borough

Development of Community Engagement Plan



Worked with stakeholders to identify target population and aims and methods of the community engagement

Aims

- Listen to residents to understand their views on the age friendliness of the borough and where improvements could be made.
- Understand the differing experiences of older residents within the borough
- Enable residents to shape and develop age-friendly plans for the borough

What do we want to know

- What ageing well means to Lambeth residents
- What is working well in the borough and what facilitates ageing well
- What could be improved in the borough to help people age well

Across the 8 Age Friendly Domains

Target population

Focus age range: 50+ ensuring representation across age brackets and different population groups

Older people now are the experts in their own experience so important to focus on hearing their views of ageing. However, we also want to hear from people who are approaching older age to ensure Lambeth is a place where future generations can age well.

Methods of Engagement

- Age Friendly Residents' Panel
- Survey delivered through a variety of channels
- Attending events and community groups
- Focus groups and small group discussions

Age Friendly Lambeth Survey



- Survey designed in consultation with Age Friendly Lambeth Steering Group, Lambeth Council colleagues and other Age Friendly Network members.
- Survey tested with residents in the community prior to launch
- Delivered through a variety of channels:
 - Online survey hosted on Lambeth Council Consultation pages
 - Outreach in the community
 - Hard copies located in community venues, such as libraries and distribution through home library service and other community organisations.
 - Option to complete over the phone available
- Promoted through:
 - Lambeth Talk
 - Flyers and posters in the community
 - Through VCS organisations



Responses

708 residents shared their views

- 305 completed online survey
- 403 via outreach, phone, paper-based survey

7 in 10 residents said their views had never, or not much, been consulted before

1 in 3 residents were interested in being part of further discussions and/or receiving feedback on the findings.

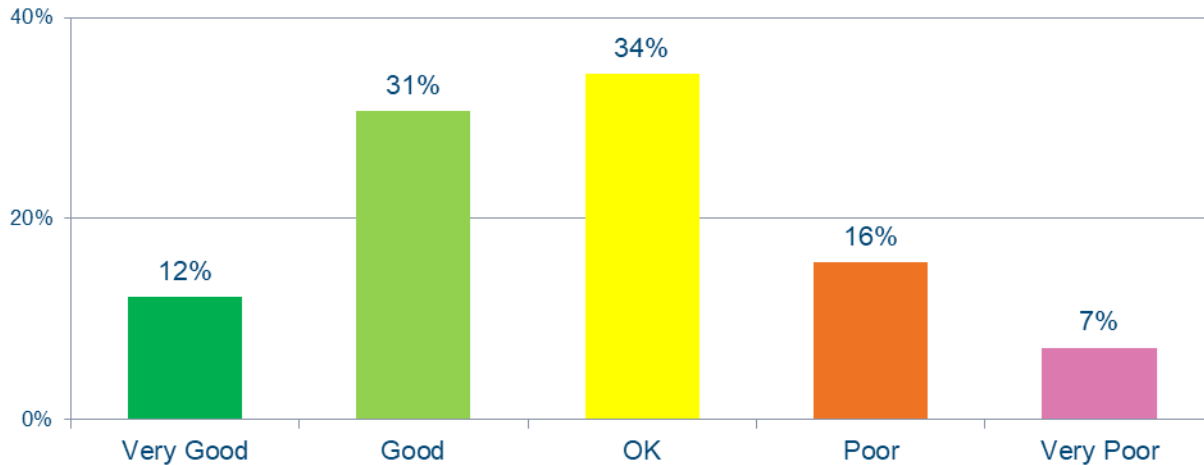
Residents reached through outreach were more representative of community

	Online	Outreach	Total	Census
Age				
50-54	9%	9%	9%	26%
55-64	41%	43%	42%	40%
65-74	33%	33%	33%	20%
Over 75	17%	15%	16%	14%
Gender				
Male	28%	46%	39%	48%
Female	72%	54%	61%	52%
Ethnicity				
Asian	1%	6%	5%	7%
Black	16%	32%	26%	30%
Mixed/other	6%	12%	10%	10%
White	76%	50%	60%	53%
Sexual Orientation				
Heterosexual/straight	87%	96%	92%	
Gay/lesbian	12%	3%	7%	
Bi-sexual	1%	1%	1%	
I use another term	1%	0%	0%	
Disability				
Yes	26%	26%	26%	
No	74%	74%	74%	

How would you rate Lambeth as a place to live as you age?



How would you rate Lambeth as a place to live as you age?



Around **2 in 5** said very good or good and around **1 in 5** poor or very poor

There was little variation across age groups, gender, ethnicity and disability.

What do you think are the most important things to focus on in the next few years?

Health and Care was highest rated priority (89% of residents rated it a top priority).

Other areas important to focus on:

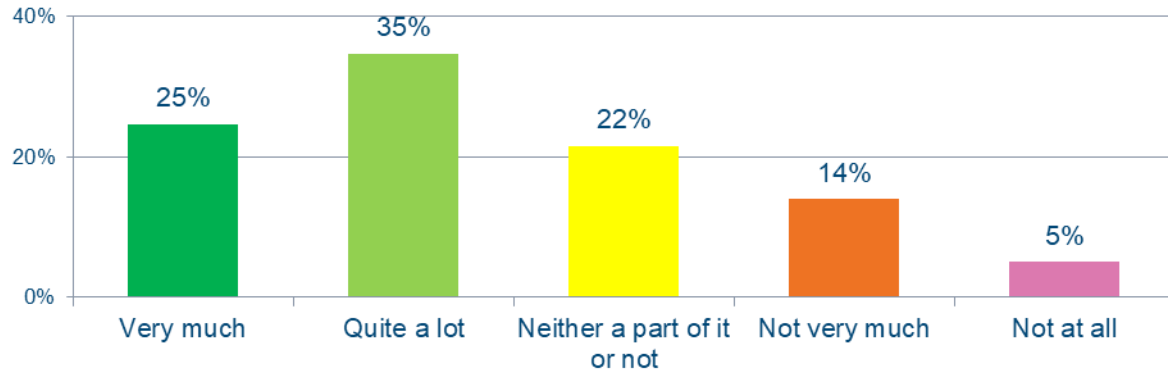
- Housing (84%)
- Respect and social inclusion (80%)
- Transportation (80%)
- Communication and Information (79%)





Home and Community

To what extent do you feel a part of the community where you live?



3 in 5 residents felt part of the community where they live. **1 in 5** did not feel part of the community.

Those aged **75+** were more likely to say they felt **part of the community** compared to those aged 65 and under and 65-74 (70% vs 57% and 59%)

3 in 4 residents felt comfortable in their homes (very much so or somewhat).

1 in 6 residents didn't feel comfortable in their homes (not much or not at all)

"Sometimes it doesn't feel safe walking home at night"

"I love my neighbours, great sense of belonging."

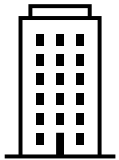
"The building I live in doesn't have a lift, hence won't be a good place to live in old age."



Outdoor Spaces and Buildings

Access to public buildings and satisfaction with parks was rated highly by most respondents.

However, the majority of residents felt there were not enough public toilets available in Lambeth.



3 out of 4 residents found it very or quite easy to access public buildings.
1 in 10 did not.



4 out of 5 residents felt there were not enough public toilets available in Lambeth



3 out of 4 residents rated their local parks and green spaces as good or very good

“Love the green spaces. Wish there were a couple more.”

“Would like to see more cleaning schedule for toilets in Lambeth parks.”

“Can’t access public buildings – everything ‘online’ now & don’t do that. Excludes us.”

Transport



Walking and public transport most commonly reported way of getting around the borough.

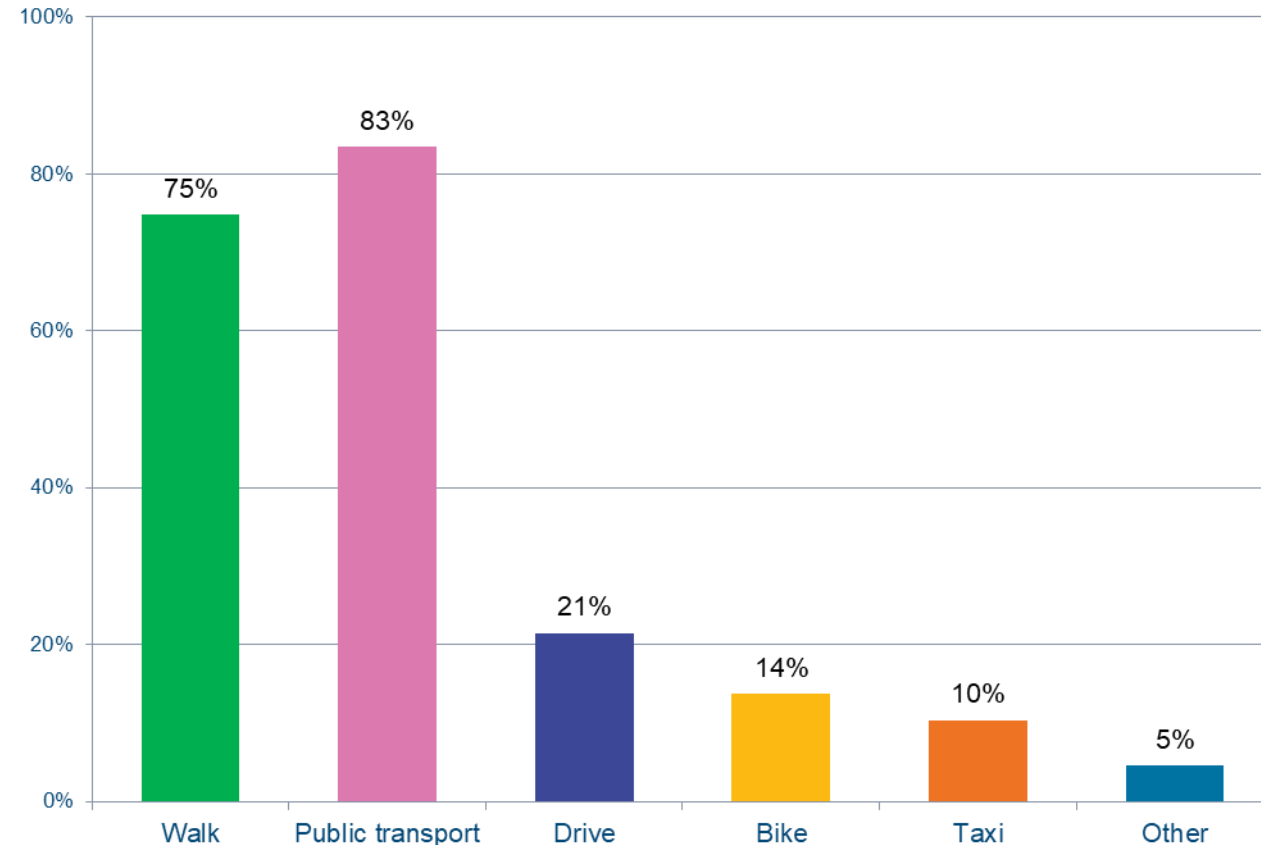
3 out of 4 residents found it very or quite easy to travel around the borough.

1 in 10 found it difficult.

“I think TFL drivers need to be reminded about safety of passengers with mobility problems who are entering and exiting buses”

“Public transportation in Lambeth is very easy and efficient.”

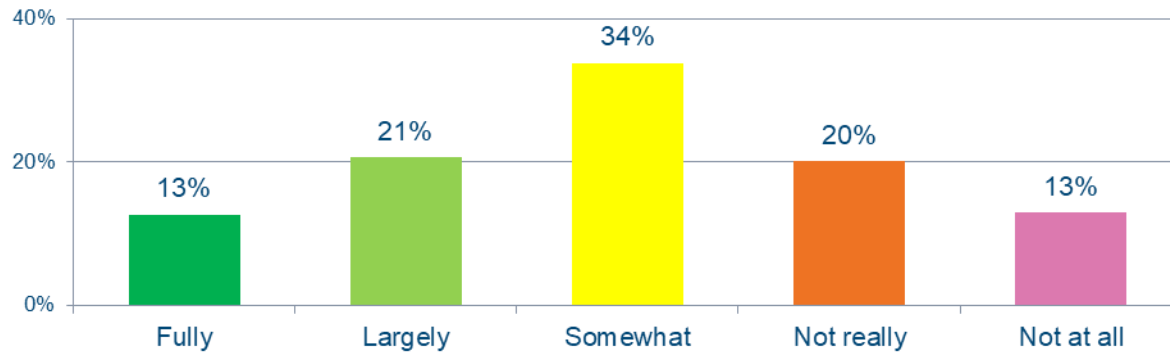
How do you usually get around Lambeth for things like shopping, visiting the doctor, visiting friends and family, or other things?





Health and care

To what extent do you feel you are getting the support you need to keep healthy and support your mental wellbeing?



Those with a disability more likely to report not getting support they need than those without a disability. (46% vs 28%)

50-65 age group were less likely to report fully or largely getting the support they need compared to 65-75 and 75+ (25% vs 38% and 38%)

1 in 3 residents said they relied on friends and family a lot or quite a bit to help them.

Around 2 in 5 said they didn't rely on friend or family.

Woman were more likely than men to say they relied on friends and family (36% vs 27%) as well as those who reported having a disability (50% vs 27%).

"My family is the people at the community centre. They make a massive difference"

"Lambeth has a good record when it comes to Health & Support!"

"I am not aware of specific age-related support available to me."

"Mental health services need an overview."

Respect and Social Inclusion



Nearly half of respondents didn't think there were enough opportunities for younger and older generations to learn from each (40% weren't sure).

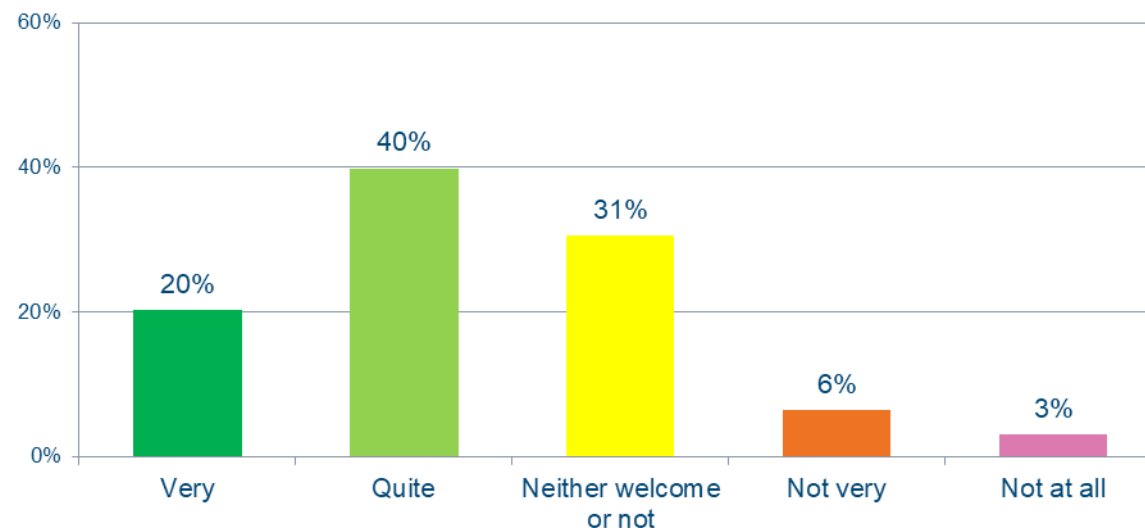
“Young people learning practical skills from older people defo”

“Both need to respect each other. I do think there is increasing anti older people attitudes and prejudice”

“Just because I am 71 and retired doesn't mean that I wish to constantly mix with people of that age range. I am young at heart and would like to mix with a lot of younger people, too!”

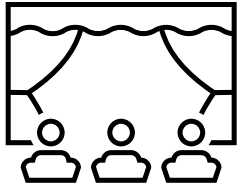
“I find shop assistants very helpful and polite. People stop their cars to let me cross roads. Greeting of Good morning in local roads amazing. Makes us feel safe.”

How welcome do businesses in Lambeth make you feel?





Social Participation



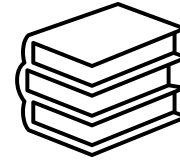
2 in 5 residents thought there was a **good range of local events and activities** in the borough for older people. But **2 in 5** did not.

Those aged 50-65 and 65-74 were more likely to say not enough activities than those aged 75+ (40% and 38% vs 29%).

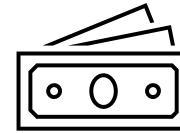


Just under a third don't currently **volunteer** but would like to find out more about it.

"I think Lambeth offers very many opportunities for social participation, I just wish I had more time to take advantage of them!"



Just under half don't currently attend **adult education classes** but would like to find out more.



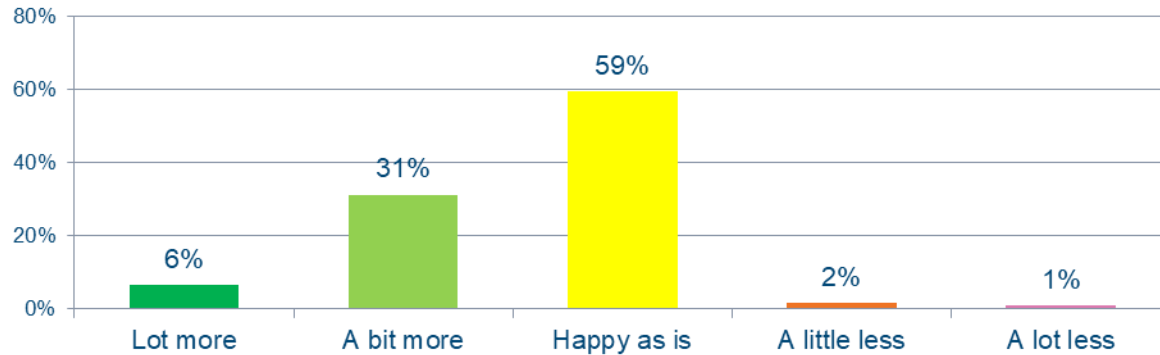
Cost most commonly reported barrier to being more socially active (39% of respondents), followed by **not knowing what's available** (28%) and **lack of time** (23%)

"There's no spaces for older ppl to get together and spend time - to do this we have to go to a cafe but we can't always afford it. Need free community spaces."



Social Participation

Are you happy with the amount of social contact you have, or would you prefer to have more or less interaction?



Most happy with the amount of social contact but just over a third wanted more.

Under 65s more likely to want more social contact compared to those aged 75+ (43% vs 31%)

Those with a disability wanted more compared to those without a disability (45% vs 35%)

1 in 3 residents reported doing **less activities now as a result of the pandemic.**

“There is no doubt that lockdowns increased social isolation, and left many older people afraid to venture out again..”

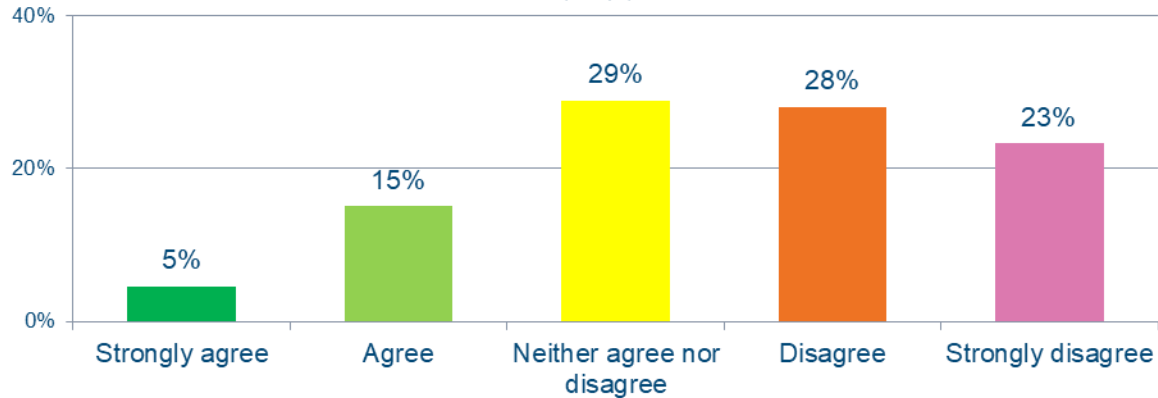
“Fear of catching Covid.”

““My classes got cancelled with Covid, now we meet up less with the ladies.””



Employment and Civic Participation

How much do you agree with the statement 'I can influence decisions affecting my local area'?



Half of respondents disagreed that they could influence decisions affecting their local area.

Only 1 in 5 agreed they could.

1 in 4 residents were not happy with the **employment opportunities and support available**. The majority (54%) were neither satisfied or dissatisfied.

“Many consultations are not genuine consultations where resident views are taken on board and the resulting decision is influenced by their views.”

“Any jobs now need to have IT skills.”

“Anything to support and demonstrate the idea that we elders have valuable knowledge and experience would be great.”





Communication

Just over half felt they were able to **get the information they needed about local services and activities**. **1 in 5** felt they were not able to.

3 in 4 residents felt they had the **internet access and support they wanted**. **1 in 5** felt they did not or didn't want it.

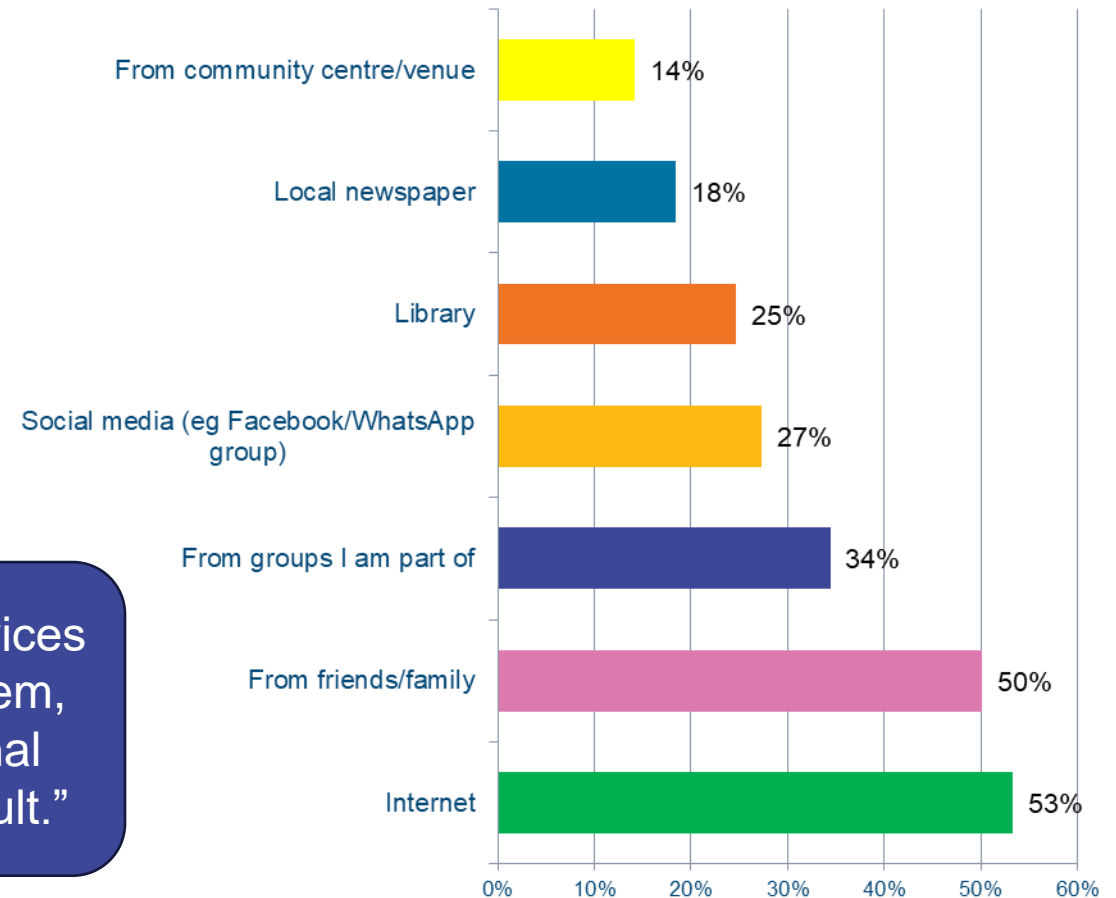
"I struggle with 21st century technology and have no younger people in my life to ask"

"Library is very good for internet and support."

"Wifi should be offered in the borough, the subscription is very expensive for most people."


"The digitalisation of services has become a big problem, the reduction of personal interaction is more difficult."

How do you find out about local services, activities, groups and events?



Ageing Well Festival

- Held on 30th September, free drop in event designed for residents over 50, their families and carers.
- Purpose of event to raise awareness of Age Friendly Lambeth and feedback engagement findings, celebrate International Day of Older Persons and provide fun and informative social event.
- Over 300 residents attended and about 70 volunteer staff
- Over 20 stalls gave information, signposting and advice across the 8 Age Friendly Domains
- Health and Wellbeing bus - 60 vaccinations given (35 flu and 25 covid) and many conversations had
- Lots of engagement with different activities including tea dance, exercise classes, crafts, memory cartography, choir and spinach planting



“This has been a wonderful day out for me and I think everyone else. I enjoyed coming, meeting up with a few old faces and chatting.”

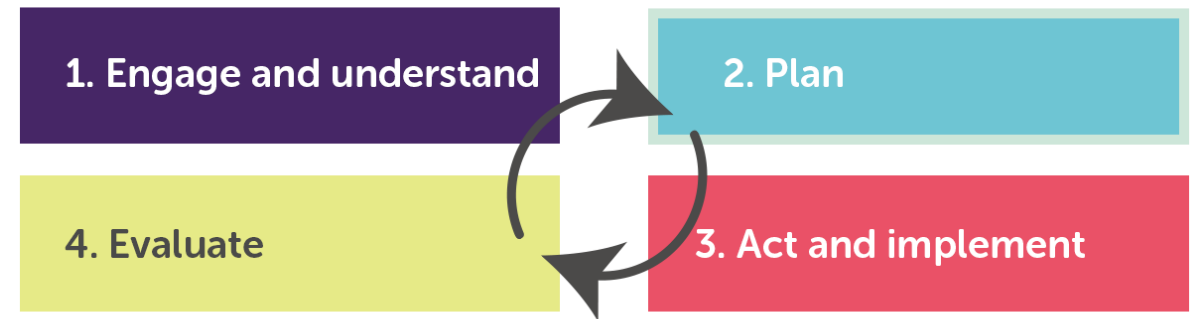
“Found out about festival from Latin Community Association. Really enjoyed. Learnt about dancing, English classes and how to use phone, healthy eating and exercise, how to stay healthy and housing and what Lambeth Council do. Would come again”

“Good event. Lunch was favourite bit. It was very nice to chat to people on the stalls. Would come again!”



Next steps

- Co-develop an inclusive forum to allow residents to continue to feed into the Age Friendly plans
- Work across council directorates and the wider health system to develop an Age Friendly Lambeth Action Plan



Lambeth Together Care Partnership Board

Title	Lambeth Together Primary Care Commissioning Committee update
Meeting Date	18 th January 2024
Author	Oge Chesa – Director of Primary Care and Transformation
Lead	Sue Gallagher – Lambeth Together Board Lay Member

This item is for;

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

The Lambeth Together Care Partnership Board is asked to:

1. Note the update on discussions held at the Primary Care Commissioning Committee on 08 November 2023
2. Ratify decisions made at the Primary Care Commissioning Committee on 08 November 2023

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

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

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

Summary and Impact on Inequalities

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

Key Functions:

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

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

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

This update to the Lambeth Together Care Partnership Board is to provide information on and support for decisions made at the Primary Care Commissioning Committee discussions on 08 November 2023 and an opportunity to ask further questions and feed into PCCC decision-making.

Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Summary of Meeting held on
Wednesday 08 November 2023





LTPCCC Part Two Meeting

Approvals recommended to the Board:

Care Home Alternative Provider Medical Service Contract

- Care Home review / new specification

The committee received an update on the progress made concerning service planning for a new contract 2024/25 since the update given at the April LTPCCC.

A deep dive has been completed with the practice and provider, to look at how the model would work in the future.

As further time is required to get the model of care correct to meet the needs of the population.

- Existing contract waiver extension

The committee received an update on the progress made as the next steps needed since the agreement made at the April LTPCCC of a 1-year APMS contract extension to Lambeth Healthcare Practice for 2023/24

The Committee approved the contract to be extended until September 2024

The Board is asked to ratify this decision.



LTPCCC Part Two Meeting



Approvals recommended to the Board:

Lambeth Fuller Funding Proposal

The committee received an update on the Fuller Funding Proposal, following the April LTPCC to update the committee on the proposals for NHS funding allocation for the Lambeth Fuller initiative by recruiting a time-limited post to support neighbourhood working.

The role would manage key strengthening general practice outcomes and deliver to the Fuller funding agenda, working collaboratively with the Neighbourhood Wellbeing Delivery Alliance (NWDA), General Practice Partners, the ICB, and the Federation.

A detailed work plan for the Fuller Funding role, with clear outputs that are strategically aligned will be presented to a future LTPCC

The Committee noted the paper and approved to proceed for the recruitment of the role

The Board is asked to ratify this decision.



LTPCCC Part Two Meeting



Primary Care Service Development Funding (SDF) General Practice Allocation 23/24

The committee received an update for information on the Service Development Fund (SDF) Allocation, following the presentation at September's LTPCCC

Progress

- GPFV Resilience programme launched – 23 October 2023
- Deadline for submissions – 10 November 2023
- Awards made w/c 04 December

Strengthening General Practice

- Delivering a follow-up Strengthening GP face-to-face conference

7 key priority areas:

- Improving patient access
- Improving continuity of care and chronic disease management
- Recruitment and retention of GPs, clinical and non-clinical staff
- Developing and supporting the wellbeing of staff
- Improving IT and digital innovation
- Reducing bureaucracy
- Better collaboration outside of general practice

The Committee endorsed and supported the SDF allocation at September's LTPCCC

LTPCCC Part Two Meeting



Approvals recommended to the Board

2022/23 Medicines Optimisation Section (MOS) Appeals Update

The committee received an update for the MOS 2022/23 Appeals Panel process, following the discussion at the August LTPCCC

- In October a panel convened to review 16 appeals submissions
- The panel consisted of the Associate Director of Finance for Lambeth Primary Care, the Clinical and Care Professional Lead for Primary Care, the Associate Director of Primary Care, and the Assistant Director of Medicines and Long-Term Conditions
- The emerging themes that were out of the practice's control included the challenging economic climate faced nationally, residents of Lambeth, and workforce capacity issues.
- Learnings going forward, if the practices didn't meet the target, they could submit an email to the Medicines Committee to approve, with the reasons for the slight miss, rather than going through the appeals process.

The Committee approved the panel's recommendations, and the team was advised to proceed with payments

The Board is asked to ratify this decision.



LTPCCC Part One Meeting



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

- **Risk Register**
- **Performance**
- **Quality**
- **Finance**

Other items

- **Workforce**
- **Primary Care Transformation and Operational Delivery Group**

The inaugural Primary Care Transformation and Operational Delivery Group meeting took place on 01 November 2023, and it reports to the LTPCCC. The group discussed:

- Population Access to primary care services is a shared priority
- We must always address health and inequalities, in terms of EDI considerations to ensure our most vulnerable patients are not being left behind when designing new models of care
- General medical practice has changed for example additional roles reimbursement scheme, dieticians, and paramedics, it is important that we can explain and communicate the ambition of modern general practice to our population
- Define the vision of the Workforce strategy to retain talent and transformation competency for the future
- Strengthen the Training hub to support primary care
- To deploy all the key primary care enablers in Lambeth, including but not limited to Estates and Digital
- Membership should include wider primary care including dental, optometry, and pharmacy

Lambeth Together Care Partnership Board

Title	Clinical and Care Professional Leads (CCPLs)
Meeting Date	18 January 2023
Author	Chris Moretti – Lambeth Together Programme Lead
Lead	Di Aitken – Co-Chair of the Lambeth Together Care Partnership Board

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Consider the changes to the Clinical and Care Professional Leadership framework.
2. Feedback/comment on next steps.
3. Support arrangements going forward.

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

Update provided to the Clinical and Care Professional Leads Network Forum on 11 January 2024.

Summary and Impact on Inequalities

Prior to the inception of South East London Integrated Care Board on 1st July 2022 the system worked with internal and external partners to co-design a framework for clinical and care professional (CCP) leadership. This led to the agreement of design principles and leadership characteristics which informed the agreed framework and values for the new CCP leadership (CCPL) community.

Specific roles and funding were agreed prior to recruitment. Unsurprisingly needs have evolved over time, with some borough-based roles eventually thought not to be necessary whilst others have been of pivotal importance in the delivery of borough and programme priorities.

In all boroughs the majority of roles are held by general practitioners and whilst some have, beyond this, achieved significant diversity of professional background others have found it more challenging to recruit from outside the primary care community.

As the first anniversary of the ICB approached a review commenced centrally to reflect on the successes of the CCPL framework and to identify opportunities to refine the structure and function. In parallel with this the ICB led its own process to deliver the required 30% reduction in management costs; although this was not the primary driver of the review.

One of the outcomes of the review is to support diversification of the professional representation within the CCPL community. There is a need to optimise diversity in all its forms and increase representation from outside of primary care.

Clinical & Care Professional Leadership Update

18 Jan 2024



Working in partnership for a healthier borough

CCPL Programme Goal/Aims



A Clinical and Care Professional Lead is someone who supports people to work together across organisations and professions to improve the health and wellbeing of people in their patch.

Clinical care and professional leadership is integral to the way we work as a system and requires a distributed approach across the health and care partnership. In recognition of this, Lambeth Together has recruited Clinical and Care Professional Leads to cover a wide range of programme areas across the borough as part of our Lambeth Together Care Partnership.

Alongside their usual front line roles, the Clinical and care Professional Leads are involved in developing and designing new improved, personalised and joined up ways of supporting people and delivering care across different settings from hospitals to GP surgeries, to care homes, community settings and in people's homes.

Within their specialist area, each of our Clinical and Care Professional Leads will collaborate with colleagues across different health and care disciplines and with patients and communities to share learning, to innovate and to drive improvements that draw on their own direct experience and on the lived experience of people and our communities.

This builds on a tradition of involving local clinicians in Lambeth through an innovative Clinical Network that was in place for several years.

Continuing this model, ensures that Lambeth Together's plans are supported by leaders from a diverse range of clinical and care professions who are involved in shaping developments and decision making at all levels.

All bring invaluable clinical and professional expertise to Lambeth Together's work to improve health and wellbeing and to tackle inequalities in the borough as part of an integrated health and care system.

The CCPL Network is overseen and supported by three Local Care Partnership leads who each provide clinical and professional support to one of our Delivery Alliances and sit on the Lambeth Together Care Partnership Board.



CCPL Review process



Background:

Prior to the inception of South East London Integrated Care Board on 1st July 2022 the system worked with internal and external partners to co-design a framework for clinical and care professional (CCP) leadership. This led to the agreement of design principles and leadership characteristics which informed the agreed framework and values for the new CCP leadership (CCPL) community.

Specific roles and funding were agreed prior to recruitment. Unsurprisingly needs have evolved over time, with some borough-based roles eventually thought not to be necessary whilst others have been of pivotal importance in the delivery of borough and programme priorities.

In all boroughs the majority of roles are held by general practitioners and whilst some have, beyond this, achieved significant diversity of professional background others have found it more challenging to recruit from outside the primary care community.

As the first anniversary of the ICB approached a review commenced centrally to reflect on the successes of the CCPL framework and to identify opportunities to refine the structure and function. In parallel with this the ICB led its own process to deliver the required 30% reduction in management costs; although this was not the primary driver of the review.

Review process:

This process consisted of a desktop review of the current structure, the outputs of two workshops with ICB and SEL CCPLs, and focussed discussions with place executive leads, borough and programme leads.

These discussions centred on the experience of postholders and the delivery of the intended function as reflected back by place, borough and programme leads.

In recent months a revised pay structure and new terms of engagement have been developed. These have been supported by the Remuneration Committee, recognising that they are based on principles that will enhance equity and diversity across our clinical and care professional leadership community in SEL, reflecting our commitments as an ICB



CCPL Review findings



The six design principles of system leadership in SEL



Integrated and interdependent

Designed to ensure system leadership is fully integrated across Clinical, Care, Executive and Managerial leadership in ICS operating model, system governance, structures and networks as a core required function of an ICS.



Supportive of ICS strategy

Designed to support delivery of a clear, purposeful and motivational ICS strategy that describes why the ICS exists and how it will health outcomes for the population of south east London



Focused on impact

Focused on key functions and programmes of work that have a clear benefit of being addressed at system level and what leaders can collectively contribute to the broader system.



Inclusive in every way

Inclusive and reflective of the diversity, breadth and depth of our system across care settings, place, organisations, professional groups and networks and the populations we serve.



Supportive of system leadership development

Designed to support the development of skills, behaviours, tools and relationships required to maintain a community of innovative and impactful system leaders working effectively across spatial, organisational and professional boundaries.



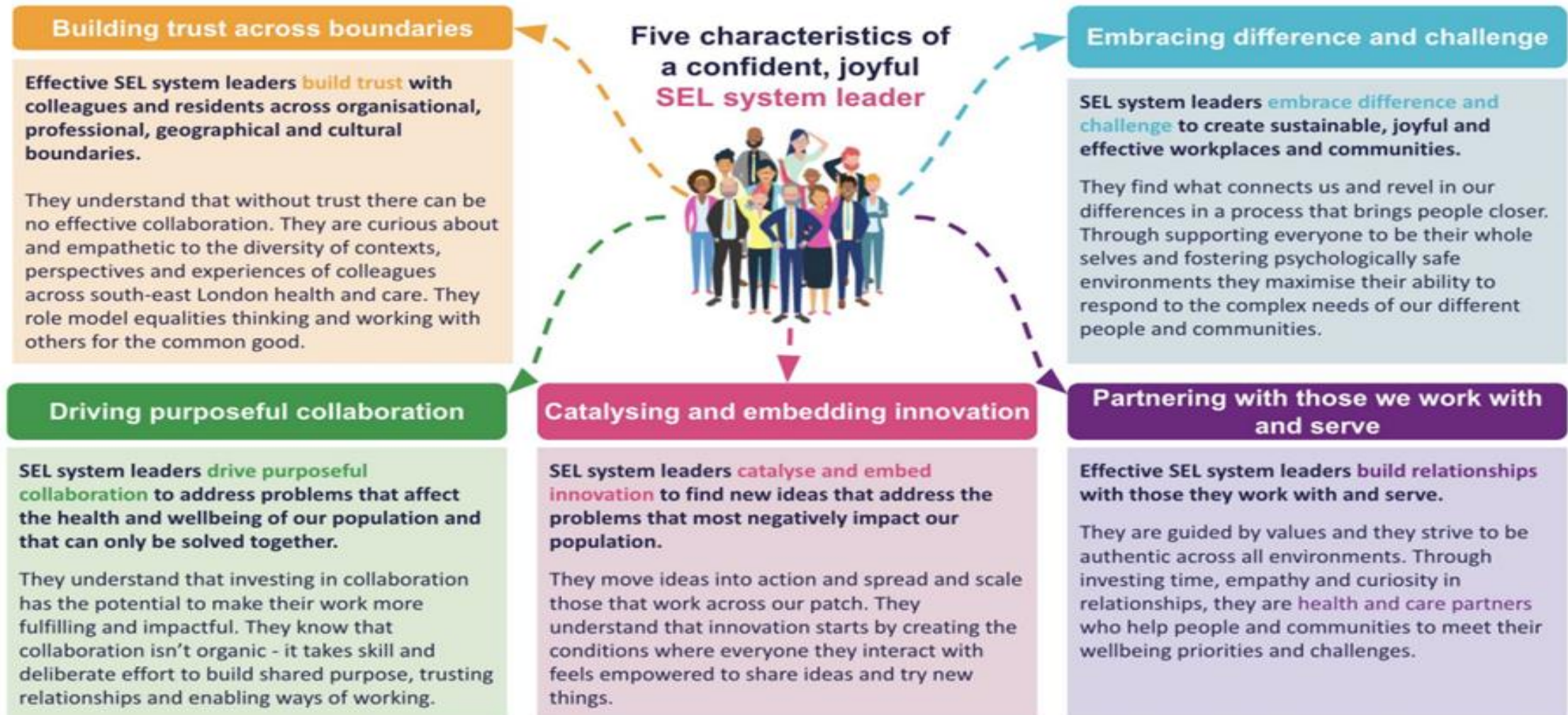
Focused on learning

Designed to support develop and foster a culture of learning underpinned by psychological safety. Governance must support us to share our successes and learn from them across SEL.

CCPL Review findings



The five characteristics of system leadership in South East London



CCPL Review findings



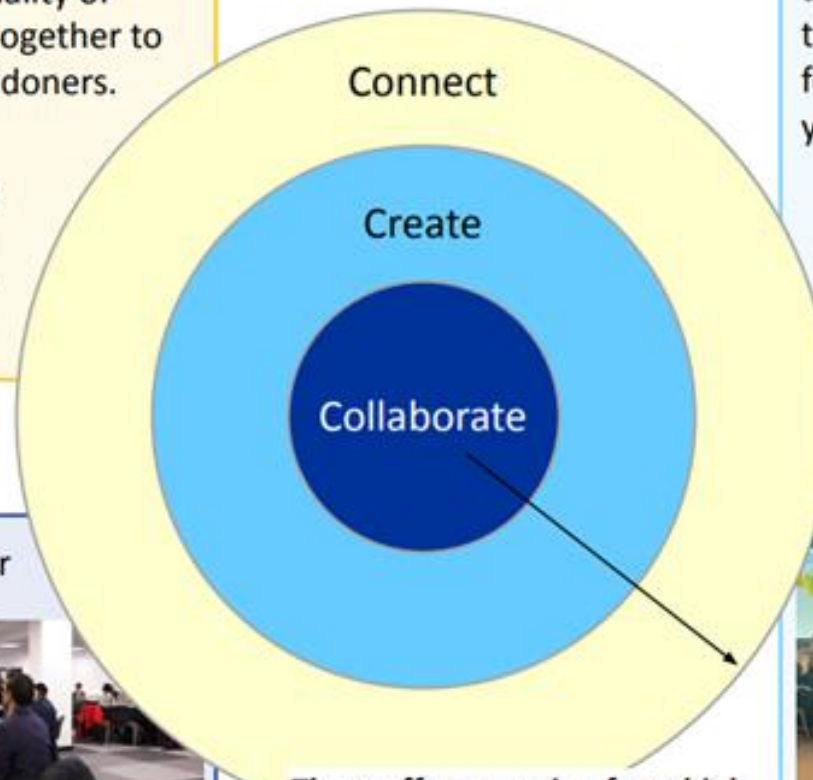
The South East London System Leadership Academy

Connect: A growing developmental community of systems leaders with a mission to increase the number and quality of connections across boundaries in service of working together to deliver kinder, more equitable care for south east Londoners.

"It's been a really refreshing experience. I've made some really useful new connections with people right across the system (health, care, VCSE sector) and am drawing on and linking up with a more diverse set of people and their wisdom / insights."

Collaborate: An eight-month in-depth programme for 30 leaders across the system.

"I'm really excited to be on the course and to learn from the different experiences and backgrounds of the people here."



Three offers, ranging from high intensity / small cohorts to low intensity / broad reach

Create: Support to spread and scale a successful innovation, led by a three-day team-based course, run for c. 60-100 people three times per year.

"It was a fantastic experience; Becky [Margiotta] was brilliant and it's sparked a lot of ideas for me and the whole team. I would certainly recommend it."



CCPL Review findings

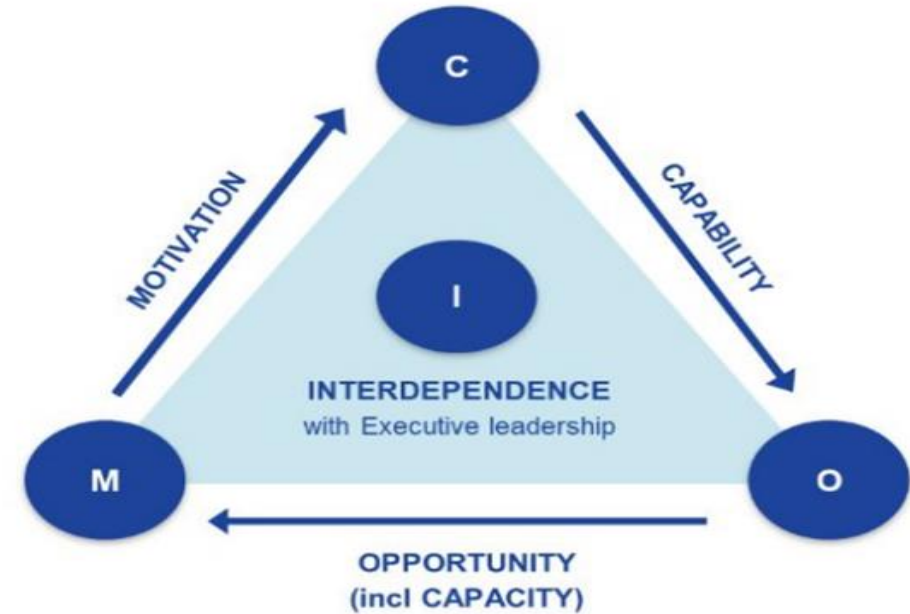


Capability

- Personal development
- Growing collective capability
- Relationship building and connection
- Collaboration to avoid duplication

Opportunity

- Diversity and inclusion
- Ensuring enough time is available
- Understanding what works best at place
- Aligning programme and place roles



Motivation

- Strengthening accountability
- Deepening a shared identity

CCPL Changes



- Moving to a two-tiered remuneration approach for CCPL roles recognising different levels of leadership accountability.
- Changes to how CCPLs are engaged in roles within the ICB.
- Changes are in response to feedback on how these roles have been managed previously.
- With an intention to establish an equitable and inclusive approach making sure that CCPL roles are open and attractive to everyone.
- Provision of access to the ICB's internal development opportunities.
- Moving all roles to a secondment model unless the ICB role is an individual's substantive employment in which case they will be employed by the ICB on a CCPL fixed term contract (FTC) of employment.



CCPL Next Steps



- Recognition for our current CCPLs (Roles in Appendix 1).
- Final arrangements being confirmed centrally to support the process going forward.
- We are in the process of developing:
 - Lambeth programme structure
 - Revising role outlines
 - Developing a CCPL Manager/Clinical supervisor Specification including links to *Our Health Our Lambeth*.
 - Recruitment activities, Advert/s, recruitment packs, panel composition, etc.
- Welcome comments and feedback on from the Lambeth Together Care Partnership on next steps.



Appendix 1: Current Lambeth CCPLs



Job Title	Present Post Holder	Profession	WTE
LCP Clinical/Care Professional Lead	Nozomi Akanuma	Consultant Psychiatrist	0.10
LCP Clinical/Care Professional Lead	Raj Mitra	GP	0.10
Staying healthy	Raj Mitra	GP	0.10
LCP Clinical/Care Professional Lead	Di Aitken	GP	0.10
Quality and Safety	Di Aitken	GP	0.20
PHM/Inequalities	Di Aitken	GP	0.10
Place Based Board leadership	Di Aitken	GP	0.10
MH	Nandini Mukhopadhyay	GP	0.10
LD & Autism	Nandini Mukhopadhyay	GP	0.10
Personalisation inc SP / End of Life Care	Justin Hayes	GP	0.10
CYP	Rachel Kilner	GP	0.10
Maternity	Claire Spencer	Mid-Wife	0.10
Cancer (Living with and Beyond)	Mark Adams	GP	0.20
Diagnostics	Lucy Goodeve-Docker	GP	0.10
Planned care	Debajeet Choudhuri	GP	0.10
Long term conditions, diabetes and Obesity (& Meds Ops)	Azhar Saleem	GP	0.10
Long term conditions, diabetes and Obesity (& Meds Ops)	Nathan Brown Tarak Radwan	GP GP	0.10
Meds optimisation	Tarek Radwan	GP	0.10
Urgent care	George Verghese	GP	0.10
Primary and Community care (inc Estates Development)	Divanka Wijendra	GP	0.20
Workforce Development	Rebecca Whitnall	GP	0.10
Engaging with Communities	VACANT	N/A	0.10



Lambeth Together Care Partnership Board

Title	Market Position Statement / Home Care
Meeting Date	18 January 2023
Author	Orla Oakey – Lead Commissioner
Lead	Jane Bowie - Director of Integrated Commissioning (Adults)

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Note and support the publication of the Lambeth Market Position Statement 2023 to 2028.
2. Note and support the update on plans for recommissioning home care for adults in Lambeth for the period 2024 to 2031.

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

N/A – new report for Lambeth Together Care Partnership Board. The item relates to programmes that sit within the governance of Lambeth Council and South East London Integrated Care Board at place level for Lambeth.

Summary and Impact on Inequalities

1. **Lambeth Market Position Statement 2023 to 2028:** The [Lambeth Market Position Statement 2023 to 2028](#) describes our care and support market for adults in Lambeth and our future commissioning intentions for the local health and care marketplace. The Market Position Statement has been developed in the context of the Our Future Our Lambeth 2030 Borough Plan; Health and Wellbeing Strategy 2023 to 2028; and Health and Care Plan 2023 to 2028. The Lambeth MPS is informed by equalities analysis from the Joint Strategic Needs Assessment, to address inequalities impacting Lambeth adults and carers. The MPS reflects the Lambeth ‘golden thread’ of equity and justice, with a specific theme for our commissioning intentions relating to Equity, inclusion and justice. The MPS sets out our commitment to work with health and care providers to address and reduce inequalities impacting adults and carers in Lambeth.

2. **Recommissioning Home Care:**

Lambeth is in the process of recommissioning home care services for adults, via a new model which will introduce a neighbourhood model of care for all standard care packages. Approximately 95% of care packages will be provided by eight neighbourhood providers and a separate, borough-wide contract will be in place for those with specialist care requirements (5%).

To support preparation for the tender, a full Equalities Impact Assessment was completed. The EIA concluded that the impacts of the change will be positive for residents, as the model supports the delivery of quality support for Lambeth home care clients through a neighbourhood approach based on continuity of care and close coordination between home care workers and other professionals. The tender sets out clear expectations relation to equity and inclusion, which includes ensuring that the workforce reflects the diversity of Lambeth's communities. Providers must develop and positively promote the Service as being welcoming, inclusive and accessible to people from all protected characteristic groups including Black and LGBTQ+ communities. The EIA will be refreshed in early 2024, in advance of awarding new neighbourhood contracts by April 2024.

Lambeth Market Position Statement and Recommissioning Home Care

Lambeth Together Care Partnership Board
18 January 2023



Lambeth Market Position Statement 2023 to 2028



Working in partnership for a healthier borough

- From April 2024, Lambeth Integrated Commissioning and Adult Social Care set about developing a new Market Position Statement for Lambeth.
- The purpose of the Market Position Statement is to:
 - Describe the current local landscape for care and support provision for adults aged 18+.
 - Set out our commissioning intentions for the next five years to providers of care and support services.
 - Support the local authority's market shaping duties, in line with the Care Act 2014.

"Local authorities should take the lead to engage with a wide range of stakeholders and citizens in order to develop effective approaches to care and support, including through developing the JSNA and a Market Position Statement" – Care Act 2014



Scope of the MPS

- Lambeth Market Position Statement 2023 to 2028 [published online](#) in November 2023:
 - Jointly covers health and care provision for Lambeth adults and carers
 - Developed in the context of Lambeth strategic plans including Our Lambeth 2030 Lambeth Together Health and Wellbeing Strategy
 - Informed by the Joint Strategic Needs Assessment for Lambeth – refresh exercise currently in progress



Market Position Statement on a page

Our Vision

Lambeth is a borough of equity and justice where all adults with care and support needs can get the right support at the right time in their communities.

We take a strength-based approach and work with people to develop their resilience and prevent avoidable need for care and support.

Our commissioning priorities

1. Prevention and wellbeing



The needs of Lambeth people are addressed at an early stage through support that maximises wellbeing and strengthens communities.

2. One borough approach: local and place-based support



Asset-based approach, building on and amplifying what is already in the community and integrating health and care.

3. Personalisation and choice



Providers skilled in working with clients to help direct their care. Direct payments and personal health budgets.

4. Keeping people independent in their own homes



Lambeth adults supported to live independently in their own homes, wherever appropriate.

5. Equity, inclusion and justice



Embedding inclusion and equity for all protected characteristics in service design and delivery.

6. Financial sustainability



Quality care is commissioned via models that are financially sustainable for both providers and the council, supports independence and mitigates high cost interventions.

Enablers for realising our priorities

We ensure care is accessible, transparent and responsive to diverse needs

People have a say and a stake in decision making

We work together and explore opportunities for joint working and integrated care

We support and develop the Lambeth care workforce

We embrace and develop the opportunities offered by digital advancement

Recommissioning home care for Lambeth adults



Working in partnership for a healthier borough

Overview



- **Lambeth is in the process of recommissioning home care for adults, moving to a neighbourhood model of care by March 2025:** home care, primary care and community health working in closer alignment to provide a more joined-up service to people within eight neighbourhood areas.
- This is the **first of two phases**, starting with general home care providers and following with specialist home care (for more complex or challenging care needs).
- EIA demonstrates that this change will result in a positive outcome for residents with a **more coordinated, consistent, and timely support** for individuals. It will drive better relationships between front line workers across health and social care and will lead to improved outcomes for individuals.
- The **mobilisation of these contracts will be a challenge**, but we will have robust governance arrangements and a dedicated mobilisation team to ensure a smooth transfer and mitigation of risks ensuring that individuals receive a safe and supportive transfer.



Neighbourhood home care model



Commissioning priorities

- Benefits clients through greater integration, continuity of care and use of community assets.
- Exploring new ways of organising care in the borough, so carers can respond more quickly to an individual's changing needs and minimise time spent on travel.
- Supporting market sustainability – key issues include recruitment and retention challenges. New contracts will implement the Unison Ethical Care Charter for home care, to continue our investment in care staff and support service quality.
- Supporting closer joint working between home care workers and local health and care services and community networks.
- Ensuring model is responsive to our engagement with health and care partners and service users (Lambeth Council & Healthwatch Lambeth Design in Social Care project with home care clients).

Design of the neighbourhood model

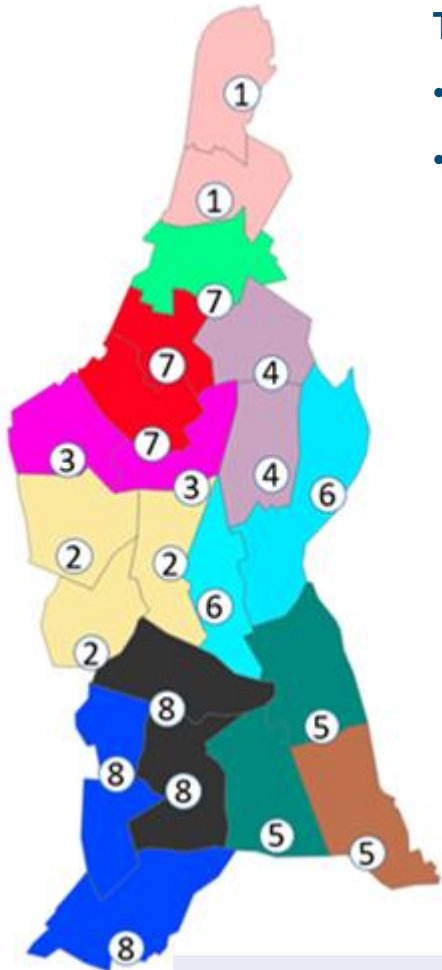
- Lambeth will adopt a new model for home care: establishing **eight neighbourhood areas for standard care**
- **Separate tender to follow in 2024 for specialist care packages** on a borough-wide basis
- The neighbourhood model complements the Lambeth Together approach to neighbourhood-based health and care support, including Neighbourhood Wellbeing Delivery Alliance.
- Model informed by close joint working with GSTT to align the design of the home care neighbourhood model with the existing neighbourhood nursing locality teams.
- Model by informed extensive benchmarking with other local authorities in South East London and London, with many councils having implemented similar neighbourhood models for home care.
- Commitment to Equality, Diversity and Inclusion – ensuring high quality, inclusive, culturally appropriate care for all clients.



Lambeth neighbourhoods for standard home care

The standard home care contracts will consist of:

- **Eight neighbourhood areas** with one provider responsible for standard home care packages in each area
- Additional providers appointed to **Reserve Provider List**, in the event of capacity issues for neighbourhood providers



Neighbourhood	Name
1	North Lambeth
2	Clapham Common and Brixton Hill
3	Clapham Town
4	Myatt's Fields and Brixton North
5	Dulwich Wood / Gipsy Hill
6	Herne Hill
7	Oval / Stockwell
8	Streatham Hill / Streatham South

Note on scope of the model: neighbourhood model applies to standard home care packages for adults (mainly older adults).

Lambeth will continue to commission home care packages for specialist care requirements via separate arrangements

Next steps for implementation



- **Tender in progress for standard home care** – by end of March 2024, the council will award contracts to eight neighbourhood providers and additional providers on a Reserve Provider List.
- **Tender for specialist home care** – aiming to go out to tender in summer 2024 for an additional contract for specialist home care requirements on a borough wide basis.
- **Extended mobilisation period** – from April 2024 to March 2025, Lambeth Adult Social Care and Integrated Commissioning will work with home care clients and providers to establish the neighbourhood model of care under new contracts.

