

Lambeth Together Care Partnership Public Forum and Board Meeting in Public

In Person at the Lambeth Town Hall Basement & [Microsoft Teams Meeting](#)
Thursday 21st March 2024 | 1:00pm – 5:00pm

AGENDA

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

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
1 p.m.	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>
2 p.m.	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 18th January 2024 	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 18th January 2024 	Paper enc.	Andrew Eyres <i>Place Executive Lead, Strategic Director, Integrated Health, and Care</i>
5.	Living Well Network Alliance Contract Extension	Paper enc.	Jane Bowie <i>Director Integrated Commissioning - Adults</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
2:20pm (30 mins)	<ul style="list-style-type: none"> Members of the Board are asked to note the progress to date against the original business for the Living Well Network Alliance and benefits as an expression of the aims of the Lambeth Together Care Partnership Support the overall direction of travel with respect to the Alliance ambitions and the contract extension, noting the approvals from individual partner boards 		Guy Swindle <i>Director LLWNA</i> David Orekoya <i>Associate Director-Integrated Commissioning</i>
6. 2.50pm (15 mins)	Lambeth Together Assurance Group (LTAG) <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 presented on 30th January 2024 	Paper attached.	Sue Gallagher <i>Board Lay Member</i> Warren Beresford <i>Associate Director Health and Care Planning and Intelligence</i>
7. 3.05pm (10 mins)	Primary Care Commissioning Committee (PCCC) <ul style="list-style-type: none"> Members of the Board are asked to note the update on discussions held and ratify decisions made at the Primary Care Commissioning Committee on 10th January 2024 	Paper enc.	Sue Gallagher <i>Board Lay Member</i> Oge Chesa <i>Director of Primary Care and Transformation</i>
3:15pm	BREAK		
8. 3:25pm (35 mins)	Business Planning: Taking Forward 'Our Health, Our Lambeth', Lambeth Together Health & Care Plan in 2024/25 <ul style="list-style-type: none"> Members of the Board are asked to note the process underway to review and refine our plans, along with the associated timelines Provide feedback on the approach taken and reflect on their role within the planning process Confirm the commitment from partners to collaborate effectively on executing an impactful plan, taking into consideration financial and resource constraints 	Paper enc.	Warren Beresford <i>Associate Director Health and Care Planning and Intelligence</i>
9. 4:00pm	Deep Dive: Neighbourhood and Wellbeing Alliance	Paper enc	Josepha Reynolds <i>Programme Director, NWDA</i> Binki Taylor

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
(45 mins)	<ul style="list-style-type: none"> Members of the Board are asked to note and discuss the Working with Communities programme and 2022/23 progress report for the Alliance 		<p><i>Chief Executive of the Brixton Project and NWDA Independent Chair</i></p> <p>Chris French <i>Community Connector, NWDA</i></p> <p>Shanet Lewis <i>Programme Lead, Building Healthier Communities</i></p> <p>Ruth Vidal-Tunkara <i>Senior Link Worker and Social Prescribing Development Lead</i></p> <p>Gareth Jones <i>Clinical Lead Physiotherapist, GSTT</i></p>
10. 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 further questions 		<p>Dr Di Aitken <i>Co-Chair</i></p> <p>Cllr Jim Dickson <i>Co-Chair</i></p>
11. 4.55pm	<p>AOB</p> <p>Close <i>Date of next meeting: 9th May 2024 (virtual)</i></p> <ul style="list-style-type: none"> <i>Public forum, 1pm-2pm</i> <i>Board meeting in Public, 2pm-5pm</i> 		<p>Dr Di Aitken <i>Co-Chair</i></p>

Lambeth Together Care Partnership Board - Action Log

March 2024

No	Date Raised	Action	Current Status	Open/Closed
1	18.01.2024	Detailed update on EPIC and My Chart to be brought back to future Board meeting.	On forward plan	Closed
2	18.01.2024	Rich Wiltshire and Dr Di Aitken to meet to discuss all mobile applications, such as My Chart.	TBC	In progress
3	18.01.2024	Megan Doherty to provide an update on the timeline of the Homewards Project.	On forward plan	Closed
4	18.01.2024	Business Planning to be brought back to future Board meeting.	On forward plan – March Board	Closed
5	18.01.2024	Emma Casey to circulate information on Street Link.	Circulated	Closed
6	18.01.2024	Orla Oakey to share communications plan on Homecare once finalised.	Will be final and shared by 25/03	In progress
7	18.01.2024	Circulate Clinical and Care Professional Leads Network Forum meetings, newsletters and recordings to Board members	Board members now on circulation list and will receive this information	Closed
8	18.01.2024	Oge to send Rich more information on medicines optimisation review and Dr Di Aitken to assist.	Finlay and Rich met W/C 26/02 to discuss	Closed

LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

Thursday, 18th January 2024, 2pm
Microsoft Teams

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

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

[Part 3 Meeting Recording - Item 6 to 12 \(Inclusive\)](#)

[Board Meeting Papers](#)

[Supplementary Paper - Lambeth Together Assurance Group](#)

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
Sarah Austin (partial attendance)	Chief Executive Integrated and Specialist Medicine, GSTT NHS Foundation Trust
Alice Jarvis	Director of Operations and Partnerships, GSTT NHS Foundation Trust (deputising for Sarah Austin, Chief Executive Integrated and Specialist Medicine, GSTT NHS Foundation Trust)
Anna Clough	Site Chief Operating Officer, Kings College Hospital NHS Foundation Trust (deputising for Julie Lowe, Site Chief Executive, Kings College Hospital NHS Foundation Trust)
Cllr Judith Cavanagh	Young People's Champion, Lambeth Council
Cllr Marcia Cameron	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Dr George Verghese (partial attendance)	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Mairead Healy	Chief Executive, Healthwatch Lambeth
Dr 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 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
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead
Fiona Connolly	Corporate Director of Housing and Adult Social Care, Lambeth Council
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 attended
Therese Fletcher	Managing Director, Lambeth GP Federation

In Attendance:

Anna D'Agostino	Healthwatch Lambeth
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
Jane Bowie	Director of Integrated Commissioning (Adults), Lambeth Council and Southeast London Integrated Care Board
Josepha 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
Sabrina Phillips	Living Well Network Alliance Director
Simon Boote	Children and Young People Alliance Lead
Warren Beresford	Associate Director, Health and Care Planning and Intelligence, South East London Integrated Care Board
Cllr Evelyn Akoto	Partnership Southwark, Southwark Council
David Orekoya	Associate Director, Integrated Commissioning – Mental Health, Lambeth Council
Emma Casey	Strategic Commissioning Manager, Lambeth Council
Jessica Engen	Consultant in Public Health, Lambeth Council
Megan Doherty	Homewards Local Delivery Lead
Orla Oakey	Lead Commissioner, Lambeth Council
Paul Davis	Head of Commissioning, Supported Housing, Lambeth Council

1 Introductions

Those present introduced themselves. Apologies were noted from Lillian Latinwo-Olajide, Fiona Connolly, Julie Lowe, Dr Raj Mitra, Therese Fletcher, and Dr Penelope Jarrett. Partial apologies were noted from Sarah Austin and George Verghese.

Welcome to Alice Jarvis, deputising for Sarah Austin and Anna Clough, deputising for 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:

- The Brixton Project Event regarding cancer early detection held at Morleys department store on Saturday 13th January.
- Safe access to abortion clinics.
- Sarah Flanagan gave an update on what the Patient and Public Voice members (PPV) have been working on since the November Board meeting. Sarah noted that between the 22nd and 28th January, it is Cervical Cancer Prevention Week so encouraged attendees to get their cervical screening, where required. Sarah recalled the launch last summer by Prince William at Mosaic Clubhouse of the Homewards Programme and wanted to note she was delighted that the Board were going to hear more on this programme in today's meeting. In November, Sarah attended the World Mental Health Summit in Portugal with the Chief Executive Officer of Mosaic Clubhouse and was given the opportunity to give her experience of Mosaic services in Lambeth. Sarah also wanted to highlight the Health and Wellbeing Bus offering mental health support

and health screening and the great support given by the Lambeth Together team at the Aging Well Festival in September 2023.

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

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 16 November 2023 Meeting

The [minutes](#) of the meeting of Thursday 16 November 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 the key highlights in his Place Executive Lead report, and the following discussions were had:

- Rich Wiltshire asked if there was an update on any pressures winter viruses are causing on the system and asked how prevalent Covid and flu are in Lambeth.
- Andrew explained there had been an increase in Covid before Christmas, but it was stable at the moment and those in hospital testing positive are small numbers. Flu has a similar pattern, but we have not reached the peak of the flu period yet. Ruth Hutt added partners are completing preparation work for Scarlet Fever and there has been isolated Norovirus cases, some of which are linked to food poisoning.
- Sue Gallagher mentioned the publicity around another 10% cut on top of the current cuts within the system and asked if members could have more information on how this will impact hospitals and community services. Andrew confirmed an item on Business Planning for 2024-25 would come to the next Board meeting.
- Sue also mentioned the EPIC system and that there were still problems in relation to EPIC interfacing between primary care and hospitals and asked if anyone could share any information about how well these issues are being resolved and if there are any impacts that have been very serious. Alice Jarvis explained that with regard to EPIC, trusts had been made aware of the issues and impact of EPIC on primary care and a number of areas were being worked on to stabilise the system. Dr Di Aitken explained some of the issues GPs saw at first are no longer happening. Andrew confirmed a fuller update on EPIC would be brought back to the next meeting once the system had settled down, including an update on My Chart.

Action: Business Planning to be brought back to future Board meeting.

Action: Detailed update on EPIC and My Chart to be brought back to future Board meeting.

RESOLVED

1. Board members agreed to note the update of key developments since the last Lambeth Together Care Partnership Board meeting in Public on 16th November 2023.

To view the report accompanying this item, refer to pages 13 to 18 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 02:00 – 17:47.

5 Deep Dive – Homeless Health Programme and the Homewards Project

Paul Davis and David Orekoya presented on the Homeless Health Programme and Megan Doherty presented on the Homewards Project. The following discussions took place:

- Mairead Healy was glad the (Homewards) presentation mentioned embedding lived experiences as it is important to hear from those with experience as they know what needs to be done and was interested to hear more about how the team would go about embedding this into the programme.
- Megan explained there was a workshop leading on lived experience design work and that the programme was looking at ways of compensating people for their time and how best to do it within Lambeth. Megan explained the (Homewards) programme is at the very early stages of this process.
- Sue asked about the use of churches in Lambeth as last year, in South West London, there was a network of churches providing spaces for homeless people and asked if Lambeth has the same or similar in the borough. Sue also asked if the Council had a list of properties not in use which could possibly be used to accommodate homeless people. As well as this, Sue asked, when trying to ascertain reasons for the increase in homelessness, is there an extent to which young people or recently evicted people feature and are these incorporated into the Homewards Project?
- Paul responded regarding churches in Lambeth and explained there are a coalition of churches who have a rolling offer of accommodation and will accept people from anywhere, not just within the borough. During Covid and post-Covid, they didn't open due to public health advice but that has changed this year. The churches don't have the capacity they used to have. Emma Casey explained we have a rough sleepers coordinator who meets with organisations to link in with those services.
- In terms of empty buildings, they tend to be tied up in regeneration programmes or privately owned. Some places said we could use them for six months, but this is not worth doing by the time set-up is complete. There is a team dedicated in Lambeth to try and bring this together in one place.
- Cllr Judith Cavanagh referred to the case study about 'Michael' moving to Devon and asked how it works when someone moves back to another place outside of the borough? Do we lose contact or is there support in place with agencies elsewhere? Regarding homeless families, for young women with children who face sofa surfing, how does the programme keep continuity for children staying at school?
- Paul explained we have an outreach team helping people return to an area of their choice and the team will always try and find services to signpost people to, they can be difficult to reach but they will try. With young women sofa surfing, this counts as a family unit so we have a statutory duty to help them.
- When considering reasons for homelessness in young people, we carried out a massive transformation programme moving away from hostels towards more specialist services, more personal, more tailored and shifted investment into prevention. We are now trying to do more upfront work, installing mediation services for young people and families. There has been a rise in evictions with families and more families are approaching the council. There has also been a rise in temporary accommodation, and it is predicted that we may see another 10% rise in temporary accommodation use by the end of this year. We have around 5,000 households in temporary accommodation now, that is alarming, but it is not unique to Lambeth and is repeated across most London boroughs. We have a statutory duty to help families.
- Cllr Marcia Cameron asked how do residents report their concerns and how do you work with Street Link, which is who we normally signpost residents who have concerns about rough sleepers to?
- Emma confirmed she can share information relating to Street Link, but it is a commissioned outreach service that goes out from 5:30am in the morning. A funded outreach team go out at night too, between 12:00am-02:00am. If you alert Street Link, they will divert to the next person who is going out and this is the best way to report rough sleepers. It helps coordinate everything effectively to make sure the right team responds.

Action: Megan Doherty to send an update on the timeline of the Homewards Project.

Action: Emma Casey to circulate information on Street Link.

RESOLVED

1. Board members to note the update on developments and ongoing work around Homeless Health from various partners.

To view the presentations accompanying this item, refer to pages 19 to 97 of the Board pack.

To view the recording accompanying this item, refer to part 2 of the meeting recording from 17:50 – 1:17:18.

6 Market Position Statement / Home Care

Orla Oakey and Jane Bowie presented on the Market Position Statement and Home Care. The following was discussed:

- Cllr Jim Dickson thanked Orla and the team for the work they have done commissioning the service. As a council, we always want to ensure our workforce who deliver homecare are really well paid, have good working conditions, good training opportunities and noted there are lots of benefits of having the same people in the same areas, helping the same clients and service users and these benefits are yet to be realised. It is a new model so we will get situations where carers do change, and arrangements do change, which is disruptive for service users.
- Sue commented that this was fantastic news and really inspiring and asked, to what extent and how will you balance the attempt to get a diverse range of providers and provider models to make sure they are capable of doing what they take on and have quality assurance.
- Jane explained around quality, all home care providers have to be registered with the Care Quality Commission (CQC) and will monitor providers routinely. We do have a quality standard for providers applying and they needed a CQC rating of at least “good.”
- Orla explained there was a multi-stage engagement process before we went to tender to discuss these things and the model was adapted to make sure there was sufficient options.
- Paul Coles asked if a plan had been put in place with each provider to the community sector if we have issues with care raised.
- Orla explained this was a key priority and mentioned the team were finalising the communications plan and reiterated the Voluntary and Community Sector (VCS) are key stakeholders, so once the plan is concluded and finalised, the team can cascade information.
- Sarah Flanagan asked, when putting out to tender, were you hoping to get new organisations to provide services or is it just the services that are already used being asked to put in their offer? How widespread is the offer?
- Jane explained the tender went out very widely as the team were looking to keep strength in the home care provider market we currently have still operating in the borough and also, to attract new providers. It was about having the combination and seeing how we make sure we keep the strength and diversity we currently have in the borough. Jane also mentioned an ethical charter which commits the council to paying national living wage in addition to enhanced conditions.

Action: Orla Oakey to share communications plan once finalised.

RESOLVED

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

To view the presentation accompanying this item, refer to pages 137 to 150 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 0:09 – 19:40.

7 Lambeth Together Assurance Update

Sue Gallagher and Warren Beresford presented an update on the November Assurance meeting:

- Rich thanked the team for continuing to make efforts to improve the readability of the report. Rich asked about the reds as two scores looked like large numbers, namely, diabetes checks were down 21% for type 2 diabetes and continuity of care for maternity was 52% down against the baseline, asking, should we be concerned?
- Warren explained there is a national direction to hit of 77%, which is ambitious. The previous period is the baseline against last year. For checks, we are 6.5% above last year, it shows we still have a way to go to meet the national ambition. The way we record our baseline is different if the national target is available.
- Sue added that Lambeth is doing well compared to other boroughs and explained regarding continuity of care for maternity that it is difficult getting good data, but work is in progress to do so. Warren explained that at the September Assurance meeting, Simon Boote presented on the challenge around data quality and the review did pick up how we track against that metric - it is a challenge to deliver. We are looking to review how the maternity group metric has a more realistic approach. Simon added the Local Maternity Neonatal System (LMNS) was reviewing statistics as it is difficult to achieve the backdrop across maternity services.
- Sarah Flanagan also congratulated the team on the slightly more readable report and asked about the large red area regarding immunisations and what was happening with those.
- Sue explained that immunisations and cancer screenings are something the team are concerned about. Ruth added there is a long way to go on immunisations. The team had to work hard to get levels up in Lambeth and post-Covid, it has become even harder. The team are trying immunisations in different settings with a range of different approaches to raise our rates. Andrew explained there are many factors that impact on childhood immunisations, and we benchmark against national targets. We are improving but this requires us to think differently to engage people to come forward.

RESOLVED

1. Board members to note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report for November 2023.
2. Board members to support the changes to measures recommended by the Lambeth Together Assurance Sub-Group from the mid-year review.

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 19:48 – 35:15.

8 Lambeth Together Primary Care Commissioning Committee Update

Sue Gallagher and Oge Chesa presented on the November meeting. The following was discussed:

- Rich asked what the medicines optimisation section was about as he did not understand what target had been missed.
- Oge explained GPs were given a range of medicines optimisation areas to review in support of patient care, inhalers, use of certain cost-effective inhalers, some appropriate effective drug choice to use to support proper use of certain medicines in the community instead of in the hospital and to caveat for the payment, you had to meet many requirements. The practice could meet two but not three, so a lot of practices didn't meet the criteria and there were appeals for that. We want to make sure the schemes are simple - you either meet it or do not meet it.

Action: Oge Chesa to send Rich Wiltshire more information on medicines optimisation review and Dr Di Aitken to assist.

RATIFIED

1. Board members to note the update on discussions held at the Primary Care Commissioning Committee on 08 November 2023.
2. Board members to ratify decisions made at the Primary Care Commissioning Committee on 08 November 2023.

To view the presentation accompanying this item, refer to pages 117 to 124 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 35:40 – 43:10.

9 Clinical and Care Professional Leads

Chris Moretti and Dr Di Aitken gave an update on the Clinical and Care Professional Leadership (CCPL) framework. The following discussions took place:

- Andrew explained Lambeth Together have been running a clinical network since 2013 and clinical leaders sit alongside political/community and executive leaders, operating as a collective leadership team. Andrew noted the real strength comes from the individuals themselves and their commitment to improvement, which is important to sustain into the future.
- Sarah Austin asked if there is an interconnect between this and the South East London (SEL) System Leadership Programme as there are lots of clinicians on the latter, so are we capitalising on the interplay between the two? This is an opportunity to mix in a network sense.
- Dr Nozomi Akanuma stated her role as Clinical Lead was one of the best jobs she has and noted she had been thinking about Sarah's point and with her counterparts in other boroughs. As a system, we need to be conscious about how to make our leadership sustainable and think about succession plans. There have been a lot of system leadership opportunities, workshops, training, etc. which I think is too many. I think there will be a stocktake to look at what is more reasonable.
- Andrew added there was a need to better link the local leadership with wider SEL leadership roles. SEL are leading the way in many aspects of this.
- Sue asked if consideration had been given to the length of the tenure of CCPL posts as it must be difficult for people to learn enough and gain a way of participating and deliver something in a year.
- Chris explained the recommendations ask for a two-year tenure so that is recognised within the design following review of the programme. Andrew added we might want to sustain a mix of continuity as well as change and that we stagger end dates.
- Sue also noted it would be beneficial if members could hear something from the leads, such as an annual event or something to tell members what they learned, what they did and things for us to consider in future to make their roles even more constructive.
- Andrew explained that normally, our leads would join our managers when presenting to the Board but the items we have had today don't have leads in those areas. We also have a network arrangement and leads present to each other. We have a newsletter following the network meeting – we will make sure this goes to Board members along with forum recordings.

Action: Circulate Clinical and Care Professional Leads Network Forum meetings, newsletters and recordings to Board members.

RESOLVED

1. Board members to consider the changes to the Clinical and Care Professional Leadership framework.
2. Board members to feedback/comment on next steps.
3. Board members to support arrangements going forward.

To view the presentation accompanying this item, refer to pages 125 to 136 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 43:10 – 1:07:40.

10 Age Friendly Research Findings

Jessica Engen presented on the Age Friendly Lambeth Community Engagement findings and the following was discussed:

- Sarah Austin offered support via Alice Jarvis around drawing in acute staff to assist with age friendly services in hospitals.
- Cllr Judith Cavanagh mentioned the age friendly feedback resonated with what young people were telling us with the child friendly Lambeth engagement piece, especially with busses, so wondered if the age friendly and child friendly teams could compare notes and see what we can look at to help break down barriers.
- Josepha Reynolds offered support from the Neighbourhood and Wellbeing Delivery Alliance to support older people in the borough so as not to duplicate work the Alliance may already be doing.
- Paul Coles asked if the survey on transport was followed up with bus companies, particularly around allowing time to sit down, which also is a crossover with young mothers. Paul is happy to be part of following up to do training with companies. Paul noted another issue is with buses not getting close enough to the kerb, which is a problem for those with mobility issues.
- Ruth explained that Transport for London (TFL) are linked to Greater London authorities and the London Mayor's Office are doing work on the elderly taking buses, namely, drivers having more training – this is an opportunity for us to link into the London-wide work.
- Jess noted work is being done with the child friendly team and explained the age friendly team is linked in, recognising the crossovers. Jess thanked everyone for their offers of support.

Action: Child Friendly Lambeth and Age Friendly Lambeth to liaise on engagement surveys to compare notes.

Action: Jessica Engen to link with Alice Jarvis, Paul Davis and Josepha Reynolds for support from the acute trusts, the Neighbourhood and Wellbeing Delivery Alliance and Age UK to assist with the engagement survey findings.

RESOLVED

1. Board members to note the findings from the Age Friendly Lambeth Community Engagement.
2. Board members to support the next steps in taking forward Age Friendly Lambeth.

To view the presentation accompanying this item, refer to pages 99 to 116 of the Board pack.

To view the recording accompanying this item, refer to part 3 of the meeting recording from 01:07:42 – 01:32:21.

11 Questions from public attendees

There were no questions from public attendees.

12 AOB

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as 21st March 2024 and will be held virtually and in person in the Basement of the Lambeth Town Hall.

The meeting ended at 17:00.

CHAIR
LAMBETH TOGETHER CARE PARTNERSHIP BOARD
Thursday 18 January 2024

Lambeth Together Care Partnership Board

Title	Lambeth Together Place Executive Lead Update
Meeting Date	21 st March 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 18th January 2024

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 21st March 2024

Andrew Eyres – Corporate Director, Integrated Health and Care



Taking Forward 'Our Health Our Lambeth', Health and Care Plan

As we approach the close of the 2023/24 financial year, we are focusing on evaluating the progress made during our first delivery year of the Lambeth Health and Care Plan, 'Our Health, Our Lambeth 2023-2028' and on planning for 2024/25. This process involves reflection and learning on our activities to date, our response to emerging issues and challenges and the consolidation of activities planned for next year. We will be engaging with Board Members through our seminar session in advance of confirming proposals for 2024/25, which will be brought to the May meeting of the Lambeth Together

Care Partnership Board for sign off. We have also continued our work with Board members on our own Board development in order to support the Board in its role in overseeing the work of the partnership and in supporting delivery of our shared ambitions.

Of course, the Board itself is not static and we have seen turnover in membership even in the first couple of years since we were formally established. This month, we are saying goodbye to two Board members who are retiring. Sue Gallagher is retiring after 27 years in leadership roles, including 16 years since 2007 as Lay Member in Lambeth (through the Primary Care Trust (PCT), the Clinical Commissioning Group (CCG) and now Lambeth Together Boards) and also Sarah Austin who joined Guy's and St Thomas' in 2020 to lead the Integrated Medicine and Specialist Directorate within the Trust. A very big thank you to both for your many years of committed service to the NHS and to Lambeth residents whose lives will have been enhanced by your leadership and guidance.

System Pressures, 111 Press 2 Service and Measles

Across the country, the health and care system in all care settings remain under considerable pressure from the level of demand for unplanned care and the need to ensure ongoing recovery of planned activities and elective care waiting times. As previously reported, junior doctors voted in favour of continuing potential strike action and the latest period of industrial action ran from 24th until 29th of February. We continue to work closely with all system partners to implement the measures needed to minimise disruption and possible adverse impacts to services and our patients. We will continue to work together to offer mutual aid and support, to maintain high quality care, and avoid delays in patient pathways, particularly for those needing a hospital stay. In recent weeks, we have seen a marked increase in demand for mental health support, presenting in general practice and in community teams and through our emergency departments, including from non-local residents. We continue to work together across different care settings to respond to the challenges this has placed on all partners.

The 111 Press 2 for Mental Health Service is a new South London-wide service which supports residents who are in mental health crisis to be able to access mental health care by calling NHS 111. The service is expected to go live from this April, following local piloting. Patients are able to talk to an experienced call handler and, if needed, with their local Mental Health Crisis Line (in Lambeth's case – 0800 731 2864). The implementation of this service represents an increase in the number of mental health clinicians who will triage, refer-on, and offer advice and guidance to those needing crisis support.

We have also seen outbreaks of measles across the country, including cases in London and Lambeth, impacting children, teenagers, young people and unvaccinated/under-vaccinated communities. Measles

can lead to serious complications for some children and young people. It is highly infectious and can spread rapidly, especially in places like nurseries and schools, if people have not had at least one dose of the MMR vaccine. Two doses of the measles, mumps, and rubella (MMR) vaccine give the best protection. While Lambeth surpasses London in MMR coverage, local sub-optimal vaccination rates pose a risk of pockets of outbreaks. The good news is that it is never too late to catch up on MMR vaccinations. Consequently, a comprehensive response is in place nationally, regionally and locally in Lambeth. We're actively collaborating with partners, including schools and colleges, to raise awareness and urge parents and care givers to protect themselves and their children, regardless of their ages, by getting vaccinated against this serious illness before it spreads further. Details of community vaccination clinics in Lambeth, can be found on the [SEL NHS Website](#).

Equality, Diversity and Inclusion (EDI) Group

Our Lambeth Together EDI group have been working towards defining the EDI work plan for 2024/25, in particular, focusing on our health and care plan aspirations through an EDI lens to ensure that every aspect of our work reflects our core values. The group has had presentations from sexual health commissioners on contraception surveys, specifically targeting black, African, Caribbean, and multi-ethnic populations and is considering potential collaborations with organisations such as Born in South London outreach, exploring innovative ways to better serve Lambeth residents.

The London Inspire Programme, co-chaired by Lambeth's Associate Director for Community Engagement, Juliet Amoa, is launching the groundbreaking Black Health Inequalities Summit at the Royal Society of Medicine on 25th March with a focus on community and systems collaboration. The summit aims to address health disparities among Black Londoners. Speakers, such as Professors Kevin Fenton and Bola Owolabi, will offer insights, while workshops will tackle fundamental issues including sickle cell disease, black maternal health, and cardiovascular disease.

Our Delivery Alliances – a selection of highlights

Living Well Network Delivery Alliance: The final quarter of 2023/24 has presented some new challenges to the Alliance, with high demand for services (as above) coupled with change in the leadership team. Sabrina Philips, the Alliance Director, moved to a senior role within the Central and North West London NHS Trust at the end of February after 3.5 years in the Alliance role. My thanks to Sabrina for her leadership of the Alliance over that time, such that it remains well positioned to continue to innovate to progress improvements in mental health outcomes in the borough. The three-year extension to the Alliance business contract has now been signed off by the Integrated Care Board and is due to be signed off by Lambeth Council and The South London and Maudsley NHS Trust in their respective March meetings; having already been signed off by Certitude and Thames Reach. The Alliance continues to manage various spells of industrial action whilst maintaining services and managing the numbers waiting to be assessed by the Single Point of Access.

The New Douglas Bennett House building was handed over to South London and the Maudsley NHS Foundation Trust on 20th February. There is a working group working at pace to complete the final phase of the project and get the building ready for our staff and service users. This stage includes post-completion construction works, furniture installations, training, induction, and decant programmes, which are expected to run until the end of the summer, with wards being operational from early Autumn.

Children and Young People Delivery Alliance: In February, the Children and Young Person Alliance, in collaboration with King's College Hospital, Guy's & St Thomas' Hospital, Lambeth Early Action Partnership, and the South East London Local Maternity & Neonatal System, presented a comprehensive report to the Lambeth Adult Social Care & Health Scrutiny Sub-Committee. This report, titled "Lambeth Maternity Services: Complaints, Services and Initiatives for Marginalised or Underrepresented Women and Birthing People," provided a detailed overview of the maternity care landscape in Lambeth, highlighting the existing mechanisms for handling complaints and the various equality, diversity, and inclusion initiatives aimed at refining maternity services and addressing disparities, particularly for Black women and birthing people. The presentation served as another showcase of collaborative working, bringing together key senior stakeholders from each organisation to discuss their respective sections of the report. The focus on maternity user experience, especially in addressing the disparities in outcomes, underscored the collective commitment of these organisations to improving health care access and quality for all. This initiative not only reflects the

strategic alignment with *Our Health, Our Lambeth*: Lambeth Together health and care plan but also stands as a testament to the significant efforts being made towards creating a more equitable and inclusive maternity care system in Lambeth.



Neighbourhood and Wellbeing Delivery Alliance: The Brixton Project, led by Binki Taylor (NWDA Chair), in partnership with the Multicultural Marketing Consultancy (MMC) and the South East London Cancer Alliance (SELCA) launched a prostate and breast cancer campaign on 15th January targeting Black communities in South-East London. The campaign seeks to encourage Black men aged 45+ to go to the GP practice and ask for a prostate specific antigen (PSA) blood test to help identify risk of prostate cancer, and Black women aged 50+ to attend their breast screening appointment, when invited. It is centred around the design and development of 'The Care Card'. The Care Card is a personal healthcare resource which can sit on a counter or slot into a wallet, and the Care Card serves as a vehicle for disseminating screening information and health check

milestones. The Care Card is a call to action and symbol of agency for members of Lambeth's Black communities. With collective wellbeing at its core, it encourages individuals to engage in community health together, reducing stigma and increasing motivation.

Heart Month is an annual campaign highlighting the importance of heart disease and ways that people can reduce their risk. This February, Lambeth Together marked Heart Month by promoting the various ways that Lambeth people can get their blood pressure checked, and by inviting residents to visit a community pharmacy to have their blood pressure measured. Just over 34 per cent of Lambeth adults have higher than average blood pressure, which can increase the risk of serious and potentially life-threatening health conditions such as heart attacks, stroke and kidney disease. Almost 80 per cent of Lambeth community pharmacies now offer free blood pressure checks to people aged 40 or over, or to people under 40 with increased risk. Raising awareness of the importance of regular blood pressure testing for people aged over 40 is one of Lambeth Together's key priorities, linked to our ambition to support people to lead healthy lives, to detect health conditions early and empower people to manage these conditions and avoid complications. There is more about [Lambeth Together's work to tackle high blood pressure](#) on the Neighbourhood and Wellbeing Delivery Alliance web pages.

Leadership in Good Food Award

Lambeth has been ranked as the top borough in London in showing leadership in the two key areas relating to good sustainable food action and in addressing food poverty and insecurity. Lambeth was awarded the Leadership Award for its commitment to healthy and sustainable food initiatives in the new 2024 report '[Good Food Local: The London Report](#)' supported by the Mayor of London and published by Sustain - the alliance for better food and farming. The report measured the borough's approach to food using criteria across multiple areas, such as response to the cost-of-living crisis, children's food, healthier food environments, and food growing. The award is also a recognition of the work done as part of the Lambeth Food Poverty and Insecurity Action Plan (2021-2024). The Plan adopts a multi-focused approach to food poverty and insecurity, combining short, medium and long-term actions, which include:

- Preventative actions to identify and address risk factors that drive people into food poverty and insecurity in the first instance.
- Actions to manage crisis events and the need for immediate provision by working to have systems in place that are resilient and capable of responding to surges in demand to cater for the acute needs.
- Actions to address the wider structural and underlying causes of food poverty.

HIV Testing week



It was National HIV Testing Week on 5th-11th February and this year, Lambeth, Southwark and Lewisham offered residents HIV testing when their GP-requested a blood test. This initiative aims to help normalise HIV testing for both residents and healthcare professionals, and to ensure testing for HIV becomes routine for those visiting GP practices and undergoing blood tests. The initiative was supported by our HIV GP Champions – Ruth Harris (Lambeth), Grace Bottoni (Lewisham) and Rebecca Hall (Lambeth and Southwark).

Lambeth worked with the Health and Wellbeing Bus, Naz Project and Love Sex Life surveyed residents at King's College Hospital, Guy's and St Thomas' and phlebotomy sites during the testing week, helping us to understand their current awareness level regarding HIV, HIV prevention strategies, and the significance of regular testing.

We gained media coverage from Sky News who visited Brockwell Park on Wednesday 7th February to report the initiative underway in Lambeth, stressing the importance of a systemic approach to testing to achieve the ambition of eliminating HIV transmission by 2030. In addition, interviewing Ruth Harris, Sky News also spoke with the Terrance Higgins Trust CEO, Richard Angell, and a person living with HIV.



Age Friendly Public Forum

With the older population of Lambeth increasing, it is important to ensure our borough is a place that meets the needs of all of us as we age. To achieve this, Lambeth has committed to taking an 'Age Friendly' Borough approach. Using the World Health Organisation's Age Friendly Cities and Communities Framework, Age Friendly Lambeth is bringing together older residents, voluntary and community sector (VCS) organisations and wider partners from across the borough to inform and shape an Age Friendly Action Plan. Key themes in this action plan will include outdoor spaces and buildings, housing, social participation community support, health services and more.

To inform the development of the Age Friendly Action Plan, an Age Friendly Forum has been established. The first Age Friendly Forum took place on Tuesday 27th February at Brixton House, where approximately 50 attendees, including older residents and VCS organisations, participated in the session. During the forum, attendees discussed key values and principles that will underpin how they would like to engage with and help shape the Age Friendly Lambeth Action Plan development. There was a wealth of experience of living in Lambeth who attended, and the forum provided an opportunity to learn more from attendees on what matters most to them. Looking ahead to future Age Friendly Forums, Lambeth Council will embed these identified priorities of inclusivity, diversity, respect, collaboration and fun into sessions. To learn more, visit the [Age Friendly Lambeth webpage](#) or contact the Age Friendly Project Team via email: age.friendly@lambeth.gov.uk

Lambeth Civic Awards

A highlight in February was the Lambeth Civic Awards held at the Lambeth Assembly Hall. The event was to recognise individuals and organisations within Lambeth that have gone the extra mile to support our residents and communities. The awards were across a dozen categories – generating close to four hundred submissions, narrowed down to around fifty finalists, with twelve overall winners. It was hugely inspiring to see how individuals and organisations are committed to



supporting our communities across Lambeth, with many individuals that have been involved in health and care activities recognised at the ceremony. You can see a full list of finalists and award winners [here](#) and watch a short video by the Mayor of Lambeth about the evening [here](#)

Visits to Lambeth

Last month, we hosted another visit by Miranda Brawn, a non-executive director from Guy's and St Thomas', just ahead of International Women's week. We were able to showcase the work in Lambeth to address Violence Against Women and Girls which included a discussion with the Gaia Centre team who offer excellent support to those subject to domestic violence and abuse in our borough. My thanks again to all those who contributed to making the visit a success and another opportunity to showcase the excellent caring work that goes on in Lambeth. To follow on from this we are planning further visits, including with ICB Board members and would encourage any partners to flag areas of work they might wish to showcase.

Lambeth Together Care Partnership Board

Title	Lambeth Living Well Network Alliance (LLWNA) Agreement Extension
Meeting Date	21 st March 2024
Author	Guy Swindle, Deputy Director LLWNA David Orekoya, Associate Director-Integrated Commissioning
Lead	Jane Bowie, Director Integrated Commissioning - Adults

This item is for:

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

The Lambeth Together Care Partnership Board is asked to:

1. Note the progress to date against the original business for the LLWNA and benefits as an expression of the aims of the Lambeth Together Care Partnership.
2. Support the overall direction of travel with respect to the LLWNA ambitions and the contract extension, noting the approvals from individual partner boards.

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

LLWNA partner organisations have or are currently in the process of ratifying approval of the contract extension:

- Thamesreach Board approved June 2023
- Certitude Board approve June 2023
- SEL ICB Board approved 31st January 2024
- LBL- Lambeth Council- contract extension presented to CMB 19th December 2023 and supported by Cabinet Leads and endorsed by Informal Cabinet on 6th March 2024
- SLaM – approval by Trust Board due on 19th March 2024

Summary and Impact on Inequalities

In Spring 2018 Lambeth Clinical Commissioning Group (now SEL ICB) approved the recommendation to enter into a 7-year partnership agreement –with option to extend for a further 3 years- for the Living Well Network Alliance (LLWNA – The Alliance) mental health delivery partnership in Lambeth from 1st July 2018. SEL ICB also entered into associated S75 agreement with Lambeth Council for the term of the agreement.

Constituent partners in the Alliance are Southeast London ICB, Lambeth Council, South London and Maudsley NHS Foundation Trust, and two voluntary sector organisations - Certitude and Thamesreach.

The business case for what is the first integrated mental health system in the country, was underpinned by a number of objectives which include provision of more joined up and personalised support; addressing barriers in access to, appropriate retention in, and outcomes from mental health services particularly for Black and Multi-Ethnic communities; and more efficient utilisation of resources.

Accomplishments in relation to the objectives outlined encompass:

- National recognition for the Alliance combined health, social care and voluntary sector partnership and delivery model.
- Streamlined access to and journey through mental services resulting from the redesign of the community mental health services which has been a pathfinder for the NHS England community mental health transformation programme.
- Despite the Covid-19 pandemic and cost of living crisis, Alliance partners have effectively managed resources allowing £7.4 million to be released back into the system on a recurrent basis.

A key driver for the formation of the Alliance was to address disparities in mental health experience and outcomes for individuals living with severe mental illness particularly those from Lambeth's Black communities in line with Lambeth Together and SEL ICB equality objectives and NHSE policy guidance to advance mental health equalities. This remains central to the Alliance mission and the contract extension will support the continued focus on key objectives which include:

- Maintaining improvements in physical health outcomes as measured, for instance, by uptake and outcomes from SMI Health checks and screening programmes.
- Further development of culturally appropriate support including peer support and advocacy.
- Supporting more service users to live independently and access mainstream paid employment opportunities.
- Embedding service user and carer voices within the overall governance structure for the Alliance as part of the commitment to patient and public involvement.

**Living Well Network Alliance Agreement
Lambeth Together Care Partnership Board Meeting in Public 21st March 2024**

Title	Lambeth Living Well Network Alliance Contract Extension
Author	Guy Swindle, Deputy Director, LLWNA David Orekoya, Associate Director Integrated Commissioning Jane Bowie, Director of Integrated Commissioning, Adults.
Accountable Director	Andrew Eyres, Strategic Director Integrated Health and Care Lambeth and Executive Place Lead Lambeth

Strategic ambitions supported by this report

Lambeth Borough Plan 2023 - 2030	✓	Lambeth Health and Well-Being Strategy 2023-2028	✓	NHS Long Term Plan	✓
Lambeth Together Health and Care Plan 2023-2025	✓	Becoming effective and sustainable	✓	SEL ICB Strategic Priorities 2023-2028 - Adult Mental Health	✓

Purpose of the paper

On 1st July 2018 NHS Lambeth Clinical Commissioning Group (now SEL ICB) entered into a formal Alliance agreement with Lambeth Council, SLAM and third sector partners as outlined in this report to implement the Lambeth Living Well Network Alliance (LLWNA) to deliver, in partnership, adult mental health care for Lambeth residents. The term of the agreement was for 7 years from 1st July 2018 to 31st March 2025, with an option to extend for a further 3 years from 1st April 2025 to 31st March 2028.

This was following approval from NHSE/I under the Integrated Support and Assurance Process (ISAP) for assuring complex contracts.

The decision to take up the option to extend must be agreed by all Lambeth Living Well Network Delivery Alliance partners by 31st March 2024. Following review, this report seeks approval to take up the option to extend the contract and the associated Section 75 agreement for a further 3 years, based on achievements to date against the original intended objectives and the continuing ambitions of the Alliance partners.

Executive summary

In spring 2018 NHS Lambeth CCG (now SEL ICB) approved the recommendation to enter into Section 75 Partnership agreement with Lambeth Council and establish a formal Alliance agreement with Lambeth Council, South London and Maudsley NHS Foundation Trust (SLAM), Certitude and Thamesreach for the Lambeth Living Well Network Alliance (LLWNA – The Alliance). The recommendation set out the agreement would be for an initial 7-year period from 1st July 2018 to 31st March 2025 with the option to extend for a further 3 years. Following review, this report seeks approval to take up the option to extend the Section 75 Partnership agreement

with Lambeth Council and the Alliance agreement with Lambeth Council and Alliance partners outlined for the LLWNA from 1st April 2025 until 31 March 2028.

As the first integrated mental health system in the country the business case for the Alliance was underpinned by a set of core objectives including improving access to timely and integrated support; tackling inequalities in access, experience and outcomes; and effective management of demand and available resources.

This report sets out the case for NHS SE London ICB to agree to the extension of the Alliance agreement based on the achievements to date against the business case encompassing:

- Redesign of community mental health services which has proved to be a forerunner the national NHS England community mental health transformation programme.
- Management of resources in the context of the Covid-19 pandemic, cost of living crisis and ongoing demand pressures across the system.
- Recognition through national awards such as for excellence in care partnerships and delivery.

Additional information on the LLWNA and progress to date can be found in the Alliance Annual Reports <https://www.lambethtogether.net/living-well-network-alliance/reports/>

The achievements detailed have been of benefit to SEL ICB by enhancing its reputation for delivery of care, partnership working and innovation whilst maximising effective resource utilisation by releasing system savings of £7.5 million from 2018/19 to date.

Risks / issues for escalation

Should the partners (including SEL ICB) not approve the extension to the Alliance agreement the principal issues across each of the risk domains are summarised below:

SEL ICB Strategic Ambitions

Improving adult mental health outcomes is one of the key strategic priorities for SEL ICB. Termination of the Alliance arrangements may seriously impede the ability to deliver on the ambitions and commitments set out within the SEL ICB roadmap for the community mental health transformation programme whilst maintaining financial sustainability.

Beyond Outstanding Care:

Detrimental impact on care delivery for service users and carers due to potential ending of multi-agency, multi-disciplinary working arrangements which could impact on information sharing, staff and service co-location and referral and care pathways between Alliance organisations and services.

Lack of collective oversight of service delivery leads to fragmentation and increased waiting times resulting in lower service user and stakeholder satisfaction; and potential increased patient acuity, exacerbating demand pressures for the Council.

Building a Culture of Trust:

Reputational damage resulting from the dissolution of the Alliance partnership which has been the basis for development of the current policy direction and health and care system architecture including local care partnerships and integrated care systems.

Impact on relationships between Alliance partners with implications for management of balance of financial risk particularly for Southeast London ICB and Lambeth Council.

Managing exit from agreement could detract from SEL ICB focus to improve outcomes and tackle inequalities in line with the NHS Long Term Plan and community mental health transformation objectives, particularly in relation to improving patient experience and outcomes and reduction of health inequalities, with resulting negative impact on relationships with service users and partnerships particularly with those from Black and Minority Ethnic Communities.

Becoming Effective and Sustainable

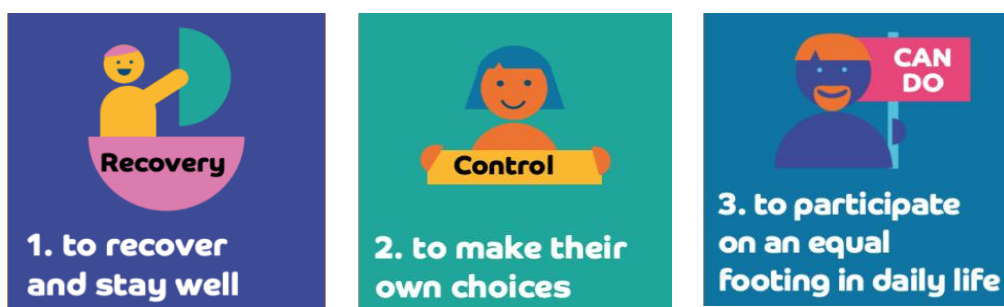
Lack of collective oversight of activity and associated financial risks coupled with more transactional commissioning arrangements, means SEL ICB is less likely to deliver improved care whilst ensuring sustainable use of resources in line overall strategic and financial priorities.

1 Introduction

- 1.1 This paper presents the case for SEL ICB to approve the 3-year extension option on the Lambeth Living Well Network Alliance's (LLWNA or the Alliance) 7-year contract (known as the Alliance Agreement.). This paper provides:
- A brief background to the Alliance, including its original aims and objectives.
 - Achievements against the original business case.
 - Plans and aspirations for the extension period, and beyond.
 - Risks associated with decision either to continue or terminate the Alliance agreement.

2 Background to the Alliance

- 2.1 The Alliance was legally formed in July 2018 following the successful collaboration of the five member organisations: SEL ICB (formerly Lambeth CCG), SLAM, Certitude, Thames Reach and Lambeth Council on the Individual Personalised Support Alliance (IPSA). IPSA demonstrated the ability of Alliance partners to step down service users from more restrictive and long stay care placements to community settings, thereby improving outcomes for service users and delivering financial efficiencies. This laid the foundation for the development of a substantial business case for the LLWNA. This business case and the Alliance Agreement were approved by each Alliance member as well as NHSE and NHSI, who took the proposed Agreement through their Integrated Support and Assurance gateway process.
- 2.2 IPSA in turn was developed in response to, and co-produced with, the Lambeth Living Well Collaborative, a group of over 100 individuals and organisations with experience of using, delivering, or commissioning mental health services in Lambeth, formed in 2010 and still meeting monthly.
- 2.3 The Collaborative was formed in response to concerns about the mental health system in Lambeth and high-profile deaths such as Sean Rigg. It co-produced the 3 big outcomes (see below) that continue to underpin the Alliance.



- 2.4 The Alliance was co-designed with the Collaborative and others who use mental health services, their carers, providers and related voluntary and community groups, to address deficiencies such as in difficulties in access to and the fragmentation of services; inequities in experience and outcomes particularly for Black communities; lack of peer, service user and broader community involvement in service delivery; and high demand for services coupled with a lack of partnership and agency ownership which militated against a whole system approach.

2.5 The Alliance Business Case set out 5 high level objectives to meet these aims, achievements against which are set out in turn:

- Improving access to support - including easier early access and a rapid crisis response.
- Integration of care and support for people and their networks across Lambeth.
- Reduction in inequalities experienced by people with mental health problems.
- Managing demand and resources effectively.
- Driving culture change – including leadership and asset-based working.

2.6 The Alliance Business Case also set out 12 issues with the prevailing mental health system with corresponding aims to address these. That table is reproduced at Appendix A along with an update on Alliance achievements against each of these.

3. Improving access to support

3.1 The Alliance was the first mental health partnership in England to redesign the ‘front door’ to mental health services and streamline service delivery to improve access to and navigation through services for patients and professionals alike. This has involved:

- Creation of an integrated Single Point of Access (SPA) for adult mental health services in Lambeth, including an online self-referral process.
- Full integration of clinical, social care and VCS staff into two teams – Short Term Support (STS) and Focused Support (FS) - replacing a range of historic diagnosis-based community mental health teams, which each had their own admission criteria, caseloads, and processes.
- Establishment of three Living Well Centres (LWCs) more closely aligned with Primary Care Networks (PCNs) with each one comprising an integrated STS and FS team.
- Introduction of a new Crisis Outreach Service and a VCS-led Individual Placement Support (IPS) employment support service that is outperforming IPS services in other SLaM boroughs¹.
- Alongside the LLWNA associate partners Black Thrive, co-production of the Culturally Appropriate Peer Support and Advocacy Service (CAPSA) to support Black and Minority Ethnic service users and carers.

3.2 Service innovations made by the Alliance have been recognised as models of excellent practice which has generated reputational benefits and possibilities to share learning for all Alliance partners. Examples of this are:

- Securing the Best Partnership with the NHS Health Service Journal award 2023 for CAPSA and shortlisted for the Alliance for the same award in 2022.
- Hosting visits from senior politicians and officials including HRH Prince of Wales, Health Secretary Sajid Javid, Caroline Clarke NHS London Regional Director, Department for Health and Social Care, NHSE, and SEL ICB board members.
- Speaking at conferences including this year’s Association of Directors of Social Care Spring Conference and More Than a Provider Conference
- Working with individual emerging alliances such as Southwark and Islington to share learning and advice.

¹ Q1 23/24 Lambeth IPS supported 19 people into work compared with 18 in Lewisham, 12 in Southwark and 9 in Croydon – Trust data

4. Integration of care and support for people and their networks across Lambeth

4.1 The Alliance has worked together with partners including primary care to provide more joined up, personalised and timely support based on right care principles, to promote recovery and independence in the community and ensure flow. Examples of service developments are:

- Recruitment of Mental Health Practitioners in seven (out of nine) Primary Care Networks in Lambeth, to provide early help to registered patients in Lambeth General Practice which it is anticipated will help manage demand over the medium term.
- Roll out of the Staying Well offer, which is an innovative service that includes PCAN (Primary care and Alliance Network) - virtual clinics involving clinical, social care and VCS staff (including GPs, Mental Health Practitioners, and social prescribers) to support more people with serious mental illness to live and maintain recovery in the community, including step down from secondary care. The Staying Well model has been cited as a good practice example as part of the SEL ICS strategic approach in response to the recommendations of the Fuller Report.
- Nozomi Akanuma, Associate Medical Director for SLAM Lambeth Borough Directorate has been appointed as the Clinical and Care Professional Lead of the LWNA which is serving to strengthen both the Alliance's and Trust's work with GPs and broader primary care colleagues.
- The Community Liaison and Support Service (CLaSS) has been established to manage and improve flow from inpatient to community services; working particularly with those who are the hardest to discharge. Despite having a smaller staff complement than other similar SLaM flow teams, CLaSS has managed to achieve better outcomes (e.g., reduced lengths of stay, higher discharges, particularly of long stay patients) with the staff resources by making best use of the knowledge and skills of the VCSE and Social Care.
- Development of the Treehouse, a 6 bedded 24/7 supported 'step down' house managed by Certitude that has supported 87 people to date to move from acute beds earlier than would otherwise be the case. The average length of stay has been 61 days, this has saved an estimated £1.9m² in acute bed costs over the 4.5 years of its operation, whilst providing a better environment for people to recover and stay well. The Treehouse was the blueprint for the Orchards in Croydon (community step down facility run by Certitude) which supports more than 30 people at a time.

5. Reduction in the inequalities experienced by people with mental health problems

5.1 A key driver for the formation of the Alliance has been to address evidence of persisting inequalities in access, experience, and outcomes for people with mental health conditions in Lambeth, particularly those from African and Caribbean communities, and other population groups such as LGBTQ in Lambeth.

5.2 Since the formal establishment of the LLWNA, the Alliance has worked together with our associate partners Black Thrive to enhance engagement with, and the health and wellbeing of, people from Black communities and other vulnerable groups in Lambeth. This has formed part of an overall programme of work aligned with the NHS long term plan to advance mental health equalities, including:

² 87 people x 61 days x £350 (net saving = £500 acute bed day - £150 Treehouse bed day)

- Pioneering the consistent collection and publication of equalities data as a core element of quality and performance monitoring across all Alliance services in line with the commitment to improving access, experience, and outcomes for Black and Ethnic Minority, LGBTQ and other marginalised and vulnerable communities in Lambeth
- Lambeth Hospital inpatient staff have undertaken training to improve staff knowledge and awareness and cultural awareness to reduce disproportionate use of restraint and seclusion particularly against Black service users.
- Lambeth Talking Therapies increased uptake and outcomes amongst Black African and Black Caribbean heritage service users to improve access to early help.

5.3 In the context of the Alliance work, the SLAM became a pilot site for the Patient and Carer Racial Equality Framework (PCREF), the NHSE England accountability framework which seeks to eliminate the unacceptable disparities in mental healthcare experienced by Black and Multi-ethnic communities. Together with Alliance partners including SEL ICB and Black Thrive, the Trust Lambeth Directorate have been implementing the Staff Knowledge and, Awareness and Cultural Awareness domains of the PCREF framework to reduce the disproportionate use of seclusions and restraints on Lambeth wards.

5.4. Together with citizens and people we support, the LLWNA and Black Thrive have co-designed and co-produced the award winning Culturally Appropriate Peer Support and Advocacy Service (CAPSA). CAPSA seeks to build trust and ensure that the voices of service users are at the centre of care and support planning, thereby improving overall engagement and outcomes for Black service users and carers. CAPSA worked with 115 Black service users in the first quarter of 23/24, as well as providing training and advice for inpatient and community staff. A case study of one of the people CAPSA is working with is attached at Appendix B. Black Thrive and service users are also working with Alliance partners to co-produce an approach to a culturally appropriate inpatient model as part of the reprovision of Lambeth Hospital at New Douglas Bennett House at the Maudsley Hospital site.

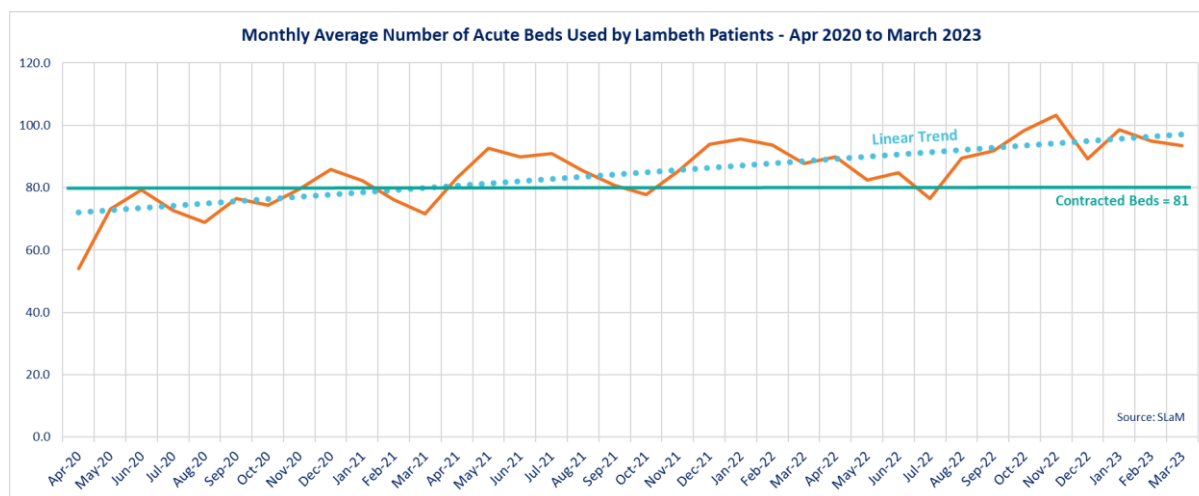
5.5 As a result of targeted engagement and marketing, alongside service improvements, the Lambeth Talking Therapies service increased the proportion of people from Black or Black British communities it supported from 19.4% in 20/21 to 22.5% in 22/23 (above the estimated population proportion of 21.65%). This is an increase of 662 Black people receiving talking therapies in Lambeth, which helped towards achievement of national access targets for IAPT. Improvement rates for Black service users are similar to White service users (better for depression and worse for anxiety) but because Black service users present with higher levels of depression and anxiety their recovery rate remains lower. Significant work is being undertaken to address this, including additional sessions for those from Black communities.

6. Managing demand and resources effectively

6.1 As chart A below illustrates, there has been a growth in demand for acute beds over the last 3 years (Covid/post-covid) in Lambeth – a position which has been experienced across the country. The recent Carnal Farrer report³ showed an 18% increase in mental health referrals in Lambeth between 2019/20 and 2022/23, the highest increase in South-East London.

³ Understanding Mental Health UEC Crisis demand in SEL – Carnal Farrer, July 2023

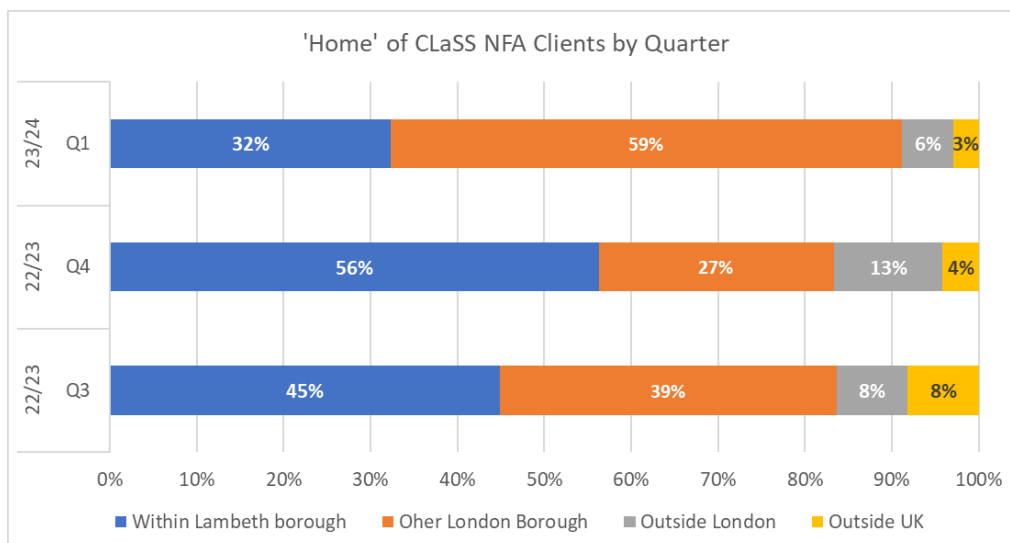
Chart A: Average Number of Acute Beds Used By Lambeth Patients 2020-2023



- 6.2 Lambeth's position in central London, with two acute trusts within our footprint, inevitably leads to a high proportion of non-Lambeth patients coming through our Emergency Departments. In 2022/23 over half (54%) of St Thomas' A&E attendances were actually from outside South-East London (SEL). Nearly half of these (43%) were from outside London (an unreported number were also from outside the UK). Similarly, a fifth (21%) of A&E attendees to Kings College Hospital were from outside SEL. Inevitably, this 'imported demand' takes longer to process and discharge. The London Compact⁴ introduced in 2019, has in practice made it more likely that we will have to admit such patients, and more difficult and time consuming to repatriate them to their 'home' authority, should they have one.
- 6.3 Partly related to this external demand and partly due to the cost-of-living crisis, we are seeing a high and increasing number of people who have No Recourse to Public Funds and/or of No Fixed Abode (NFA). Data analysing CLaSS team NFA clients has been collected since October 2022. Chart B below shows the high and increasing proportion of these clients who are from outside Lambeth. These factors, alongside housing shortages, are the most cited for delayed discharges.

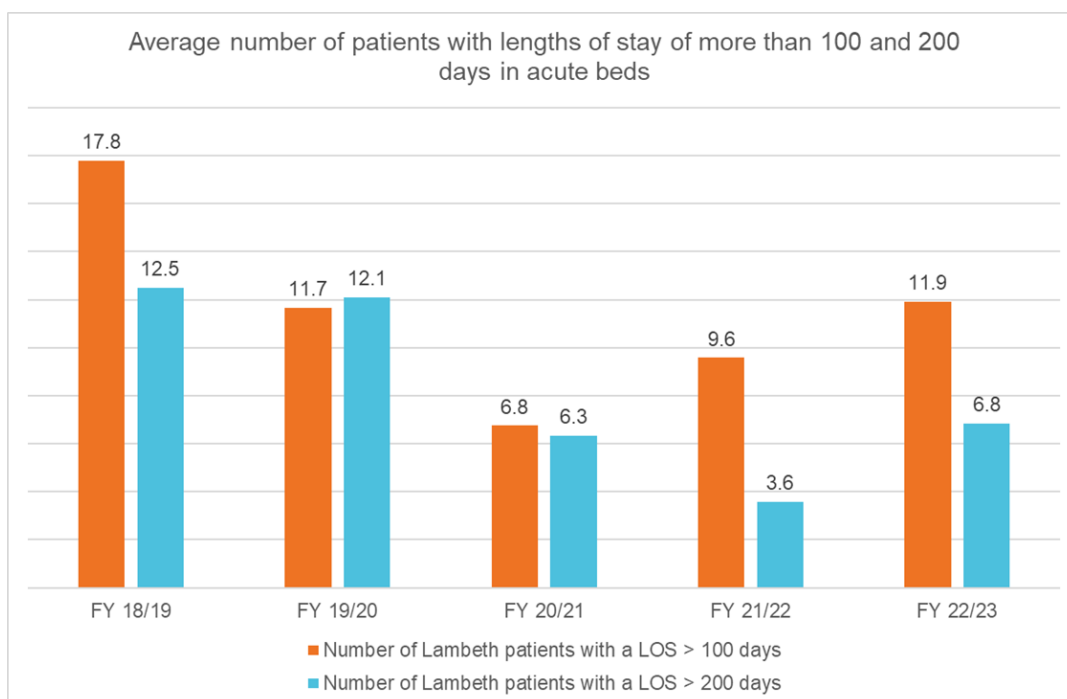
⁴ [London-Mental-Health-Compact June2019.pdf \(england.nhs.uk\)](#)

Chart B: Analysis of Class NFA Clients 'Home' by Quarter



- 6.4 In response to these challenges the LLWNA introduced the innovative VCS-led CLaSS team, which as previously outlined, leads Lambeth's acute discharge and flow work. CLaSS worked with over 300 of the longest stayers in 22/23, and made 274 discharges, of whom half (49%) were Black or Black British. As chart C below shows, despite increases in long length of stays since the pandemic, the average number of patients with length of stays of over 100 days is 33% lower than our first year in 2018/19 and 46% lower for length of stays over 200 days. The CLaSS team started in early 2020 and has become a national pathfinder with an integrated model of the 'discharge and flow hub' being rolled out nationally.

Chart C: Average Number of Lambeth Patients with Lengths of Stay Over 100 and 200 days



- 6.5 The Alliance was the first partnership to adopt weekly multi-agency discharge events (MADE) as a method of reviewing and addressing challenges in flow, by bringing together

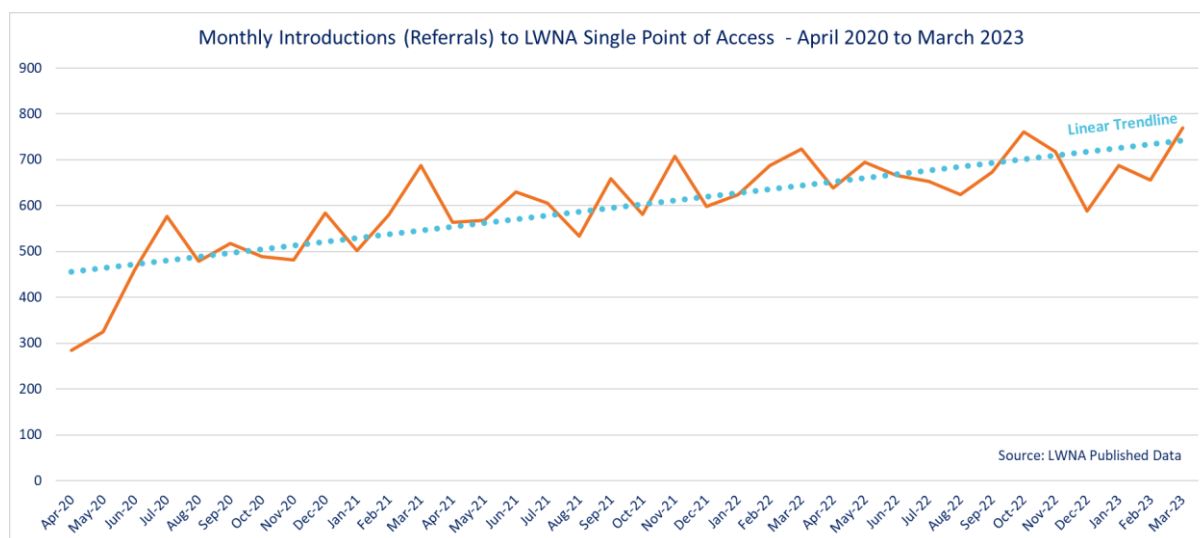
all Alliance partners to facilitate discharge of patients using a whole system approach. With SEL ICB and Lambeth Council as active Alliance partners, we have been better able to mitigate or avoid altogether many blockages such as delayed social care assessments and housing issues. Alongside this, the Alliance has a Promoting Independence Project Group co-chaired by the Council and SEL ICB which has facilitated step down from more restrictive inpatient and high-cost care settings releasing savings to the Trust Complex Placements spend in 2022/23 worth over £0.75m full year effect, mostly through a 75% reduction in locked rehabilitation placements. A key priority over the three-year extension will be to accelerate service developments to orientate mental health services to providing earlier help and community reablement by continuing to build partnerships with Lambeth community and voluntary sector to support more people to live within their own homes and communities, whilst minimising escalation in social care needs

6.6 SEL ICB and Alliance partners have also been working together to address housing related barriers to discharge in the context of challenges associated with high numbers of inpatients with No Recourse to Public Funds (NRPF) or who are of No Fixed Abode. Actions the Alliance continues to take include:

- Improving discharge planning from point of admission to ensure that potential issues are identified early.
- Engaging with key contacts within local housing services to expedite housing assessments and address practical barriers (e.g., deep cleans)
- Use of funding from the Better Care Fund to provide temporary step-down accommodation for individuals who are Clinically Ready for Discharge (CRFD)
- Since 2019/20 to the end of August 2023 the Alliance has discharged 334 people with a length of stay of over 100 days and 125 people with a length of stay of over 200 days.

6.7 As chart D below shows, there has also seen growing demand for other mental health support, through our Single Point of Access. Despite this growth, the Alliances remains committed to an open-door policy, where anyone can introduce (refer) themselves using a publicised online form⁵. The Alliance Staying Well offer (highlighted in 4.1) will make it quicker and easier to discharge people to - and enable more people to be supported within - primary care, to the benefit of service users and system partners.

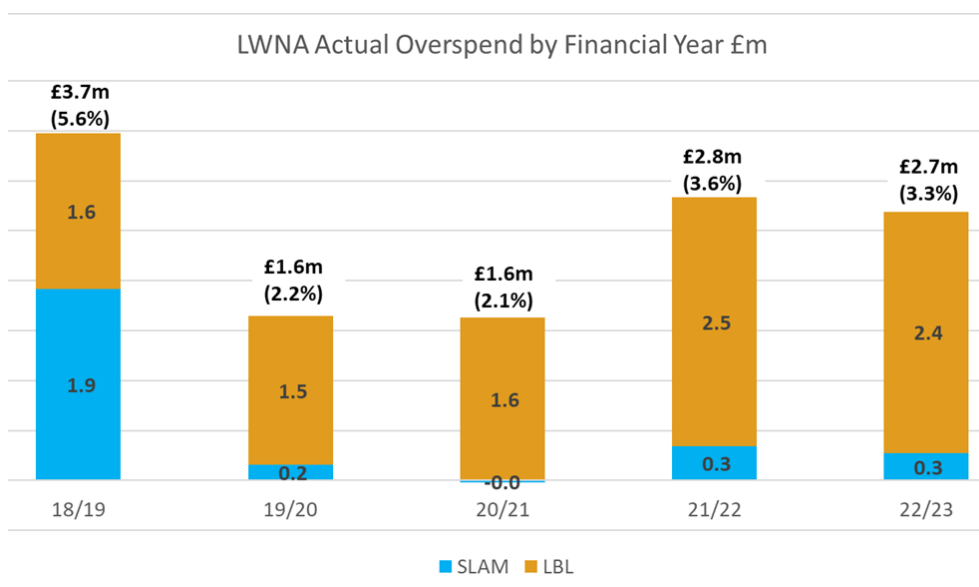
Chart D: Monthly Introductions to LWNA Single Point of Access



⁵ [Lambeth Single Point of Access \(SPA\) - Lambeth Together](#)

- 6.8 As charts E below shows, the Alliance inherited significant budget pressures, with acute beds, complex placements, nursing and residential care and supported living being the main contributors to these pressures.

Chart E: LLWNA Overspends by Financial Year



- 6.9 The Alliance has worked as a whole system to deliver recurrent savings of £7.5m (11.6% of original budget) between 2018/19 and 2023/24 (end August) - see table 1 below. In the first 2 years approximately £4m of savings were achieved through efficiencies and changes to the service delivery model. Following this, £2.7m of savings have been made to date in spot placements (mostly SLAM's complex care and locked rehab, with a 75% reduction in the latter), with a further £0.7m savings through recommissioning.
- 6.10 In less than 71% (5/7) of the contract length the Alliance has delivered 80% (11.6%/14%) of the savings set out within the original business case.

Table 1: Recurrent Alliance Savings 2018/19 to End August 2023

Recurrent Saving type	2018/19 £000s	2019/20 £000s	2020/21 £000s	2021/22 £000s	2022/23 £000s	End Aug 23/24 £000s	TOTAL
Efficiencies	899	834					1,733
Service changes	1,669	636					2,305
Placements (full year) - mostly complex care and locked rehab		741		785	597	548	2,671
Re/De-Commissioning					700		700
TOTAL	2,568	2,211		785	1,297	548	7,409

- 6.11 The Alliance has reshaped our employment offer which now encompasses implementation of the Individual Placement Support service to better support patients with SMI into paid employment and making best use of existing community assets to ensure access to

specialist and mainstream vocational support. By decommissioning historic contracts that were shown to offer poor value for money almost £700,000 has been released back to reinvest in provision of LLWNA care and support services. The LLWNA also undertook a review and recommissioning exercise for community support and supported accommodation which has resulted in a more culturally appropriate, personalised support offer within the existing financial envelope, which represents a real time saving accounting for inflation. Both these de/recommissioning exercises involved service users as full members of the decision-making groups.

7. Workforce Development and Culture Change

- 7.1 Another national challenge experienced in Lambeth is the recruitment and retention of certain qualified staff. With our integrated model we have been able to supplement the high vacancy levels in clinical roles with VCS staff, who not only enable manageable caseloads to be maintained, but also provide better support for people by bringing their skills and experience in supporting people with housing, financial and other social issues. A significant increase in peer support staff in our LWCs and on our wards has also improved our offer and was one of the improvements asked for by those we support.
- 7.2 Alliance partners delivered an externally facilitated £70k Alliance workforce development programme (with funding secured from the Big Lottery Fund) during the pandemic, which included: systems leadership, collaborative working, compassionate leadership, equalities, and mentoring. We have recently held in depth focus groups with staff and have developed a workforce strategy which we are in the process of implementing.
- 7.3 Other innovations include: an Alliance induction programme; Alliance principles and ways of working in each Alliance Job Description; two job fairs involving all Alliance organisations; employment of Transitional Employment Placements (TEPs - a Mosaic-led initiative to provide paid entry level jobs for people with mental illness) and a range of new roles such as Transitions and Dual Diagnosis workers to complement our LWC teams.
- 7.4 The LLWNA has a robust governance framework (see Appendix C) including leadership, management and operational teams, finance and performance, quality, communications and engagement and workforce groups, with membership from all Alliance partner organisations to provide oversight, stewardship, and management of over £80m of expenditure. The Alliance is also one of the vital expressions of and integral to the Lambeth Together Care Partnership Board vision to maximise the health and well-being of citizens and patients in Lambeth.
- 7.5 The LLWNA has played a significant role in supporting the formation of other Alliances in Lambeth, London and nationally. As core members of the national Ideas Alliance⁶ and the basis of the Innovation Unit's Living Well programme⁷ Lambeth has worked with dozens of organisations setting up, or planning to set up their own Alliances; sharing learning and advice on areas as diverse as governance, financing, integration and relationship building. Closer to home, we are a key player in Lambeth Together, acting as an exemplar of alliance working in Lambeth and South-East London, contributing significantly to the development of Lambeth's Health and Care Plan and frequently called upon to showcase our work, as outlined in section 3.2 above.

⁶ [Ideas Alliance - stories and strategy \(ideas-alliance.org.uk\)](https://ideas-alliance.org.uk)

⁷ [Home - Innovation Unit](#)

8 Our Ambitions

- 8.1 There are several priorities that the Alliance intends to pursue over the remaining 2 years of the current contract, the 3-year extension; and potential opportunities beyond the first 10 years iteration of the current agreement. Key aims are:
- Deepening our partnership with primary care to enable more people to be supported closer to home within their local neighbourhoods; improve physical and mental health outcomes, and; make best use of staff capacity and neighbourhood community assets through more integrated and joined up care.
 - Continuing our programme of service transformation to provide appropriate, personalised care that maximises service user and carer independence and reduces unwarranted variation in care.
 - Furthering our efforts to address inequalities in outcomes for our Black communities and other underserved population such as homeless rough sleepers or individuals with dual diagnosis linked to substance misuse.
 - Extending the Alliance to include support to young and older people (although we already provide support to many people aged over 65.).
- 8.2. Building on the current foundations of successful joint working, the Alliance is keen to pursue further integration with Primary Care Networks in Lambeth. As mentioned, the Alliance has cultivated positive working relationships through the following initiatives:
- Joint funding and recruitment of Mental Health Practitioners
 - The Primary Care and Alliance Network (PCAN), which consists of, at minimum, monthly MDT meetings between PCN staff (GP, nursing, pharmacists, social prescribers,) and Alliance staff including clinicians, peer workers and practitioners with the aim of supporting more people in primary care. Following successful prototypes in two PCNs the model has now been rolled out across seven of our nine PCNs that wanted them in the first phase, with a plan to extend across all nine PCNs by 24/25. In June and July 2023 90 potential SPA referrals were discussed at these meetings and 24 of them were averted. This is expected to increase significantly as the meetings become established and relationships mature.
 - The innovative small VCS-led Staying Well team provides emotional and practical support to individuals in primary care, including over 30 people who the team have supported to step down from secondary care. They also support primary care colleagues to improve their capability and confidence in supporting people in areas such as medication.
- 8.3 The Alliance has significantly strengthened these operational relationships and the co-Chair of the Lambeth Clinical Cabinet is now a Member of the Alliance Leadership Team which sets the overall strategic direction of the LWNA. There is also regular LWNA presence at the Clinical Cabinet and other primary care governance groups. Both developments form part of the groundwork for primary care to join the Alliance as a formal partner within the next 2 years.
- 8.4 LLWNA partners are also committed to delivering equitable outcomes for all our communities, particularly our Black communities who, despite progress, continue to be significantly overrepresented in the acute end of our services. The Alliance will continue to leverage our partnership with Black Thrive to ensure effective engagement and involvement of our communities and stakeholders to embed our CAPSA service and ensure that we can demonstrate that culturally appropriate and anti-discriminatory practice is remains at the heart of the Alliance purpose.
- 8.5 Although the Covid-19 pandemic and cost of living changes has limited some of the changes the Alliance hoped to implement, our appetite for culture change and service transformation remains undiminished. Further service development priorities include:

- Review of the Living Well Centres taking account of the replacement of the Care Programme Approach with the move to a key worker model of care; assuring best value from investments under the national NHSE community mental health transformation programme; and forging the common Alliance identity and ways of working building on the collective strengths and expertise of Alliance staff to provide the holistic biopsychosocial model of care the Alliance strives for.
- Continuing to embed the Alliance 'Home First' approach which is intended to promote independence by supporting more people to recover and remain well in their own accommodation and reduce need for use of more restrictive inpatient services or community bed-based accommodation and care.
- Investigating opportunities to further align and, where appropriate, integrate care provision with other care partnerships in Lambeth including the Lambeth Learning Disability and Autism Programme and the SLAM led Integrated Drug and Alcohol Treatment Consortium.
- Working with the Children and Young People Alliance to continue to explore a 16- to 25-year-old service offer, to address the 'cliff edge' that many young people face when they reach 18.

Option	Risks	Mitigations
Extend Contract	<ul style="list-style-type: none"> SE ICB is confined by the agreement on identified actions it can take unilaterally. 	<ul style="list-style-type: none"> Co-dependencies and system working results in partnership decisions usually being required to implement effective actions and service developments. Alliance provides routine, faster mechanisms to agree actions with partners as well as access to more innovative and flexible responses. Alliance programmes such as and Promoting Independence Group Sharing of comparative SEL ICB performance and quality data Greater role in shaping Alliance performance measures and targets Closer alignment of SEL ICB, Lambeth Council and Alliance performance and quality regimes
Terminate Contract	<ul style="list-style-type: none"> Outcomes - ending arrangements will impede Council ability to manage adult social care demand 	<ul style="list-style-type: none"> Try to replicate existing teams and structures
	<ul style="list-style-type: none"> Activity and use of resources - lack of shared collective oversight may make it more difficult to balance activity levels and available resources which could impact on financial recovery strategy. 	<ul style="list-style-type: none"> Try to develop shared strategic oversight, through Lambeth Together for example. Develop new bilateral relationships between SEL ICB, Lambeth Council, SLAM and other organisations
	<ul style="list-style-type: none"> Workforce - potential for unravelling of multi-disciplinary, multi-agency teams with implications for information sharing, care and also use of equipment and estates. 	<ul style="list-style-type: none"> Attempt to recreate similar contracts and structures.
	<ul style="list-style-type: none"> Reputation - impact on relationships with LWNA partners and wider stakeholders In Lambeth Together and regionally as this would go against direction of health and care integration as expressed in the establishment of the SEL Integrated Care Board/System 	<ul style="list-style-type: none"> Propose new model of integrated working and persuade existing partners or identify new partners to deliver it

10 Conclusions

- 10.1 Despite the Covid-19 pandemic and cost of living crisis the Alliance is transforming the way mental health services are delivered in Lambeth; with short term and focused integrated teams working in geographical centres alongside innovative and award-winning services such as Staying Well, CLaSS and CAPSA. We continue to co-create and co-produce with our communities and those with lived experience to improve the quality and impact of our services and, crucially, to reduce health inequalities. We have also delivered £7.5m recurrent savings to be reinvested back into Lambeth mental health provision.

- 10.2 Whilst significant challenges remain, including managing demand for beds and our Single Point of Access, we firmly believe that by pooling knowledge, skills, and assets the Council and partners in the Alliance are better positioned to achieve the strategic shift to prevention and early help and provide safe, high quality and sustainable care and support that our service users and carers need and deserve.

11 Recommendation

- 11.1 SEL ICB is asked to approve the option to extend the Alliance agreement -and associated S75 with Lambeth Council- for a further 3 years from 1st April 2025 to 31st March 2028, as set out under terms of the original agreement approved in 2018. This recommendation is based on the evidence of progress made against the business case since the formal inception of the Alliance on 1st July 2018 and the continued appetite of all LLWNA participant organisations to work together to improve the health and wellbeing of service users and carers; contribute to workforce development; and secure benefits to Alliance partners and the wider Southeast London Integrated Care system through effective use of resources.

Appendix A: Updated from Original Business Case

	Current System (pre LWNA)	Proposed System (Original Business Case)	Actual System at September 2023
1	A system focused on response to crisis.	A preventative model which empowers and builds the capacity of local GPs and communities to support people earlier when experiencing mental distress.	<ul style="list-style-type: none"> Establishment of an easy navigable 'front door' 'Single Point of Access' that enables people to self-refer, alongside open referrals from across health, care, voluntary sector, housing and the police. Joint recruitment of Mental Health Practitioners within 7 PCNs to provide information, advice, signposting and support to help manage mental health demand in primary care. PCAN/Staying Well – facilitating multidisciplinary interface between General Practice and LWNA clinicians, and a team of workers to support people with mental health conditions to be managed within primary care. Representation from Lambeth GP Clinical Cabinet at Alliance Leadership Team in line with the aim for greater integrated working with GPs and PCNs.
2	A system largely focused on a silo response to support	<p>An integrated system that focuses on personalised support from health, clinical services, social care and voluntary and community sector provision.</p> <p>A greater emphasis on co-production and the greater use of peer support.</p> <p>A system which makes maximum use of all commissioned and mainstream services and focuses on the whole health of the individual, including supporting people across their multiple long term health conditions.</p>	<p>A much more joined up service based on:</p> <ul style="list-style-type: none"> Integrated multidisciplinary teams consisting of clinicians, social care and VCS staff based within the three geographically located Living Well Centres to provide a 'holistic whole person service' Data sharing agreement between Alliance partners to improve information flows, care planning and minimise the necessity for people to repeat the same information to differing professionals. Over 40 peer supporters integrated within the three Living Well Centres including recent establishment of CAPSA which has been co-produced with Black services users in conjunction with the Lambeth Black Thrive partnership. Employment and wider social support embedded within community teams to help service users achieve their goals. Greater focus on physical health including joint work with General Practice to improve uptake of screening (i.e. SMI Health checks) and clinical interventions to help people with SMI maintain physical health and wellbeing.
3	<p>Multiple access points:</p> <ul style="list-style-type: none"> IAPT The Hub Emergency Department (ED) Primary Care CMHTs 	Standardised ⁸ single points of access in each of the three Living Well Centres with embedded "Right First Time Principles" and clear routes to treatment and care with holistic personalised outcomes.	A Single Point of Access (from Nov 2019) operates as the front door for all LWNA community services, with Trusted Assessor status to refer to all parts of the system. With an open referral process and rising demand of up to 800 introductions (referrals) per month, there have been ongoing backlogs – 354 at time of writing – with an average wait time of 24 days (5 days for urgent referrals). Significant work is being undertaken to improve the processes, systems and staffing of the team, which alongside redirection via the Staying Well/PCAN approach is expected to get to a 3 day wait time and no backlogs by end March 2024.
4	Care Programme Approach (CPA) Care Coordination.	A mixed model of care that identifies a Key Person based on needs, risks and outcomes. Incorporating a wider range of key	<ul style="list-style-type: none"> Whilst the Alliance is awaiting further guidance regarding changes to the CPA -in the context of proposed changes to mental health legislation- the LWNA has tested a more personalised approach better aligned with service user's needs and goals whilst making best use of staff capacity.

8 Working to agreed standards and guidelines (protocols) to ensure that practice is safe and consistent with NICE guidance

		persons will produce a flexible model of care that will provide support for people within and outside of statutory CPA duties.	<ul style="list-style-type: none"> MDTs have been established with clinical, social care and VCS staff providing more comprehensive support Trialled key worker approach utilising VCS staff with intention to roll this out further from 24-25. Developing the Alliance community reablement service during 23-24 focussed on providing practical and motivational assistance for quicker discharge and to allow more people to remain in their own homes.
5	Distributed physical assets and therefore people.	Co-location of services into three Living Well Centres.	<p>Delivered Nov 2019</p> <p>Significant change following formal staff consultation the LWCs are aligned with PCNs enabling more local focus and improved relationships and communication between primary care and the Alliance, which is starting to bear fruit with development of Staying Well offer which is supporting more people in their own homes and communities and further embed mental health as part of neighbourhood model of working with health and care partners.</p>
6	Multiple points where people first show signs of distress or may breakdown, with variable knowledge of what to do when these occur.	To be a leading borough in championing mental health awareness in Lambeth: "Psychologically Informed Borough (PIB)" Skilling up schools, housing providers, employers, major public sector services (Police, Fire, Ambulance, Other NHS) all council run services. Development of a Lambeth 'PIB' Standard.	<p>Alongside Lambeth Together partners the LWNA has undertaken a number of initiatives to raise mental health awareness especially within Lambeth's Black and Minority Ethnic Communities.</p> <ul style="list-style-type: none"> Working with partners within the Living Well Collaborative to raise awareness of mental health As part of Lambeth Suicide Prevention Programme working with Lambeth Public Health to undertake community engagement and outreach with community organisations such as the Beacon Project and provide mental health awareness and suicide prevention training to professionals and community members. Partnering with Black Thrive to test Emotional Emancipation Circles a model of culturally appropriate group-based trauma informed psychological support The SPA provides an easily navigable access point with online self-referral via LWNA web pages, part of a new Lambeth Together website Annually published progress reports widely promoted and circulated to relevant groups and individuals in Lambeth
7	'Hit and Miss' access to Information and poor access to care records.	New Information and digital strategy linked to Lambeth PIB Standard.	<ul style="list-style-type: none"> LWNA has signed and implemented data sharing agreement between Alliance organisations which enables multi-professional access to information to improve communication and care planning. Honorary contracts enable non-SLaM employees to access EPJS to facilitate the right and timely support. Improved information sharing and communications with General Practice has contributed to improvements, such as uptake of SMI health checks
8	Multiple treatment and care services and variation of treatment on offer.	Well defined standardised (NICE) clinical treatment pathways within personalised recovery networks and provide assertive engagement and support when needed to enable people to receive appropriate support.	<ul style="list-style-type: none"> The Alliance is a forerunner and key influencer of the NHSE CMHS Transformation Programme; integrating professionals into two consistent teams in each area and utilising investment to augment this core offer and improve pathways including complex emotional needs, eating disorders, home treatment and crisis offer in line with NICE/best practice guidance. Directing resources to where they are most needed based on data driven population health approach, including better use of digital insight tools (e.g., Cogstack). For example, in 2021-22 health intelligence data indicated only 13% of service users had a record of a completed validated alcohol screen. A subsequent

			<p>improvement plan, increased completion of alcohol screening to 82% within 4 months.</p> <ul style="list-style-type: none"> • LWC were early adaptor of population dashboards (psychosis and bipolar) and development of whole team training model for Viewer and Caseload management tool • Alliance inputted into the development and implementation of some of the QCen pathways, eg, Psychology and Psychotherapy whole system pathway, and CEN pathway. • Data driven service improvement and continuous system-wide enlightenment of standardisation of treatment offers - SPA, PCAN • Whole person approaches to expand treatment offers from clinical interventions to psychosocial interventions - CAP psychology triage at STS, IPS
9	Core services offered 9am-5pm, 5-days per week.	Moving to services open on an extended seven-day basis.	<p>Impact of Covid-19 pandemic and workforce recruitment challenge has resulted in delays to plans to extend services to opening 7 days a week. However, incremental service improvements have been made to move towards this aim:</p> <ul style="list-style-type: none"> • Set up our Crisis Outreach Service to provide urgent assessment, treatment and support to people experiencing crisis and not previously known to mental health services. • Established a peer-led crisis support service that operates 6pm-12pm 7 days a week in partnership with VCS Mosaic Clubhouse, which is itself a peer led resource centre for people living with SMI. • Examining options to extend SPA opening times to evenings and weekends.
10	High use of A&E and Mental Health Act, section 136 pathways and consequently high use of acute inpatient offer.	<p>Development of community crisis pathway and strong Key Person role targeted at admission avoidance.</p> <p>Standardisation of acute care pathways with new Length of Stay standards.</p>	<p>Made significant progress in first 2 years with acute inpatient utilisation down to 85% at one point, before COVID impact. Trying to address unique challenge of two acute trusts in central London location attracting more than half of A&E attendances from outside Southeast London and particular issue of large numbers with no recourse to public funds and no fixed abode; compounded by London Compact. In response we have championed weekly mini- MADEs (multi agency discharge events) introduced our CLaSS team to improve discharge, created a step-down house and introduced the Evening Sanctuary and identifying temporary accommodation options</p>
11	Variation in the quality of care planning, traditional risk assessments and crisis plans.	Standardisation of care plans all with advanced statements of care and embedded crisis recovery plans.	<ul style="list-style-type: none"> • Use of Quality Improvement methodology to improve care provision and implement standardised inpatient & community care process model • Use of Tendable by Matrons to audit care plans and implementation of action plans for improvement • Rolling training by SLAM matrons and interdisciplinary teaching for care planning, case formulation and risk assessment, with special focus on different professional groups - clinically qualified staff, VSC staff • Structured review and decision-making process - zoning meeting, case formulation/complex case discussions, clinical review meeting • Advance decision, active participation in local and national projects to test advance decision - a senior psychiatrist being part of the team national leaders, projects for marginalised populations, e.g., black service users, currently work going on if this could be one of the mechanisms to reduce detention.

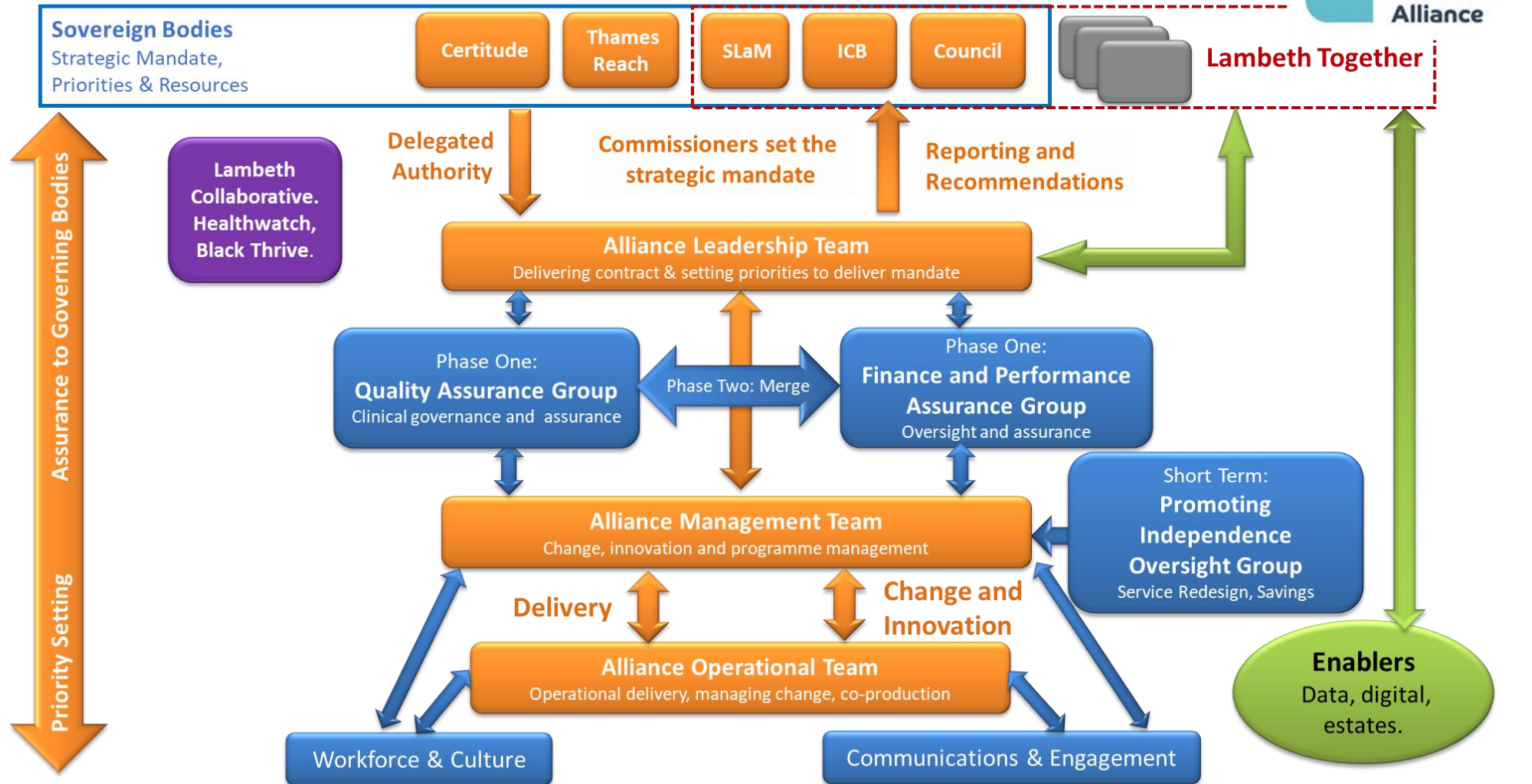
			<ul style="list-style-type: none"> CAPSA training of ward staff on Culturally Appropriate Care planning as part of PCREF
12	System which forces people to engage with it or not get support – especially BAME communities.	Living Well Centres will have targeted outreach support to BAME communities and Key Person will be tailored to people's cultural needs and focus on building trust.	<p>Key learning from the pandemic has shaped the Alliance approach which to date has involved:</p> <ul style="list-style-type: none"> Joint work with Black Thrive to involve Black communities in the co-production of innovative culturally appropriate interventions such as CAPSA and Emotional Emancipation Circles to build trust, and individual and community engagement and resilience Through the Lambeth Together grassroots project worked together with VCS partners such as the Beacon Project and faith groups to undertake targeted outreach and engagement with BAME communities in Lambeth Working to ensure representation from (Black and Minority Ethnic) service users within Alliance governance structures (e.g., Alliance Management Team, Alliance Quality Group) and processes such as the recommissioning of supported accommodation and floating support which resulted in a more personalised and culturally appropriate service specification.

Appendix B: CAPSA Case Study

CAPSA are currently working with a young black man, Nigerian heritage, admitted under Section 3 of the Mental Health Act, diagnosis schizophrenia, regular depot, no family involvement, repeated experience of discrimination in terms of historical trauma of being placed under Section 135 and 136, and traumatic experiences of medical and physical restraint. Distrusting of white police, medical and psychiatric staff, often expressed by violence on the ward and racialised words to people who had arrested, sectioned, and medicated him. Work involved working with staff to address his needs, his feelings, and his cultural needs, and how best to respond to his frustrations. This led to discussing his case at ward meetings and DCCM to discuss and analyse how his cultural experiences were influencing his social, medical, and clinical needs and his experiences of historical trauma. This then involved a care plan of building rapport with the CAPSA advocate, planned weekly visits and engaging with the person through community meetings and inviting the individual to attend the CAPSA music group as a relaxed and culturally informal space to enable openness, discussion and eventually one to one session to look at perception of client need, strategies to deal with frustrations, and how to engage more positively with ward staff through the inpatient model. The case has been allocated to a peer support worker working through a clearly defined care plan, with defined roles with consultant psychiatry, ward staff, and care coordinator.

The success of the work was that the patient was involved in the co-design of his care plan, coproduction of his involvement in the musical group, developing the cultural knowledge of the staff workforce in understanding how to respond and react to trauma and a new cultural understanding of symptoms of diagnosis. This has led to several important measurable outcomes, firstly a patient lead care plan focused on cultural strengths, that can be measured by using current and new patient surveys, Pedic and ethnicity focus. The second outcome has been the demand and formulation of a black male advocate group, a culturally focused research project to address an evidence approach to cultural appropriate Peer Support and Peer advocate training to be launched with the Peer Support Maudsley staff and Cultural learning centre

LWNA - Governance Framework





**Lambeth
together**



**Living Well
Network
Alliance**

Lambeth Living Well Network Alliance Contract Extension

**Lambeth Together Care
Partnership Board Meeting**

21 March 2024

The Ask of Lambeth Together Care Partnership Board

- The Lambeth Together Care Partnership (LTCP) Board is asked to:
 1. Note the progress to date against the original business case for the LLWNA and benefits as an expression of the aims of the Lambeth Together Care Partnership
 2. Support the exercise of the 3-year extension to the Alliance agreement from 1st April 2025 to 31st April 2028
- All LWNA partner organisations will have ratified approval of the contract extension by the date of the LTCP Board Meeting:
 - Thames Reach Board approved June 2023
 - Certitude Board approved June 2023
 - SEL ICB Board approved 31st January 2024
 - Lambeth Council- contract extension presented to CMB 19th December 2023 and supported by Cabinet Leads and endorsed by Informal Cabinet on 6th March 2024
 - SLaM committed to extension – supported by Leadership Team and Partnerships Committee - final sign off by Trust Board 19 March 2024

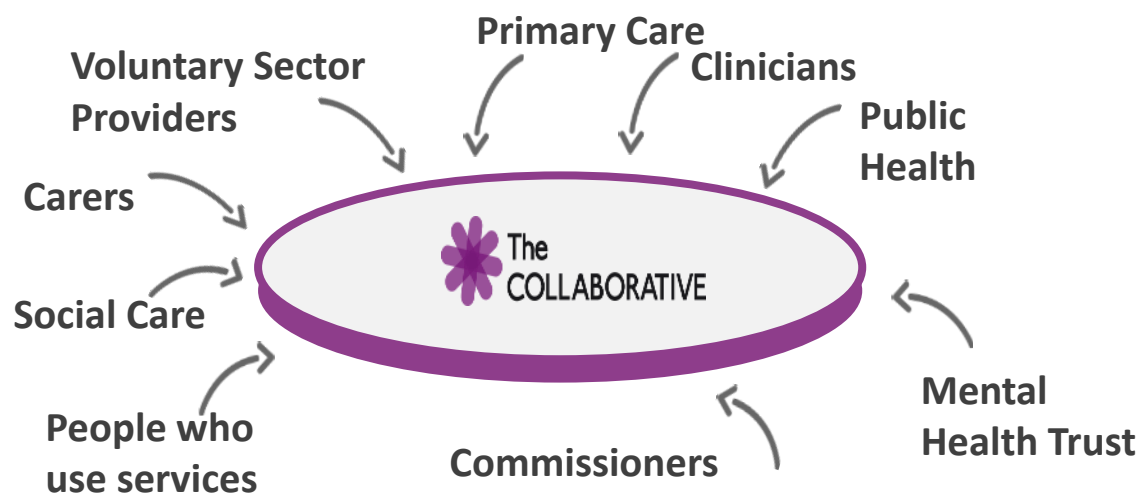
The Alliance Partners



Brief History of the Alliance

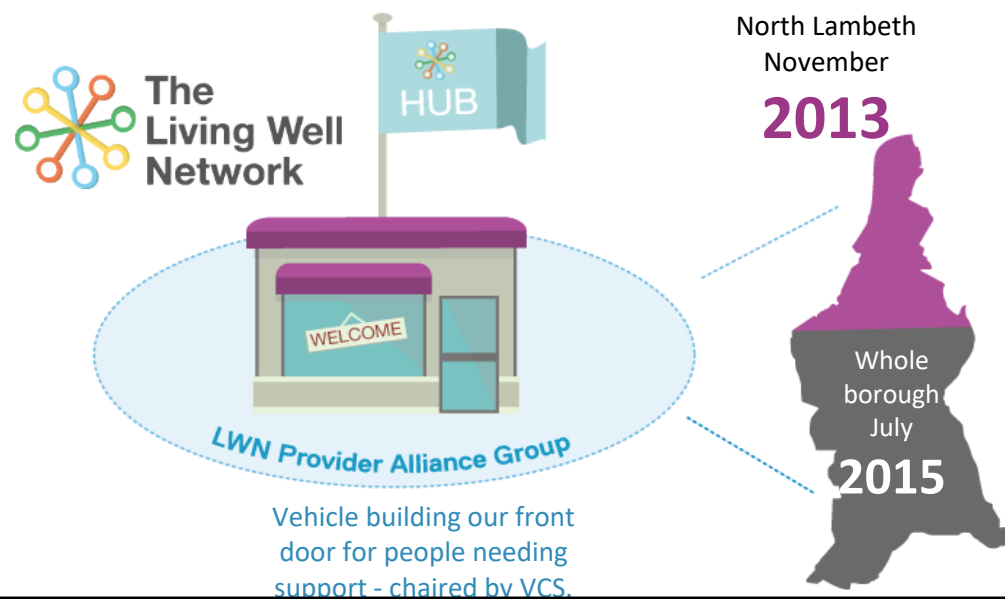
1

The Lambeth **Collaborative** was formed in **2010** committed to coproduction as “the way we do things around here”



2

Living Well Network is formed, opens first integrated hub in **2013**, borough wide in **2015**



3

The Integrated Personalised Support Alliance (**IPSA**) was launched in **2015** focused on c200 people in placements



4

Lambeth Living Well Alliance

7 year (+ 3) outcomes based legally binding contract for working age adults' mental health services - live July 2018
£82m pa budget (23/24)



Alliance Vision, Outcomes and Priorities

Our Vision

We will provide the context within which every citizen, whatever their abilities or disabilities, can flourish, contribute to society and lead the life they want to lead

Big 3 outcomes



1. To recover & stay well



2. To make their own choices



3. And to participate on an equal footing in daily life

Our Six Priorities:

- Reduce numbers of people reaching **crisis** point and give prompt and appropriate support for people in crisis
- Increase numbers of people able to **live independently**
- Increase numbers of people living in stable and appropriate **accommodation**
- Improve mental health outcomes for people from **Black communities** in Lambeth
- Improve **physical health** for people with mental health issues
- Increase numbers of people in **education, training, volunteering or employment**

Where are we now?

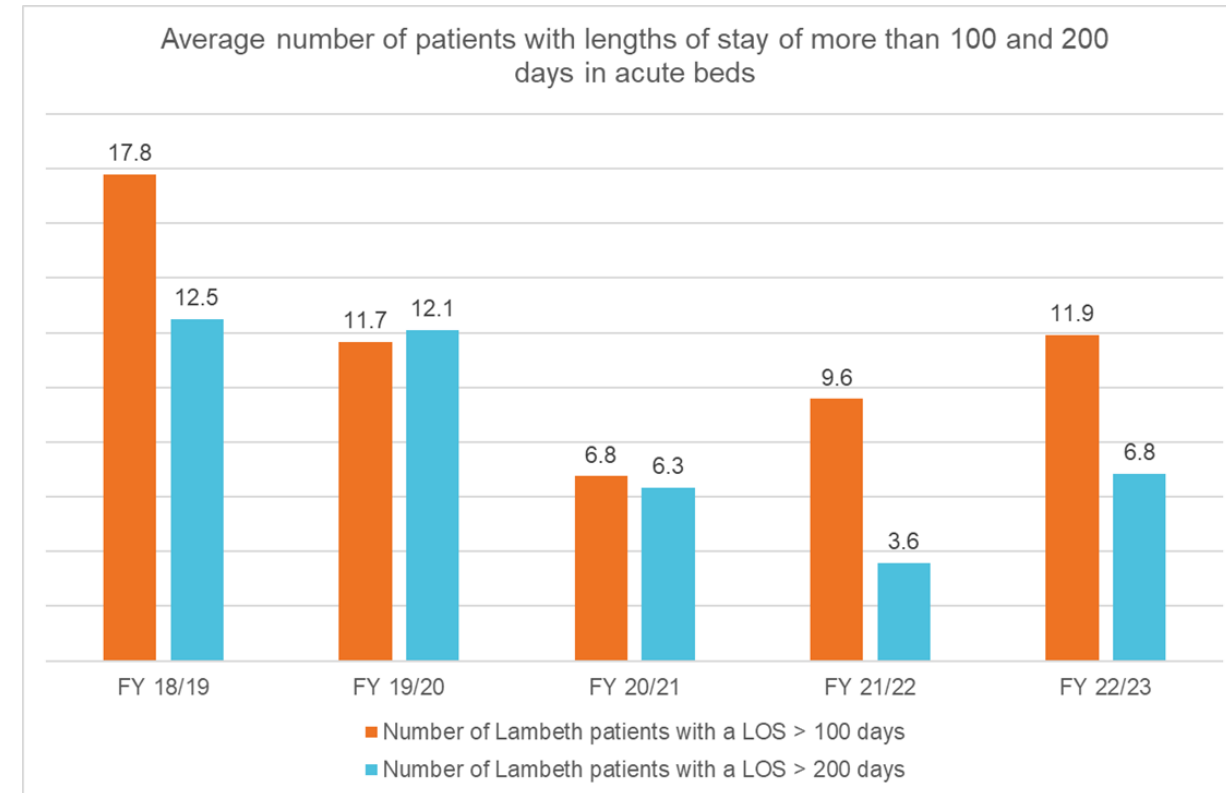
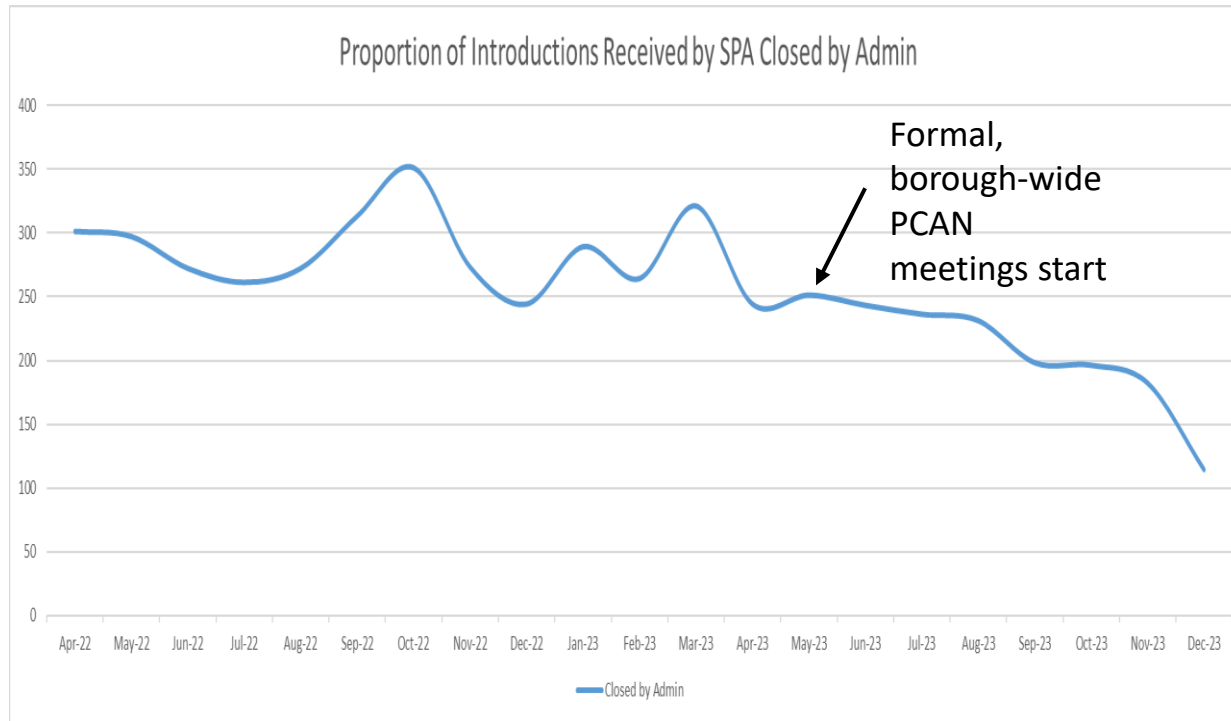
Challenges

- **Demand** - significant increase in demand post-Covid and with cost-of-living related impact:
 - 18% increase in referrals in 2022/23 compared with 2019/20
 - Increased activity within 2 ED departments within Lambeth, with 54% of those attending St Thomas non-SEL residents
 - Increased numbers of people who are admitted who are of No Fixed Abode and/or No Recourse to Public Funds impacts length of stay, especially under London Compact
- **Finance** - managing individual organisational financial pressures whilst balancing demand
 - LWNA orientating delivery around early help and community support
 - Focused on delivering best value through innovation and effective use of resources
- **Workforce**— reflects national health and care recruitment challenge
 - Co-produced Alliance workforce strategy and collaborating with wider health and care partners
 - Maximising recruitment through VSC partners, developing career pathway through peer support and apprenticeships

Achievements

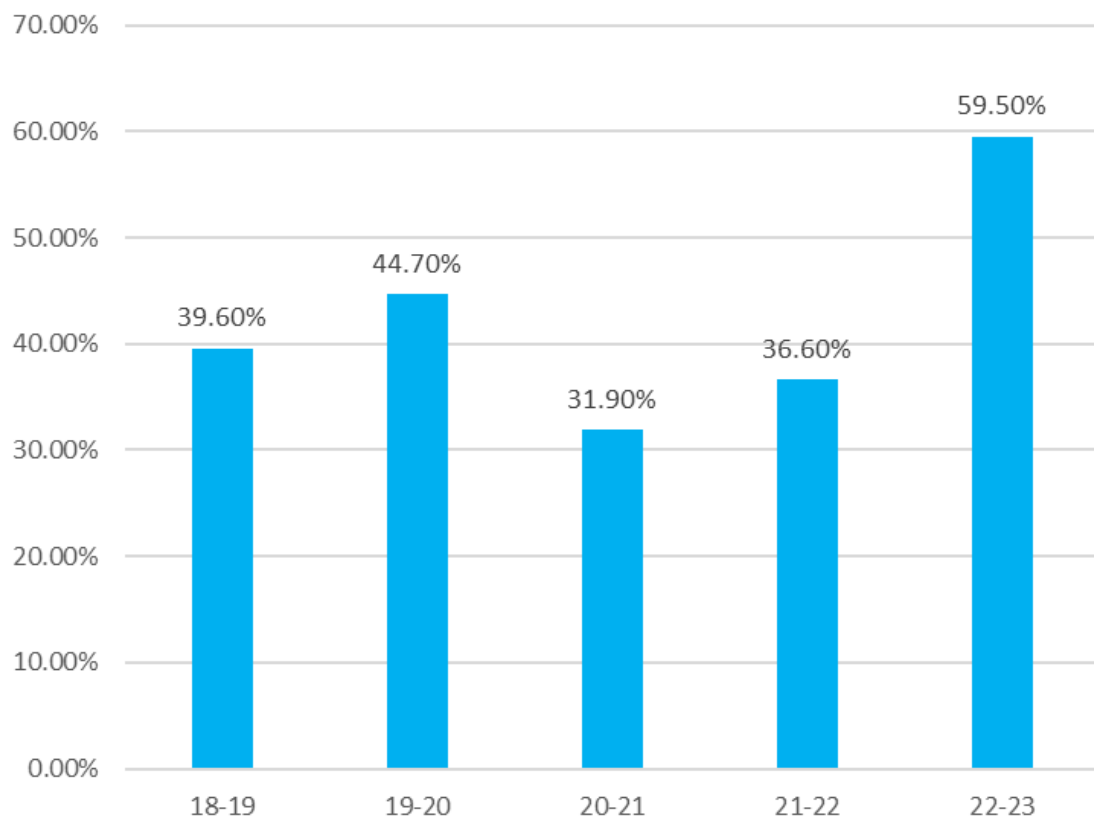
- **Reputational** - national recognition and awards for innovation and partnership working, e.g. Culturally Appropriate Peer Support and Advocacy (CAPSA)
- **Service redesign** - The Alliance has been a pathfinder for NHS England community mental health transformation:
 - Streamlined referral through our Single Point of Access
 - Our three community Living Well Centres have integrated health, social care and VCS teams aligned to our Primary Care Networks
- **Innovation:**
 - Staying Well - primary care mental health offer cited as a model of good practice in line with the NHSE Fuller Report
 - Mosaic Clubhouse – peer-led daytime community hub and out of hours crisis support
- **Advancing mental health equalities** - including launch of CAPSA and pathfinder implementation of NHS England Patient and Carer Race Equality Framework
- **Financial**
 - £7.5 million system savings delivered to date despite increased demand pressures in context of Covid and cost of living crisis.

Impact

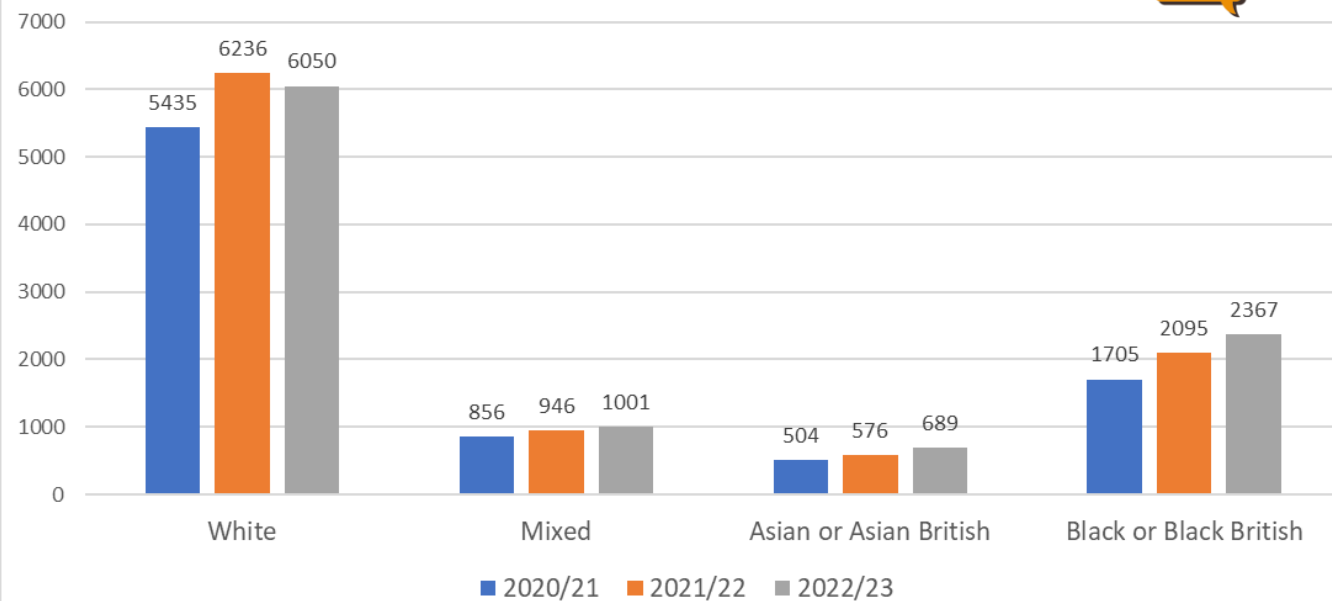


Physical Health Checks and Talking Therapies

Completed Health Checks
% of Patients with SMI



Lambeth IAPT - New Clients by Ethnic Group



- Year on year increase in number of black clients accessing the service (39% increase since 20/21)
- Increase in proportion of referrals for Black clients - now above the population average, was below up to 21/22, now 24.2% access v 20.6% pop.

- Current contract set out target for SEL ICB and Lambeth Council to achieve 14% of original budget
- To end of November 2023 the Alliance delivered recurrent savings of £7.5m (11.6% of the original budget).

Recurrent Saving type	2018/19 £000s	2019/20 £000s	2020/21 £000s	2021/22 £000s	2022/23 £000s	End Nov 23/24 £000s	TOTAL
Efficiencies	899	834					1,733
Service changes	1,669	636					2,305
Placements (full year) - mostly complex care and locked rehab		741		785	597	681	2,804
Re/De-Commissioning					700		700
TOTAL	2,568	2,211	0	785	1,297	681	7,542

- Savings achieved through £4million efficiencies; £2.8 million savings in spot purchase placements; and further £0.7 million through recommissioning

- Living Well Partnership
 - Member - led resource centre for people living with serious mental health conditions
- Co-created with service users and carers based on accredited Clubhouse model:
 - Members - service users and carers - are integral to day to day running, including as Trustees
 - Provides peer support; vocational skills and work training; benefits, housing and health advice
 - Evening Sanctuary – peer-led out of hours crisis support service directly avoided 681 A&E attendances in 2022/23
- Approximately 400+ members with over 50% of members and attendees from Black and Minority Ethnic communities
- Promotes independence:
 - Enabling more people with severe mental illness to recover and remain well in the community
- Commissioned by and key partner for LWNA



- Partnership funding model:
 - Lambeth Council and SEL ICB jointly fund with Mosaic Clubhouse generating 30% additional income to support provision through commercial activity
- Nationally recognised:
 - Hosted visits by politicians and senior DHSC and NHS officials
 - Chosen as host site for recent launch of Royal Foundation of Homeward initiative

Primary Care Alliance Network (PCAN)

What is PCAN?

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

How does PCAN add value?

- Enables more people to be supported in their own homes and communities – by providing regular opportunities to discuss patients and share advice on areas such as: medication, care plans, referral pathways, community mental health services, etc.
- Improves communication and shared knowledge - between primary and secondary mental health services across Lambeth.
- Improves the quality/accuracy of referrals to SPA – currently around 30% of SPA referrals are rejected
- Prevention – providing help earlier means people less likely to escalate in needs helping to reduce trajectory of demand for adult social care in the medium term

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

Culturally Appropriate Peer Support and Advocacy (CAPSA)

- Co-designed by, for and with Black service users alongside Black Thrive
 - Collaborative approach to the work
 - Valuing lived experience
 - Working through challenges together
 - Sharing common goals
- Explicit anti-racist and anti-oppressive approach.
- Building trust and understanding to ensure views and experiences of black and multi-ethnic service users are heard
- Part of overall aim to improve physical and mental health outcomes for Lambeth's African and Caribbean populations in particular
- CAPSA is established as part of core Alliance delivery
- The service has just begun an external evaluation (by Sheffield Hallam) which we are fully supporting.
- The learning from this evaluation and the feedback from the CAPSA team and those who are supported by it will inform a new business plan



- We plan to build the service to have an even greater impact across both inpatient and community services
- Recognition of the importance and value of Experts by Lived Experience continuing to inform and shape Alliance aspirations and delivery.

Contract Extension

- **LWNA Agreement:**

- S75 agreement with Lambeth CCG (now Southeast London ICB) for funding of mental health service provision for contract duration
- Signed Agreement for the LWNA with Certitude, SEL ICB, SLAM and Thames Reach for 7 years from 1st July 2018 - 31st March 2025 with option to extend for further 3 years
- The proposal is to take up contract extension for the period from 1st April 2025 – 31st March 2028.

- **Partner Approval:**

- Thames Reach Board approved June 2023
- Certitude Board approved June 2023
- SEL ICB Board approved 31st January 2024
- SLAM committed to extension – final sign off by Trust Board due on 19th March 2024.
- Lambeth Council –contract extension and supported by Cabinet Leads at CMB 19th December 2023 and endorsed by Informal Cabinet on 6th March 2024

- **Formalising of extension will also involve:**

- Further consultation and co-production with service users, communities and stakeholders re priorities for 2025-28 and beyond
- Parallel refinement of business and financial planning in response to feedback and national and local priorities and context
- Ensure our impact measures are robust and deliverable and continue to reflect what matters for our service users, carers and communities, as well as our system partners.

Ambitions 2025-28

- ✓ Developing our transitions approach with Children and Young People's Emotional Well Being Alliance
- ✓ Furthering integrated working with General Practice and consolidating our Primary Care Alliance Network with aim for primary care to be formal partner in the Alliance
- ✓ Assessing potential for greater alignment/integrated working with SLAM led Integrated Drug and Alcohol Treatment Consortium to improve outcomes for people with co-occurring mental health and substance misuse needs
- ✓ Working with partners, including housing and VCS organisations, to maximise opportunities for people to live independently in their own accommodation
- ✓ Ensure we fully embed CMH Transformation to support effective demand management by making best use of resources to maximise flow and discharge whilst ensuring financial sustainability for all Alliance partners.
- ✓ Working with Lambeth Together and SEL ICS partners to ensure we have right workforce with the right skills including creating opportunities to grow our own.
- ✓ Maintaining focus on tackling inequalities in physical and mental health outcomes for all service users and carers, particularly those from Lambeth's Black communities.

Lambeth Together Care Partnership Board

Title	Lambeth Together Primary Care Commissioning Committee update
Meeting Date	21 st March 2024
Author	Michelle Elston – Associate Director of Primary & Community Care
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 10 January 2024
2. Ratify decisions made at the Primary Care Commissioning Committee on 10 January 2024

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 assurance on the delivery of delegated primary care functions, information on and ratification of decisions made at the Primary Care Commissioning Committee on 10 January 2024, and an opportunity to ask further questions and feed into the PCCC business.

Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Summary of Meeting held on
Wednesday 10 January 2024



Working in partnership for a healthier borough

LTPCCC Part Two Meeting



Approvals recommended to the Board:

Building Practice Resilience

The Committee received an update on the 2023/2024 building practice resilience funding and the proposal for the remaining funds to be utilised for training opportunities in practices

- For 2023/2024 Lambeth ICS received £55,289.00 to support practices in Lambeth to become more sustainable and resilient, and better placed to tackle the challenges they face now and into the future
- As practices requested several common themes in their applications, there was an allocation to practices of £33,240.00 with the proposal of the remaining funds to be utilised to strengthen General Practice and Practice Managers as a profession and enable them to work in an economy of scale with further opportunities for all Lambeth practices to access training.

The Committee noted the paper and approved the proposal for the utilisation of the remaining funds to provide training opportunities for practices to develop practice management as a profession

The Board is asked to ratify this decision.

LTPCCC Part Two Meeting



Approvals recommended to the Board:

Lambeth Pharmacy First Plus update

The Committee received an update on the Lambeth Pharmacy First Plus pilot and a request to approve to expand and mainstream the Pharmacy First Plus from 01 April 2024 following the end of the pilot phase, subject to Finance and Procurement guidance

- The service aims to address and support the health inequalities in Lambeth with the impact of the cost-of-living crisis on the ability of the local population to self-care and buy medicines available over the counter for minor and self-limiting conditions in line with NHS England guidance
- The service is a pilot until 31 March 2024 and has been developed to support GP practices to implement the NHS England guidance for self-care and maximise the use of community pharmacy whilst ensuring that the most deprived sections of the population receive the advice and treatment they require for self-care
- 1216 Pharmacy First interventions have been carried out between March – November 2023 across 31 Lambeth Community Pharmacies

The Board received an update and noted that further insight is required regarding cost and opportunity before it can be agreed to be mainstreamed across the borough





LTPCCC Part Two Meeting

Decision recommended to the Board:

NHS funding asylum seekers

The Committee received an update on the Home Office national changes being made for boroughs with Initial Accommodation Centres (IAC) to house asylum seekers and refugees.

NHS England allocation for 2023/24 has resulted in a material reduction to the overall budget, the consequence of the reduction means Lambeth Together cannot continue funding at the existing tariff agreed in 2020. To continue to do so could result in cost pressure.

The Committee was asked to approve the recommended option 3, from the below options appraisal:

1. Do nothing but incur a budget overspend.
2. Keep the service as is but align the budget.
3. Carry out a full-service review to look at whether the funding is being used to meet the health needs of this population.

An Equality Impact Assessment has been completed, and no negative impact has been identified to the current service provision

Borough Sanctuary Meetings are attended, and there is a close working relationship with the Director for Housing regarding the issue of homelessness (once leave to remain has been granted)

It is to note that funding may not be recurrent or permanent.

The Committee approved option 3 from the options appraisal paper, to carry out a full-service review to look at whether the funding is being used to meet the health needs of the population.

The Board is asked to ratify this decision.





LTPCCC Part One Meeting

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

- **Risk Register**
- **Performance**
- **Workforce**
- **Primary Care Finance**
- **Quality**
- **Primary Care Transformation and Operational Delivery Group (PCTODG)**

The Primary Care Transformation and Operational Delivery Group meeting took place on 06 December 2023, and it reports to the LTPCCC.



LTPCCC Part One Meeting



Updates on **other items** were received on:

- **Public Health Commissioning with General Practice**

Public Health gave an update on their commissioning proposals for the NHS Health Checks and GP Long-Acting Reversible Contraception service (LARC) services.

- **Community Pharmacy contractual framework update – Pharmacy First**

An update was given to the Committee on the NHS England Pharmacy First services



Lambeth Together Care Partnership Board

Title	Business Planning Progress Update 2024-25
Meeting Date	21 st March 2024
Author	Warren Beresford – Associate Director Health and Care Planning and Intelligence Jo Fernandes – Planning Intelligence and Improvement Manager
Lead	Andrew Eyres - Corporate Director of Integrated Health and Care

This item is for:

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Recommendations:

Board Members are asked to:

1. Note the process underway to review and refine our plans, along with the associated timelines
2. Provide feedback on the approach taken and reflect on their role within the planning process.
3. Confirm the commitment from partners to collaborate effectively on executing an impactful plan, taking into consideration financial and resource constraints

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

None

Summary and Impact on Inequalities

The aim of this briefing is to update the Lambeth Together Care Partnership Board on the progress of our business planning for 2024/25 and the steps being taken to refine our planned activities for the year ahead to ensure delivery of [Our Health Our Lambeth](#), 2023-2028 Health and Care Plan. The core focus of *Our Health Our Lambeth* is our partnership ambition to address health inequalities in the Borough and we have identified priority outcome measures to address this

Business Planning Progress Update 2024-25

**Lambeth Together Care Partnership Board
21 March 2024**

Purpose

The aim of this briefing is to update the Lambeth Together Care Partnership Board on progress in our business planning for 2024/25 and the steps being taken to refine our planned activities for the year ahead to ensure delivery of [Our Health Our Lambeth](#), 2023-2028 Health and Care Plan.

Specifically, we request Board Members to:

1. **Note the process underway to review and refine our plans, along with the associated timelines**
2. **Provide feedback on the approach taken and reflect on their role within the planning process.**
3. **Confirm the commitment from partners to collaborate effectively on executing an impactful plan, taking into consideration financial and resource constraints**

Our Health Our Lambeth: our Plan for 2024/25

In May 2023 we published *Our Health Our Lambeth* - Lambeth Together's Health and Care Plan 2023-28. The Plan sets out how health and care services in Lambeth will work together, and with residents and communities, to improve health and wellbeing outcomes for people of all ages and from all our communities, over the next five years. The Plan sets out our ambition through a wide range of activities which will be delivered by our 3 Alliances and 5 Programme areas.

Now, almost a year into the plan, we have been reviewing and evaluating progress against the planned activities undertaken over the last year and have been developing our proposals detailing the activities to be delivered over 2024/25.

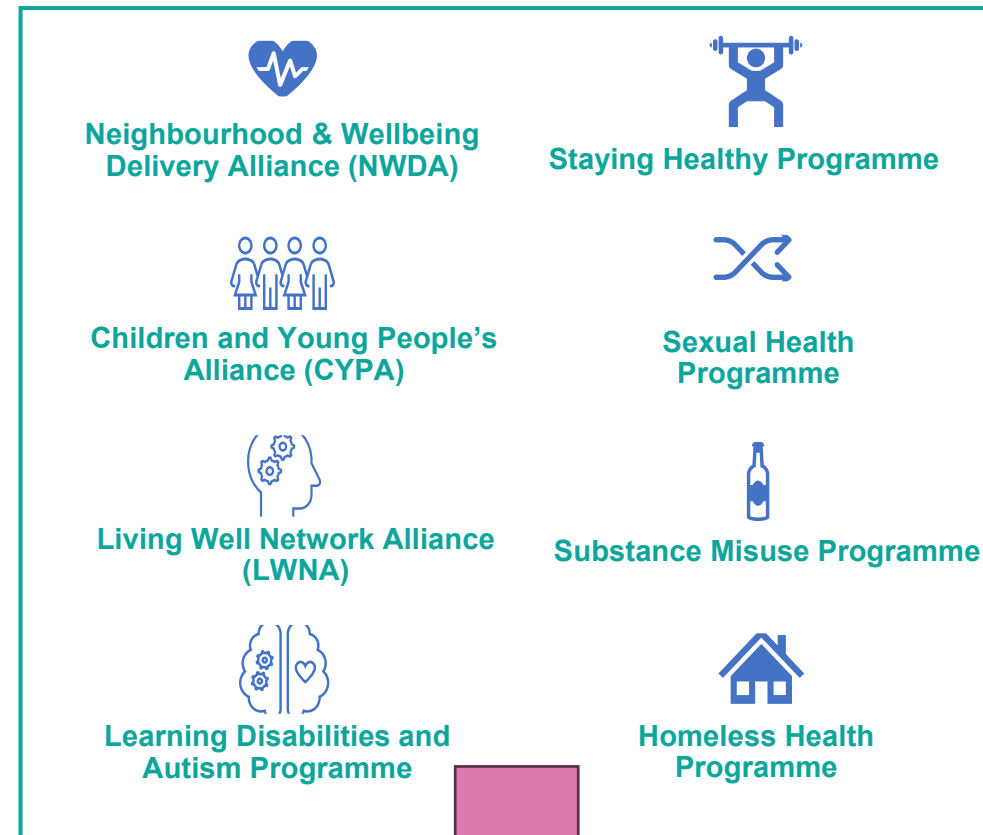
The Plan will take into account our learning to dare emerging issues, and any additional requirements outlined within national guidance and policy.



Our Heath, Our Lambeth Refresh

The refreshed Plan will

- ✓ Recognise key achievements of 2023/24
- ✓ Include examples of lived experiences from our population
- ✓ Take into account emerging issues and any additional requirements outlined within national guidance and policy
- ✓ Continue to have addressing health inequalities at the heart of its deliverables.
- ✓ Be ambitious, but will also recognise and work within the current resource constraints
- ✓ Closely align with the Lambeth council Borough plan and the refreshed South East London ICB Joint Forward Plan and will underpin the Lambeth Health and Wellbeing strategy



Go to the end slides for detail on our achievements in 2023/24 and our planned deliverables for 2024/25



**Lambeth
together**

Financial Overview 2024/2025

- South East London ICB continues to work in a significantly financially challenged environment, exacerbated by wider system operational pressures, South East London ICB requires each Place to achieve a minimum 4% cash releasing efficiency savings, plus manage further cost pressures and proposed investments.
- Lambeth Council faces a similarly challenging environment. Over the past 6 months the Council has refreshed its 2024/25 financial planning assumptions and on 6th March agreed start year budgets, including savings proposals across its activities. The Council's overall savings target for 2024/25 is £28.9m, of which £5.6m relates to Adult Social Care and Children's Services.
- NHS providers face a challenging financial context with the need to deliver significant savings to secure financial sustainability as well as address service recovery expectations.

Lambeth 2024/25 Draft budgets 2024/25

<u>South East London ICB (Lambeth)</u>	Delegated Budget (£,000)	Share of ICB Budget (£,000)	Total Budget (£,000)
Acute Services	1,188	373,884	375,072
Community Health Services	27,872	69,201	97,073
Mental Health Services	20,690	102,278	122,968
NHS Continuing Care Services	34,616		34,616
Prescribing	42,472		42,472
Other Primary Care Services	2,991		2,991
Primary Care Services delegated from NHS England	82,791		82,791
Corporate Cost	3,564		3,564
Health Total	216,184	545,636	761,547

South East London ICB (Lambeth)

Additional recurrent funding of £4.6m (7%) has been included in budget, proportionate to CHC and prescribing baselines. Inflation uplift of 1.9% less 1.1% efficiency, convergence adjustment of 1.09% applied plus local uplifts and growth uplifts in line with national requirements.

The ICB will be impacted by NHS England's requirement that all ICB's must cut their running costs by 30%. Key risks to the draft start budgets for 2024/25 are prescribing, continuing health care and Integrated Community Equipment Service, pressures related to price inflation and demographic demand outside the control of local management.

Lambeth Council	Total Expenses £'000	Total Income £'000	Net Budget £'000
Integrated Health & Care	51,036	(49,316)	1,720
Integrated Commissioning /Integrated Health & Care	14,192	(12,472)	1,720
Public Health	36,844	(36,844)	0
Adult Social Care	149,915	(41,163)	108,752
Children's Services	127,318	(16,803)	110,515

Lambeth Council:

Adult Social Care is expected to achieve further savings in 2024/25 of 3% of total budget, while managing significant financial risk from both higher demand and growth in provider costs. While additional funding has been announced through the Social Care Grant, it is uncertain whether increased funding will keep pace with increased costs.

The Public Health grant has now been confirmed for 2024/25. Uplifts on contracts and from pay awards have been factored into 2024/25 budgets and expected to be able to manage current service levels. However, there is remaining risk that pay award and inflationary uplifts later agreed by the NHS will create a pressure on allocated resources.

Next Steps



21st March

End of March

April 2024

May 2024

- **21st March:** Lambeth Together Care Partnership Board to be briefed on progress since the February Board seminar.
- **End of March:** Plans to be updated to reflect published financial allocations
- **Early April:** *Our Health, our Lambeth* Health and Care Plan 2024/25 refresh document to be shared with design team to develop into publishable document
- **May 24;** Present final *Our Health, our Lambeth* Health and Care Plan 2024/25 refresh to be shared with Lambeth Together Partnership for final sign off and then publish.
- **Post May** monitor progress against 2024/25 planned deliverables via the Lambeth Together Assurance Group and Alliance/Programme Boards.

Questions?



Appendix

Draft key achievements in 2024/25 and focus areas for 2025/26 by Alliance and Programme

Children and Young People's Alliance

Summary Incorporated within the Health and Care plan are 18 activities assigned to the Children and Young People's Alliance. In 2023-24 the **Alliance commenced 6 activities with the remaining 12 to be delivered over the next 2 years.**

Key Achievements

Liaising with the South East London Local Maternity and Neonatal System (SEL LMNS) **to track advancements in implementing the Ockenden report**, alongside those in the unified delivery plan for maternity and neonatal services. Planning is also underway to gauge the integration of Ockenden recommendations within services via self assessment.

Utilising insights from the LEAP's Enhanced Caseload Midwifery programme to inform enhancement of personalised and safe maternity care. This initiative is progressing with the support of local providers and the SEL LMNS with the aim that every woman receives a bespoke care plan and the opportunity to make informed choices.

The Alliance is **actively enhancing access to perinatal mental health services** in Lambeth, collaborating with CAMHS. This initiative involves leveraging existing services like PAIRS and the Lambeth Perinatal Support Service. The Perinatal Mental Health Team's role is pivotal, focusing on pregnant and postnatal women with severe mental health issues and ensuring collaborative care with maternity, social, and primary care services.

Focus Areas for 2024/25

Progress plans to design and **deliver a multi-agency Single Point of Access (SPA) to mental health support**, drawing together a range of services seeking to support children and young people and their families.

Continue focused discussions with LEAP to pull together terms for an advisory group and bring options to the Alliance Board in relation to the **development of comprehensive dataset for Lambeth women using maternity services to counter significant inequalities in experience.**

Look at learnings from mortality case reviews at a system level and incorporate this information with insights gained via other maternity measures to feedback into community/health visitor providers.

Neighbourhood and Wellbeing Alliance

Summary: Incorporated within the Health and Care plan are 89 activities assigned to the Neighbourhood and Wellbeing Alliance. In 2023-24 the Alliance commenced 57 activities, and of those 14 have been completed.

Key Achievements

Lambeth Pharmacy First Plus Pilot launched 2023 enabling Community Pharmacy to support people minor conditions directly. Providing advice and treatment to enable more self-care, which reduces health inequalities.

The Lambeth Community Diabetes Service has delivered training and education, directly or through targeted sessions via the Medicines and Prescribing Network or the Lambeth Training Hub delivering a programme of education a variety of health and care professionals.

Community Pharmacies 78% are signed up to deliver blood pressure checks in Lambeth surpassing contributing to an increase of 65% of total BP checks.

General practice: incentivized to undertake structured medication reviews for those over 75 taking 10 or more medicines.

The 'Choose Well Campaign', supporting people to consider alternatives to A+E was rolled out in 2023 with a broad communications and engagement, including door stop leaflets, letters and supporting info for people turning up in ED.

Cost of Living programme; Has provided over 66,000 units of support to over 26,000 households in the borough including, targeted cash payouts, supplementing the council's emergency local welfare assistance fund, along with other support schemes

Focus Areas for 2024/25

Review the Health Inequalities Fund to determine a clear set of priorities for funding in 2024-25.

Develop and progress equitable provision of integrated care across the borough, including with Thriving Neighbourhoods, and in partnership with PCNs, secondary care, social care, community care, VCS etc.

Living Well Network Alliance

Summary: Incorporated within the Health and Care plan are 34 activities assigned to the Living Well Network Alliance. **In 2023-24 the Alliance commenced 24 activities, and of those 5 have been completed.**

Key Achievements

Mental health awareness training - delivered by Public Health, building community capacity and supporting a more trusted relationship with Mental Health services. The Alliance part-funded mental health outreach worker with the BEACON project to support signposting and engagement.

The Alliance funded Community Commissioners to support service user representation in decision-making groups.

Expanded capacity in 'Home First' - a new reablement initiative supporting people to return home after discharge, avoiding more restrictive supported accommodation.

7 Mental Health Practitioners recruited across 9 PCNs to provide early identification, assessment and intervention to people with a range of emotional, psychological and mental health conditions in primary care.

Developed the Individual Placement Support Service (IPS) which enables more people with SMI to achieve their goal of sustainable paid work with a fair wage. The Alliance is continuing to monitor impact and refreshing the vocational offer.

Focus Areas for 2024/25

Continue developing Culturally Appropriate Peer Support and Advocacy (CAPSA) service which employs people from our Black communities with lived experience of mental health to work with and advocate for those we support.

Consider recommendations from the Joint Strategic Needs Assessment Health Profile of Mental Health in Lambeth and identify any potential new initiatives.

Continue development of the 'Dialog' tool ensuring a consistent process to capture treatment satisfaction and feedback.

Continue to develop the Primary Care Alliance Network (PCAN) to upskill GPs and Primary Care colleagues, building confidence to support people in the community.

Learning Disabilities and Autism Programme

Summary Incorporated within the Health and Care plan are 12 activities assigned to the Learning Disability and Autism Programme (LDA). **In 2023-24 the LDA commenced on 11 activities, and of those 3 have been completed.**

Key Achievements

Wide engagement has occurred to support the **development of the all age autism strategy with the final strategy** due for approval in early 2024. The all age autism strategy has been developed in partnership with key stakeholders. The LDA has taken steps to understand the local population of people with autism with data and mapping exercise undertaken in April 2023. This is an ongoing activity as new data sources are developed or identified across the partnership. Working with SEL ICB and health partners to **ensure accurate capture of information for patients with learning disability and autism to ensure they get the right access to health provision**; support performance and quality monitoring, and underpin effective population health planning

Focus Areas for 2024/25

Continue the roll out of Oliver McGowan Mandatory Training (OMMT) for all Health and Care workers.

Progress partnership negotiations on **Enhanced Intervention Service (EIS) to provide crisis intervention/admission prevention services, improving our borough offer.** The project is led by SEL ICB LDA Team with GSTT and SLaM with a proposed launch in 24-25.

As a part of **the ALD Placement Transformation Strategy, the LDA will commence a new commissioning exercise to ensure accommodation-based placements maximise lifelong independence** underpinned by clear systematic contractual framework to ensure best value.

The LDA will continue work to improve opportunities for people with learning disabilities to be in employment improving current service offers.

Staying Health Programme

Summary Incorporated within the Health and Care plan are 30 activities assigned to the Staying Healthy Programme. **In 2023-24 the programme commenced on 25 activities, and of those 7 have been completed.**

Key Achievements

Where possible acute settings within hospital trusts to routinely enquire about seasonal vaccinations when patients in high-risk cohorts attend sites and co-administer vaccinations.

A local health equity audit is underway, identifying barriers and facilitators for vaccination uptake in specific population groups, guiding targeted interventions.

Support provided to the school-age immunisations service to **promote the flu vaccine to school age children, including sourcing venues for pop-up clinics**, providing comms support and working directly with low uptake schools to support delivery

A revised local incentive scheme for childhood immunisation is now in place. It is outcomes focused and encourages effective call and recall. GP extended access hubs now offer vaccination appointments to improve availability.

Provided brief **intervention training on the vital 5** areas to health and non health practitioners.

Worked with local communities, voluntary sector, Primary Care Networks (PCNs) and other partners to ensure residents have access to advice and support in community settings to stay well, which is **tailored and culturally appropriate through initiatives such as; Thriving Communities, Health and Well Being Hubs, the Beacon Project and Combatting Drugs Partnership. Health Equity Plans in place with PCN'S and Health Equity Champions** delivering 'Championship Programme' developed and delivered within the Primary Care Team.

Focus Areas for 2024/25

Further establish work on vital 5 priorities with a focus on communities at greater risk of preventable poor health

Continue to strengthen the identification/screening and signposting dependent/risky drinkers for support

An easy identification tool for high risk drinking to support referrals to a treatment service is being developed for 2024.

Expand smoking cessation support to a universal offer and the provision of a range of support to target groups. This will include increasing access to e-cigarettes as an option to support quitting tobacco.

Sexual Health Programme

Summary Incorporated within the Health and Care plan are 28 activities assigned to the Sexual Health Programme. In **2023-24** the programme consolidates their activities and now are working toward 17 activities, and of those 2 have been completed

Key Achievements

A new HIV peer support network is in place with a new care and support service currently in the mobilisation phase.

The Programme has also **established a GP Champion for HIV.**

The Programme has worked with pharmacies, pharmacists and secondary care to develop a new model and associated **service level agreement to consolidate a sexual and reproductive health service offer which will be adopted from 1 April 2024.**

Focus Areas for 2024/25

Through the South London HIV network meetings the **Programme is preparing for the delegation of NHSE specialised commissioning (HIV treatment)** to ICBs by investigating pathways, capacity, discharge processes and opportunities for collaboration.

Work continues with the Digital Team to further **develop online booking across providers to support access and gain 'live' system oversight of capacity of all service access.** The 'Find Sexual Health' webpages will improve service user experience, appointment booking and provide relevant information on SRH/HIV with a view to continued expansion to cover SEL in due course.

Work underway for new Outreach + YP service across Lambeth, Southwark and Lewisham. A new contract to be procured and in place for 1 October 2024. Current engagement with stakeholders, communities groups and providers.



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Substance Misuse Programme

Summary Incorporated within the Health and Care plan are 49 activities where the Substance Misuse Programme is a contributor. **In 2023-24 the programme have primary involvement in 20 activities, and of those 3 have been completed.**

Key Achievements

Joint Strategic Needs Assessment Health Profile of Substance Misuse in Lambeth completed in 2023-24 using a range of data, enabling better understanding of our population to identify the current and future health and service needs.

Project ADDER established across Lambeth and Southwark to support increased referrals to substance misuse services from police custody, probation and criminal justice system.

Lorraine Hewitt House recruited a recovery worker based in the Probation Service - plans to develop support at the custody suites in Brixton and Walworth. Commissioners currently developing a cross borough continuity of care provision to support prison releases into the community.

Early positive indicators show engagement rates improving from 17% on 2021-22 to 33% in 2022-23.

In Q2 2023-24, there were 1,516 clients in treatment with 266 new presentations. An increase of almost 100 new clients Service aim to support an increased number accessing and engaging in treatment, working towards additional 5 people a month to meet capacity ambition for alcohol and non-opiate substance group and will need 19 additional opiate clients a month to meet the ambitions in that group.

Focus Areas for 2024/25

Support offer through Lorraine Hewitt House is under review - the service is due to commence with a new spec in April 2024.

Young Persons Substance Misuse Service recommissioned. Focus on more prevention to work with schools to identify children most likely to get into trouble.

Onstreet Engagement Team commissioned - focusing on substance misuse, community safety, rough sleeping and homelessness team.

Implement the Combating Drugs Partnership delivery plan - multi agency, collaborative approach tackling harms caused by drug and alcohol misuse.



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Homeless Health programme

Summary Incorporated within the Health and Care plan are 12 activities which the Substance Misuse Programme is a contributor. In **2023-24** the programme have primary involvement in **20** activities, and of those **3** have been completed.

Key Achievements

Lambeth Tenancy Support service established in 2023-24 with Thamesreach and is an ongoing funded service providing support to all single householders.

The Lambeth Rough Sleeping Outreach Team continues to work proactively with all rough sleepers in the borough. **The past year has seen a marked increase in the number of new rough sleepers being identified by the team** while the number of known rough sleepers and people returning to rough sleeping after a period of absence has remained constant. **The numbers of new rough sleepers are a factor across London and have been linked to the cost of living crisis.**

Homeless services are using contract monitoring and audit visits to identify the numbers of people in supported housing who are not yet registered with a GP and work with service providers and health colleagues to target those individuals and identify any potential barriers.

Focus Areas for 2024/25

Model to be developed to support people passing through supported accommodation and enables them to be registered with a GP and start work with service providers on health and care needs.

Development of a model to allow cross referencing GP registration for those in supported housing, with engagement with GP.

Develop intelligence to review how long rough sleepers brought into accommodation, have sustained tenancy.

Working with Lambeth Housing to **improve the quality of temporary accommodation** through contract monitoring and improved technology.

Lambeth Together Care Partnership Board

Title	Neighbourhood and Wellbeing Delivery Alliance (NWDA) update: Working with Communities
Meeting Date	21 st March 2024
Author	Emily Holmes, Project Manager, NWDA Chris French, Community Connector, NWDA Christopher D'Souza, Lead Commissioner, Public Health Alex Jackson, Lead Commissioner, Public Health Shanet Lewis, Programme Lead, Building Healthier Communities
Lead	Josepha Reynolds, Programme Director, NWDA

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. Note and discuss the Working with Communities programme for the NWDA
2. Note the 2022/23 progress report for the NWDA

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

Neighbourhood and Wellbeing Delivery Alliance Leadership Board

Summary and Impact on Inequalities

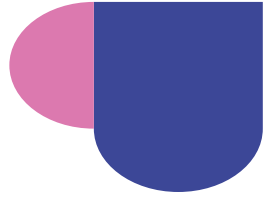
The Neighbourhood and Wellbeing Delivery Alliance (NWDA) aims to tackle inequalities by working more closely with residents in local neighbourhoods. The Working with Communities programme is driven and designed by communities to improve health and wellbeing within Lambeth. This aligns with the ambitions set out within Our Health, Our Lambeth.

Working with Communities

21 March 2024



What is Working with Communities?



Thriving Communities

- Focusing on understanding local health needs by engaging with voluntary, community, faith and social enterprises in Lambeth
- Five current Thrivings: Stockwell, Streatham, Fiveways, Hills Brook and Dale, Norwood.
- Two Thrivings in production: Clapham and North Lambeth
- Thriving Communities small grants

Health and Wellbeing Events

- Events run from North Lambeth to Streatham, engaging with hundreds of residents to provide information about health and wellbeing in the community, including:
 - Black Health and Wellbeing
 - Events on Women's health and chronic pain
 - An LGBTQ+ lunch
 - A wellbeing event for the Latin community

Health and Wellbeing Bus and Hubs

- Bringing health and wellbeing information, advice and support into the heart of our communities.
- Providing services at neighbourhood level to local communities.
- 7 community hubs, with three more being developed
- An electric bus based in the community and working with partners to deliver support

Thriving Communities

- Jointly building our approach – codesigning over several years with local forums (e.g. in Stockwell and Norwood)
- Taken the time to build trust and relationships within communities
- Voluntary, Community, Faith and Social Enterprise (VCFSE) Led
- Working closely with GP surgeries and their **Social Prescribing Link Workers**
- Coordinating with housing providers



Community based health and care support for adults

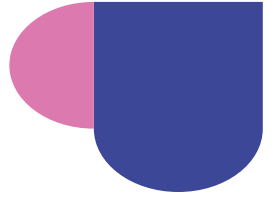
Thriving Communities Small Grants

- Fund grass roots organisations to deliver projects addressing health inequalities
- Managed by trusted local organisations within our Thriving Communities
- Evaluations throughout projects and at the end of projects to evidence impact
- Capacity building and future funding support included



Community based health and care support for adults

Health and Wellbeing Events



- Community events with health and wellbeing themes
- Collaboration with local Primary Care Networks (Social Prescribers, GPs, Nurses), voluntary and community groups, faith groups, Council services – housing, children's services among others
- These events raise awareness of key health issues and support available
- Black Prince Trust – MSK Community Day on the 15th March

Successes:

- 80+ events held, with more planned
- Positive feedback received from residents highlighted the importance of giving easy access to information, advice and signposting about managing their health better



Health and Wellbeing Bus

- The bus provides a **holistic approach** to address and tackle the prevalent health inequalities.
- The bus visits locations across Lambeth hosting health and wellbeing services onboard as well as our **Health Champions** signposting and handing out leaflets of information to the public.

Successes (July 23 – Feb 24):

- **8,500 face to face interactions** with members of the public
- Visited **37 locations** within the borough and attended **over 30 events**
- Stronger connections with Social Prescribers, clinical professionals and SEL ICS

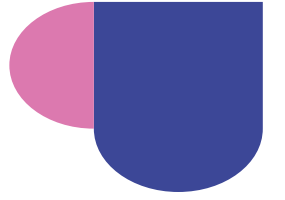


Health and Wellbeing Hubs

- 7 community led Hubs (3 in Norwood; 3 in Stockwell and 1 in North Lambeth)
- Estimated 300 people attending the Hubs each week
- Hubs provide a wide range of support to their local communities
- Partnership with KCL graduates to support improved data collection
- Further Hubs being co-produced (Waterloo, Fiveways and Clapham Park)
- 6 Ascension Trust Beacon Hubs – looking to secure sustainable funding



Experience of Social Prescribing Link Work



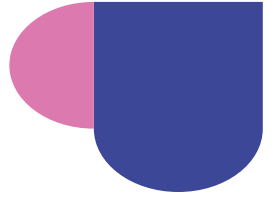
Ruth Vidal-Tunkara,
Senior Link Worker & Social Prescribing
Development Lead



*“I enjoy finding out
what really matters
to people and
supporting them to
explore different
approaches to
living well.”*

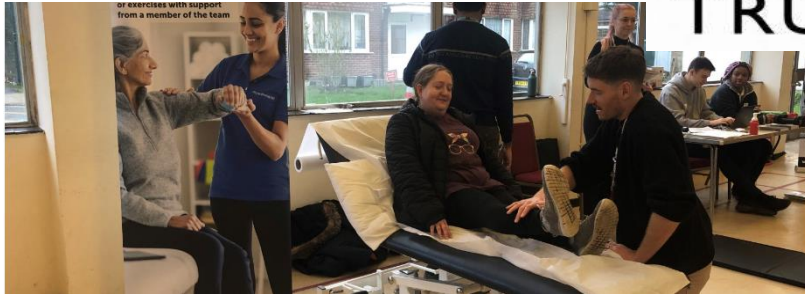


Experience of Physiotherapy Community Day



Gareth Jones

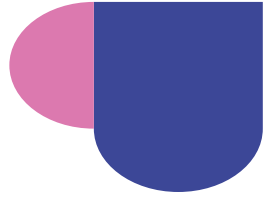
Clinical Lead
Physiotherapist, GSTT



- Held at Black Prince Trust on 15th March
- Physiotherapy into the community
- Invited people on waiting lists to a holistic support day – ‘conversation café’
- Service and information stalls present
- Health and Wellbeing Bus onsite

Community based health and care support for adults

For more information on our work



In the Neighbourhood and Wellbeing Delivery Alliance, we have recently completed our Progress Report for 2022/23. This looks at our achievements over the past year, our learning from this work and sets out where we want to focus in 2024.

[Neighbourhood and Wellbeing Delivery Alliance Progress Report 2022-23 - Lambeth Together](#)



Community based health and care support for adults