Lambeth Together Care Partnership Board

Title	**Lambeth Together Assurance Sub-Group**
Meeting Date	09 May 2024
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This item is for;

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

Recommendations;

The Lambeth Together Care Partnership Board is asked to;
1. Note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 26th March 2024

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

None

Summary and Impact on Inequalities

Purpose:

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

Lambeth Together Health and Care Plan Focus Points:

At the 26th March 24 meeting the Lambeth Together Assurance Group (LTAG) meeting agenda centred around three of the outcomes which the partnership is aiming to achieve through delivery of the 'Our Health, Our Lambeth, As Lambeth Together's health and care plan'.

These were:

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

- Outcome B: *People are connected to communities which enable them to maintain good health*

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

Integrated Assurance Report

Time was also given to review the Lambeth Together Integrated Assurance Report.

- 28 out of 39 metrics (72%) tracked in scorecard format are green, exceeding baseline/national targets or last year's cumulative position. This represents an increase of 7 from the last report in January 2024.

  Some of the key points noted and discuss were as follows;

  Outcome A (keeping people healthy): The latest stop smoking data showed that 266 smokers had set a quit date in Q1 and Q2, with 159 successfully quitting, which is an increase on the same period in 2022/23

- **Outcome D (Emotional Wellbeing):** Data showed that there had been an increased in delivery of suicide prevention training when compared to the same period in 22/23. Also, IAPT dropout rates have improved thanks to actions taken under an ongoing quality improvement project.

- **Outcome F (Early Diagnosis):** Data indicated that we are continuing to meet the bowel cancer screening national target, but we continue to face challenges regarding breast and cervical screening uptake. The report references some targeted work to engage with asylum seeker population, faith and community groups and with Portuguese /Spanish speaking groups

- **Outcome J: (People treated in the right place, at the right time):** Data indicates that our objective for people access healthcare professionals through increased use of community pharmacies is being met. Data from March 2023 to February 2024 showed that most interventions (1210) delivered by the pharmacy first plus service were for people whose registered post code district falls within IMD decile 1 to 3 which shows the service is accessed by the target population - those with the highest deprivation. Of those patients, 46% of patients would have gone without medication and 52% would have visited general practice to request the medication on prescription. This intelligence shows that our intervention is meeting the outcome of ensuring that people are being treated at the right place for their needs.

- **Outcome M (supporting those with Learning Disabilities):** The report provides details around the number of our learning disability population for whom we have successfully managed to discharge from inpatient care but also highlights some of the barriers there are to moving people out of these restrictive environments.

- **Risk register:** It was noted that following a review and benchmarking exercise across the 6 boroughs of South East London ICB (SEL ICB), that the number of active risks for in for SEL ICB in Lambeth had increased from 9 to 12. The additional risks were around children's safeguarding, community equipment budget, and financial yet end position for 2024/25. None of the risks in Lambeth are logged as critical or major therefore no further escalations to be made at this stage.

Lambeth together

Lambeth Together

Integrated Assurance Report

26 March 2024

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Lambeth Together Health and Care Plan Scorecard – March 2024

"This report now presents the Lambeth Health and Care Plan impact measures in a 'Scorecard' format. This represents our initial effort to offer a concise, easily digestible overview of our progress in relation to the plan.

By presenting the key metrics in this format, we aim to make it more ***accessible for readers to grasp our progress****, sparing them the need to sift through the extensive details and intelligence underpinning our impact measures.*

It's essential for readers to ***acknowledge the limitations of the data presented in this manner****. The red/green rating, while valuable, may not fully encapsulate the complexity of our performance, as it predominantly compares the most recent reported status with the previous period. Since performance can fluctuate from month to month, the presented* ***data may lack statistical significance****. Moreover, it does not* ***provide insight into how close a metric is to meeting the desired goals****. Additionally, the* ***scorecard should be considered in conjunction with the contextual narrative provided*** *within the report.*

This scorecard has been swiftly developed in response to the need for a concise assurance summary for the Health and Care Plan. Nevertheless, ***we recognise the need for further refinement*** *to enhance the scorecard's sophistication in presenting these measures in the future."*

Note: Not all impact measures are able to be presented in a scorecard format. For additional detail, please refer to the appendix document

Lambeth Together Health and Care Plan Scorecard – March 2024

ID	Outcome	March 24			January 24			Mar 24 vs Jan 24
		Measures Reported	Above/in line with Baseline	% measures abov/in line with baseline	Measures Reported	Above/in line with Baseline	% measures above/in line with baseline	
A	*People maintain positive behaviours that keep them healthy*	2	1	50%	1	0	0%	1
B	*People are connected to communities which enable them to maintain good health*	3	2	67%	3	2	67%	0
C	*People are immunised against vaccine preventable diseases*	1	0	0%	1	1	100%	-1
D	*People have healthy mental and emotional wellbeing*	2	0	0%	2	1	50%	-1
E	*People have healthy and fulfilling sexual relationships and good reproductive health*	1	1	100%	1	1	100%	0
F	*People receive early diagnosis and support on physical health conditions*	6	4	67%	6	3	50%	1
G	*People who have developed long term health conditions have help to manage their condition and prevent complications*	4	4	100%	4	3	75%	1
H	*When emotional and mental health issues are identified; the right help and support is offered early and in a timely way*	5	4	80%	5	2	40%	2
I	*People have access to joined-up and holistic health and care delivered in their neighbourhoods*	1	0	0%	1	0	0%	0
J	*People know where to go to get the right help, and are treated at the right time, in the right place, for their needs*	3	3	100%	3	1	33%	2
K	*Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well*	5	3	60%	5	3	60%	0
L	*Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate*	0	0	-	0	0		0
M	*People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services*	1	1	100%	1	1	100%	0
N	*People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life*	1	1	100%	1	0	0%	1
O	*People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health*	4	4	100%	4	3	75%	1
	Total	**39**	**28**	**72%**	**38**	**21**	55%	7

A. People maintain positive behaviours that keep them healthy

Alliance and Programmes	**Staying Healthy (owner) with contributions from LWNA, LDA, and Sexual Health programmes**
Update Month	**March 2024**

indicator ID	Measure	Latast period	Lastest period position	Previous period Position*	vs previous Period*	Lastest overall position	Baseline	Overall position vs Baseline	comments	What does good look like
A4	number of respondents completing DrinkCoach survey	Nov-23	27	8	19	119	575	-456	Baseline = cumulative position at same point in 22/23	Increase

What does the data/intelligence indicate around progress against the outcome?	No new DrinkCoach data is available for Q3, but officers will be able to present a year end position once Q4 data becomes available Latest stop smoking data shows that 266 smokers set a quit date in Q1 and Q2, with 159 successfully quitting, which is an increase on the same period in 2022/23.
*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	Plans are being developed to ensure that the DrinkCoach portal is accessible for a wide range of demographics in Lambeth. Whilst it is a digital tool and not accessible to those who are not conversant with digital tools, there are other avenues on offer to support someone who is concerned about their alcohol use – such as awareness raising via the health and wellbeing bus. Although only around 13% of adults in Lambeth currently smoke, 34.2% of routine and manual workers smoke. We also know from our recent health equity audit that the groups with higher rates of smoking, such as our routine and manual workers and those with a mental health condition, find it harder to quit after engaging with local stop smoking services in comparison to other service users and therefore require further support to quit.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	The portal doesn't not currently allow for any direct referral to the Lambeth Treatment Consortium. Officers are working with DrinkCoach to build this functionality into the portal for those who assess as high risk or rising risk drinkers. The additional funding from central government for stop smoking services in 2024-25 will enable us to build capacity within our services to provide more specialised support to the groups that find it harder to quit.

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

Alliance and Programmes	**NWDA (owner) with contributions from CYP and Staying Healthy**
Update Month	**March 2024**

indicator ID	Measure	Latast period	Lastest period position	Previous period Position*	vs previous Period*	Lastest overall position	Baseline	Overall position vs Baseline	comments	What does good look like
B1	number of social prescribing unique contacts	Feb-24	491	289	202	5,486	5,648	-162	Baseline = cumulative position at same point in 22/23	Increase
B2	Residents' wellbeing, use of community assets and social cohesion	Q2 23/24	82%	81%	1%	82%	82%	0%		Increase
B3	percentage of low-income residents coping financially	23/24 Q4 (Jan)	79.0%	79.6%	-0.6%	79.0%	76.2%	2.8%	Baseline = 22/23 Q4	Increase

What does the data/intelligence indicate around progress against the outcome?	**B1 Number of social prescribing unique contacts -** Although the numbers appear lower than the baseline this is likely to be an under representation rather than a decline in the need of social prescribing. There is more proactive social prescribing, more group social prescribing and more events being delivered across Lambeth that is providing support to residents, rather than the traditional 1-2-1 social prescribing model. This could explain the decrease. **B3 Percentage of low-income residents coping financially -** Both the percentage and the whole number of people within the council's Low Income Family Tracker identified as 'coping' financially has very slightly decreased in the last period, while remaining above the baseline.
*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	**B1 Number of social prescribing unique contacts -** The decrease could suggest an improvement in health inequalities and suggest this could be a reason less are accessing the service. However, it's more likely new models of social prescribing are now active within Lambeth and this has not yet been reflected in the figures (see above). **B3 Percentage of low-income residents coping financially -** Improving financial resilience is an important social determinant of health.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**B1 Number of social prescribing unique contacts -** Currently there is no centralised CRM system to accurately capture social prescribing referrals. Data was previously recorded on Elemental but this has now been moved to EMIS. Sadly, EMIS does not have the same functions as a CRM / case management system so it is not as easy to record case work and social prescribing support as it was previously. **B3 Percentage of low-income residents coping financially -** The financial wellbeing of residents continues to be challenged due to wider economic factors linked primarily to austerity, continuing high inflation for food and energy and the welfare benefits system not keeping pace with the costs of essentials (e.g. Universal Credit (allowances and two-child policy), Healthy Start Vouchers being insufficient to meet the cost of infant formula). The council has had in place a comprehensive evidence-informed cost of living response plan to mitigate the impact of the crisis for our most vulnerable residents in 2023/24. All elements of that programme have been delivered. The government announced extension of Household Support Fund for six months from April 2024 that will enable some of the support provided to residents in 23/24 to continue. The short-term nature of such funding does however pose challenges. Planning is underway to ensure that support can stretch for as long as possible and the cost of living team are looking at ways to shift from a focus on sticking plaster crisis-response to a more sustainable approach to tackling poverty. On top of the core delivery programme the council has successfully implemented an approach to maximising free school meal enrolment to entitled Lambeth households with children in Lambeth schools and started a pilot project targeting cost of living support at residents with health conditions worsened by the cold during the winter focussing on residents with sickle-cell disease.

C. People are immunised against vaccine preventable diseases

Alliance and Programmes	**Staying Healthy (owner) with contributions from NWDA**
Update Month	**March 2024**

indicator ID	Measure	Latast period	Lastest period position	Previous period Position*	vs previous Period*	Lastest overall position	Baseline	Overall position vs Baseline	comments	What does good look like
C1	Proportion of Lambeth registered children by age 2 that have received all primary immunisations and 1 dose of MMR	23/24 Q2	83.3%	85.3%	-2.0%	83.3%	84.0%	-0.7%	Baseline = same period last Year	Increase

*What does the data/intelligence indicate around **progress against the outcome?***	**C1 Proportion of Lambeth registered children by age 2 that have received all primary immunisations and 1 dose of MMR:** 23/24 Q2 data indicates MMR vaccination uptake in Lambeth remains below the WHO-recommended 95% for herd immunity. The risk of measles outbreaks persists. Prioritizing the local goal of 90% is crucial for community protection. Strategic interventions and community engagement are key to closing the gap, requiring continued collaboration, streamlined communication, and concerted efforts to achieve the desired vaccination coverage for robust public health outcomes. **C3 Proportion of school-age vaccination consent forms returned to the vaccination provider :** Suboptimal return of consent forms for in-school vaccinations hinders achieving national targets, risking preventable infections which impact school attendance. Crucial measures are needed to address this challenge, improve consent form return rates, and ensure the success of school-age vaccination initiatives for enhanced public health outcomes and broader community immunity.
*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	National reporting, including COVER lacks insights on vaccination inequalities. Learning from UKHSA's national health equity audit revealed the presence of avoidable inequalities within the UK vaccination system.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	Vaccination challenges stem from complex and interacting factors, including intrapersonal (such as vaccine fatigue and hesitancy, health beliefs and health literacy), community (such as religious, cultural and gender norms), and institutional elements (such as access & registration, culturally specific services, vaccination funding and delivery). To address these issues, we have piloted education sessions in trusted sites like children's centres, emphasizing the importance of vaccination for child health.A local health equity audit continues, systematically identifying barriers and facilitators for vaccination uptake in specific population groups, guiding targeted interventions.

D. People have healthy mental and emotional wellbeing

Alliance and Programmes	LWNA and CYPA (owners)
Update Month	March 24

indicator ID	Measure	Latast period	Lastest period position	Previous period Position*	vs previous Period*	Lastest overall position	Baseline	Overall position vs Baseline	comments	What does good look like
D2	number of community organisations and volunteers undertaking mental health awareness and suicide prevention training.	Q3 23/24	30	31	-1	152	127	25	In 22/23 there were 169 attendances at Lambeth Suicide Prevention Training,Suicide Prevention Level 1 (Adults - V4),Raising Awareness of Mental Health. Assume that 3/4 of those were undertaken in Q3 hence basinele of 127	Increase
D3	Number of People Entering into Treatment for Integrated Talking Therapies	Dec-23	659	1001	-342	8,540	8,757	-217	Target for Dect 23 was 973. Cumulative Target Apr-Dec 23 = 8757.	Increase
D3	proportion of people people referred starting treatment within 6 weeks	Dec-23	98%	98%	0%	N/A	N/A	N/A	Target for 23/24 is 75%	Increase
D3	proportion of people who complete treatment and recover	Dec-23	55%	51%	4%	N/A	N/A	N/A	Target for 23/24 is 50%	Increase

*What does the data/intelligence indicate around **progress against the outcome?***	Data on the delivery of suicide prevention training shows training delivery is ahead of 22/23 when compared to the same period. IAPT access rates in Jan-24 rebounded significantly from those seen in the month of December. The monthly target was exceeded due to a very high number of referrals received in the month following the holiday period. The proportion of people starting treatment within 6 weeks continues to be well above target and the quarterly average has improved against last quarter. The proportion of those completing treatment and recovered continues to improve steadily and has been over target t, on average, for two consecutive quarters.
*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	Further data is needed to comment on any inequalities in relation to suicide prevention training. Access rates for Black service users have improved significantly during this financial year but the recovery rate for the Black community, despite some improvement, continue to be a cause for concern. Drop-out rates continue to improve thanks to actions taken under an ongoing quality improvement project.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	The primary challenge continues to be that Black service users tend to come to the service with more significant problems than the all-service average. Increased admissions from the Black community has increased the proportion of those for whom the service will not provide enough support. Lambeth Talking Therapies has conducted interviews with everyone completing treatment and increased training for therapists. This focuses on the reasons why Black Service users may leave treatment before it is completed or otherwise not report themselves as recovered on completion.

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

Alliance and Programmes	Sexual Health
Update Month	March 2024

indicator ID	Measure	Latast period	Lastest period position	Previous period Position*	vs previous Period*	Lastest overall position	Baseline	Overall position vs Baseline	comments	What does good look like
E3	Number of LARC uptake in Primary Ccare. No. IUD/S insertions	23/24 Q1	145	80	65	145	42	103	Baseline = Q2 22/23	Increase

*What does the data/intelligence indicate around **progress against the outcome?***	Number of chlamydia, syphilis and herpes diagnoses have slightly increased since last quarter, whilst number of gonorrhoea and warts diagnoses have slightly decreased. Number of new STIs and STI rates may reflect differences in prevalence but are influenced by testing and screening coverage and whether the most at risk populations are being reached. Lambeth has high STI testing rates and a high chlamydia screening rate. There's small variations over the last 2 quarters however the increased activity since Covid has been sustained. There is a small uptake in under 25s which has largely been sustained over the last few quarters.
*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	There is no new inequalities data since last quarter. Improving ethnicity coding and recording of other protected characteristics continues to be a priority to allow us to demonstrate changes in inequalities. National data shows health inequalities continue to persist within sexual and reproductive health. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), trans and non-binary people, young people, and people from Black, Asian and Multi-Ethnic groups. A new outreach service is being developed in consultation with the population groups most at risk of poorer SRH outcomes with the aim to prevent STIs and promote healthy sexual and reproductive health and relationships.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	Access to data continues to be a challenge. The roll out of EPIC, the new IT system within trusts has led to issues with activity reporting making it difficult to monitor service access and uptake. There has been no data inputted since October 23. Commissioners has escalated this and this is being considered as part of finance and planning group. Commissioners have asked other LA to pay invoices to the Trust based on last year's activities but they will be unwilling to do this if the issue remains unsolved. Negotiations with GSTT over the new service specifications are ongoing and agreement has yet to be reached. GSTT are looking for alternative estates which need to be accessible to both Lambeth and Southwark residents.

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

Alliance and Programmes	NWDA(owner) with contributions from Staying Healthy, LWNA, LDA and Sexual Health
Update Month	March 2024

indicator ID	Measure	Latast period	Lastest period position	Previous period Position*	vs previous Period*	Lastest overall position	Baseline	Overall position vs Baseline	comments	What does good look like
F1	Uptake of the NHS Health Check for all eligible adults	Feb-24	788	474	314	6.9%	6.2%	0.7%	Baseline = cumulative % uptake of those eligible vs position at same point in 22/23	Increase
F1	uptake of SMI health checks	Feb-24	413	355	58	54.1%	43.4%	10.7%	Baseline = cumulative % uptake of those eligible vs position at same point in 22/23	Increase
F1	Uptake of LD/AHC health checks	Feb-24	152	113	39	68.5%	68.9%	-0.4%	Baseline = cumulative % uptake of those eligible vs position at same point in 22/23	Increase
F2	proportion of Bowel Cancer screening for those aged 60-74	Jul-23	60.4%	60.5%	-0.1%	60.4%	60%	0.4%	Baseline = National Target	Increase
F2	proportion of Cervical Cancer Screening aged 25-64	Nov-23	62.8%	62.7%	0.1%	62.8%	80%	-17.2%	Baseline = National Target	Increase
F2	proportion of breast cancer screening for women aged 50-70	Jul-23	55.0%	55.4%	-0.4%	55.0%	80%	-25%	Baseline = National Target	Increase

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

F1.2 Uptake of SMI health checks & F1.3 Uptake of LD/AHC health checks- NHS HC outcomes for Q3 remain broadly in line with previous Quarters. 10% of patients who had a HC in Q3 were referred to lifestyle services or prescribed medication including 45 prescribed statins, 40 referred to the NDPP and 32 to weight management. 2% were diagnosed with a health condition (hypertension 17 patients, diabetes 10 patients and CKD 5 patients) and put onto appropriate registers. 83% were identified with Low 10-year CVD risk, 14% with Moderate risk and 3% with High risk and all given appropriate advice and support.

Progress in increasing uptake of SMI and LD health checks is on track and comparable to last year's performance. More recent data for the 1st March are showing further improvements on the 1st February data:

- SMI health checks: 60.24%. This exceeds the national target of 60% and this is expected to further improve by the end of March
- LD health checks: 74.46%. This is 0.5% below the national target of 75% and it is expected that the target will be met, or exceeded, by the end of March.

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

Bowel Cancer Screening:

- Lambeth have achieved above the National standard of 60%.
- The Catch 22 non-responder calling project will further support the uptake of bowel cancer screening. The Catch 22 multi-lingual facilitators have contacted over 8,000 Lambeth residents who have not participated in bowel screening. The project, including its extension has now come to an end and should see the full impact of this, with a further increase in uptake once the dashboard data is refreshed.

Breast Cancer Screening:

- Uptake figure indicates a slight decrease since the last reporting period.
- Continued work is underway to improve coding of activity and data quality issues and increase the uptake of Breast screening.
- Breast Screening PMS preparatory yeas has now come to an end and practices have received breast screening training and resources required to improve the accuracy of coding breast screening letters, proactively contacting non-responders and imbedding breast screening templates including text message templates translated in to the 5 most common non-English speaking languages in Lambeth.
- Breast screening awareness campaigns targeting Lambeth communities to raise awareness of the breast screening programme.

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

Alliance and Programmes	NWDA(owner) with contributions from Staying Healthy, LWNA, LDA and Sexual Health
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*What does the data/intelligence indicate around **progress against the outcome?***	Cervical Cancer Screening: • Uptake figure indicates a slight increase since the last reporting period. • Ongoing activity to increase uptake is underway, this consists of working closely with Southwark Place to produce Cervical screening social media assets which will target specific groups known to have less participation in cervical screening. • Lambeth Healthwatch will be undergoing research to support the campaigns, identifying barriers to uptake, looking at specific groups who have the lowest uptake. • Targeted work with refugee and asylum seeker population, faith and community groups and with Portuguese /Spanish speaking groups **F.3.2. Number of new PrEP users (and continuers) resident in Lambeth -**This data is taken from GUMCAD which is a national dataset and includes all Lambeth residents accessing PrEP across the UK. Use of PrEP to reduce the risk of being diagnosed with HIV remains steady with a small ongoing increase in Q3 compared to Q2. Commissioners still need to set an initial baseline to monitor activity against. The London Sexual Health Programme (LSHP) is currently reviewing PrEP activity across London, to suggest new baselines to be adopted across London following the initial roll out of routine commissioning and then the activity changes seen through the pandemic. Commissioners will use this new activity level as a future target to monitor against. There is a lot of activity happening that is not being recorded according to the LSHP Pathway Analytics coding to enable indication by regime.
*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	**F1.2 Uptake of SMI health checks & F1.3 Uptake of LD/AHC health checks-** A new NHS HC data monitoring dashboard developed during Q3 demonstrates that uptake is broadly in line with population demographics. For example of those who have had a HC 26% are Black and 26% are White Other (both higher than borough average), whilst 28% are White British (lower than borough average). The dashboard will be used at PCN level to address gaps in access and uptake. **F2 Cancer Screening programme:** There is no available breakdown of population heath data to clearly identify populations in need, work is ongoing to capture this data across all screening programmes. **F.3.2. Number of new PrEP users (and continuers) resident in Lambeth -**Update of PrEP remains very low in those identify as Heterosexual and less than 10 in all groups identifying as female, regardless of declared sexuality. This seems to indicate that access, an offer of PrEP or knowledge of PrEP in the female category and heterosexuals overall all, is very limited. There are Lambeth residents in the female category and heterosexuals overall, that would benefit from taking PrEP to reduce the risk of acquiring HIV.

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

Alliance and Programmes	NWDA(owner) with contributions from Staying Healthy, LWNA, LDA and Sexual Health
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*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*

F1.2 Uptake of SMI health checks & F1.3 Uptake of LD/AHC health checks- Public Health are working to develop a PCN-led at-scale HC model to improve consistency of the offer across the borough and target underserved groups who are not accessing the service. This is likely to require PCN collaboration on data sharing and outreach/engagement.

In November 2023, NHSE made coding changes to the conditions that should be included to determine whether a person should be on the LD register. This caused an erroneous increase in GP LD registers across the country. This is demonstrated by an increase in people on the register from 1603 in December to 1761 in November. NHSE are in the process of resolving the issue and we anticipate the register will level off at about 1600 people.

Work improving practice data quality around the SMI register continues. Practices are incentivised locally to complete the 6 core checks, additional assessments and interventions as clinically indicated and they are receiving support to achieve this.

F2 Cancer Screening programme: Workforce capacity- Unable to commence some projects due to lack of workforce and funding to take on extra projects
EZ analytics cancer screening data show variances and inaccuracies in comparison to SEL dashboard. Therefore, opted to use Cancer Screening Data (sharepoint.com) for better accuracy .
No available breakdown of population heath data to clearly identify populations in need
There are differences between EZA data and Cancer Population Insights Dashboard (sharepoint.com) data for the 3 screening programmes due to different business rules being used, which is outside of our control.
Next steps:
To understand variation in data, identify where data reconciles and determine acceptable marginal tolerances to ensure consistency when reporting on this information.
To capture inequalities data from current and future projects and work with analytics teams across the system on reporting

F.3.2. Number of new PrEP users (and continuers) resident in Lambeth -Commissioners need to check that all London providers are using the correct coding to identify PrEP regime.
Commissioners need to implement a target once the new PrEP baselines have been agreed.
The GUMCAD data set provides a very wide view of PrEP activity across all sexual health clinics, it's proposed that future data monitoring uses the PH PowerBi data that can identify more detailed activity within our local Trusts instead of GUMCAD or as well as.
The local data can not be provided until GSTT and Kings are able to start report the clinical activity data to Pathway Analytics, which is the contracted data grouper, that identifies all the London sexual health activity and is used for service planning and analysis
Kings and GSTT have been unable to input the clinical activity to Pathway analytics since the Trust has rolled out their new IEPR system EPIC.

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

Alliance and Programmes	NWDA (Owner)
Update Month	March 2024

indicator ID	Measure	Latast period	Lastest period position	Previous period Position*	vs previous Period*	Lastest overall position	Baseline	Overall position vs Baseline	comments	What does good look like
G1	proportion of people with Type 2 diabetes who receive 8 checks on an annual basis	Feb-24	74.1%	70.0%	4.1%	74.1%	77%	-2.9%	Latest position = cumulative position year to date. Previous Period = same position for same period last year. Baseline = National Target of 77%	Increase
G3	Cardiovascular dashboard, HYP aged 79 or under and last BP is less than or equal to 140/90 this FY	Feb-24	62.3%	58.8%	3.5%	62.3%	77%	-14.7%	Latest position = cumulative position year to date. Previous Period = same position for same period last year. Baseline = National Target of 77%	Increase
G3	Cardiovascular dashboard, HYP aged 80 or over and last BP is less than or equal to 150/90 this FY	Feb-24	76.0%	72.4%	3.6%	76.0%	77%	-1.0%	Latest position = cumulative position year to date. Previous Period = same position for same period last year. Baseline = National Target of 77%	Increase
G4	proportion of people over age of 75 who are taking 10 or more medicines, having a medication review	Feb-24	554	473	81	32.5%	1.4%	31%	Baseline = April 2023 position Lastest position = number of cumluative reviews completed in year	Increase

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

Blood pressure control measures for both age groups are cumulative measures starting from April 2023. Improvement is seen towards the 77% year-end target with more people in Lambeth having BP control than at the same time last year. At the end of 2022-23, Lambeth met the ambition for patients aged 80 or over, but more work is needed for those aged 79 or under. Focussed work continues in prioritising those cohorts who are not controlled and who are from the BAME population. Health Equity Champions have been recruited to support hypertension work as per PCN focus. Lambeth Together joined the national 'Know Your Numbers Week" public campaign in September where 117 staff took up the opportunity in Brixton Civic Centre to measure BPs. Promotion of the EZ analytics measure for reducing health inequality in hypertension, was discussed and promoted at LTC Update Webinar. 75% of community pharmacies have signed up to offer the national hypertension check service and service activity continues to grow. Focussed hypertension training events for primary care staff at non clinical PLT and at nurse forum completed in December. CESEL have been providing support to PCNs and practices aligned to the work with Chronic Kidney Disease.

The Lambeth ambition for the proportion of people with Type 2 diabetes, who meet all 8 Care Process metrics, is to reach a minimum of 77% or improve from baseline (National Diabetes Audit 22-23 percentage) by 10 percentage points. The measuring period aligns to the National Diabetes Audit 15 month measuring period January 2023 to March 2024 and is cumulative over this period. Year on year performance has increased.

The number of Structured Medication Reviews (SMR) in Lambeth patients who are 75 years or over and prescribed 10 or more medicines is progressively increasing. Problematic polypharmacy (prescribing of 10 or more concurrent medicines) increases the risk of drug interactions and adverse drug reactions (ADR), impairing medication adherence and impacting on a patient's quality of life, with this risk increasing with the number of prescribed medicines and for specific therapeutic combinations. In conjunction with the patient, SMRs provide a holistic medication review to ensure prescribed medicines are safe, effective and personalised to patients' current needs. SMRs undertaken as part of a patient-centred, holistic approach to healthcare have been shown to improve outcomes, reduce unnecessary or inappropriate prescribing and polypharmacy, reduce harm and improve patient outcomes.

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

Alliance and Programmes	**NWDA (Owner)**
Update Month	**March 2024**

*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	The Cardiovascular app within EZ analytics has been updated for 23-24 to provide more detailed ethnicity data. Current data shows that hypertension control in the Black African, Black Caribbean, Mixed White and Asian, Unknown or not stated ethnic groups is improving, with comparable rates of target blood pressures being reached across all ethnicities. In addition, year on year performance across target ethnicities and all ethnicities has increased. The Diabetes app within EZ Analytics has been updated for 23-24 to capture ethnicity data. Currently data shows that the proportion of people from Black, Asian or other ethnicity groups who have had their 8 Care Processes measured and completed is increasing as more annual reviews are undertaken. Year on year performance across the measured groups has also increased. Overprescribing can lead to increased harm from unnecessary or inappropriate prescribing. By ensuring medicines are being used appropriately, we can reduce adverse effects, hospitalisation and improve outcomes, which may impact on those with greater health inequalities. The data shows a continual increase in SMRs conducted since inclusion in the 2023/24 Medicines Optimisation Section (of the Lambeth GP Improvement Scheme), and we continue to work with colleagues across SEL on reducing inappropriate prescribing and polypharmacy as further evidence emerges.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	Challenges include General Practice capacity, access, patient awareness and engagement. General Practice is being supported to focus on improvements in these outcomes through the Lambeth General Practice Improvement Scheme – LTC section and Premium Specification KPIs focussing on completion of the 8 Care Processes and Enhanced Prevention. Access to the EZ Analytics apps will help practices to prioritise patient cohorts for review. Improving awareness and utilisation of the Blood Pressure at Community Pharmacy service will improve access for patients and release capacity in General Practice to focus on complex LTC management. The Neighbourhood Wellbeing Delivery Alliance project in hypertension supports our drive to reach the BAME populations through targeted interventions such as community research and reflecting the patient voice in our local pathways.

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

Alliance and Programmes	LWNA and CYPA (owners)
Update Month	March 2024

indicator ID	Measure	Latast period	Lastest period position	Previous period Position*	vs previous Period*	Lastest overall position	Baseline	Overall position vs Baseline	comments	What does good look like
H1	average wait times for triage and initial assessment following a referral to the Living Well network Alliance Single Point of Access to be under 72 hours by 2024	Jan-24	29.9	13.5	16.4	28	55.4	-27.4	Baseline = April 23. Reporting average waiting time (in days) for urgent introductions only	Decrease
H2	access to Lambeth Talking Therapies for Black African and Caribbean residents	Q3 23/24				2275	1775	500	Baseline = New Black or Black British clients in 22/23 divided by 4 x 3 (for Q3)	Increase
H2	Recovery rates access to Lambeth Talking Therapies for Black African and Caribbean residents	Q3 23/24				46%	45%	0	Baseline = 22/23 recovery rate for Black or Black British clients	Increase
H5	Proportion of children and young people with eating disorders are seen by a clinician within 1 week for urgent appointments and 4 weeks for routine support	Oct-23	100.0%	100.0%	0.0%	100.0%	83.0%	17.0%	Baseline = National Target Lastest position = cumulative % within target vs position at same point in 22/23	Increase
H5	Number of children and young people waiting longer than 44 weeks for an assessment and commencing	Oct-23	17.0%	17.0%	0.0%	17.0%	12.3%	4.7%	Baseline = March 22/23 position	Decrease

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

Wait times for triage and initial assessment deteriorated again in January. A business plan for significant change to address this issue has been presented by Alliance management and is being refined while implementation of the initial organisational and process changes are now underway.

Given budgeting arrangements, IAPT access is expected to be higher in the first half of the year and lower in the second, however results for January showed a marked improvement. This was due to a high number of incoming referrals following the December holiday period. Actions taken under and IAPT quality improvement project have led to the recovery rate now being consistently over target.

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

The data on wait times does not indicate any significant disparity in waiting times between service users based on their ethnicity.

Access to Lambeth Talking Therapy for Black residents has historically been lower than expected given Lambeth demographics. The most recent data shows that efforts to address this are being effective, with Black access rates now being 2 full percentage points higher than expected. Despite focused efforts to address the issue, the recovery rate for Black service users remains slightly under the baseline from the previous financial year and 6 points below the overall average in the corresponding period.

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

Alliance and Programmes	**LWNA and CYPA (owners)**
Update Month	**March 2024**

*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	Reducing SPA wait times is highly sensitive to both staff numbers and team productivity, both of which were significantly reduced over the holiday period and continued to be depressed in January. Interviews for a new Team Leader and Clinical Expert are underway and a business case for significant organisational and process change has been presented to Alliance Leadership. Initial changes are in progress while the business case for the full change program is being refined and strengthened. The latest available data shows that IAPT has made significant progress in advancing access for Black services users, but recovery rates remain a challenge, with Black service users starting with more serious problems than the all-service average. The service has increased ethnicity awareness and trauma sensitivity training for therapists and continues to undertake exit interviews with service users not reporting themselves to be recovered, to better understand any specific issues that they encountered.

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

Alliance and Programmes	NWDA (Owner) with contribution from Substance Misuse
Update Month	March 2024

indicator ID	Measure	Latast period	Lastest period position	Previous period Position*	vs previous Period*	Lastest overall position	Baseline	Overall position vs Baseline	comments	What does good look like
J1	proportion getting an appointment with their GP practice within two weeks and this includes all populations and those who contact their practice urgently are assessed the same or next day according to clinical need	Dec-23	90.1%	89.9%	0.2%	90.1%	85.0%	5.1%	Previous Period = Year end position 22/23 Baseline = national target (85%)	Increase
J8	capacity of virtual wards	Feb-24	198	144	54	198	169	29	Baseline = Target capacity for that period (Target occupancy)	Increase
J8	proportion of virtual wards being used	Feb-24	94.0%	72.0%	22.0%	94.0%	80.0%	14%	Baseline = Target occupancy forthat period Previous position = Target capacity for that period	Increase

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

GP Practice appointments -Through the deployment of APEX and Capacity & Access Plans PCNs and Practices have been actively working on reducing GPAD data errors, this continues to be a work in progress with the number of 0-minute appointments reducing.
As of October, for the reporting period of June 2023 onwards, NHS London region produces an ICB report on a quarterly basis. The data from June 2023 to December 2023 (the lasted reported month) highlights we delivery above the London average and the South East London average for the percentage of overall appointments provided same day and within 14 days. Under the Impact and Investment Fund – Lambeth is required to ensure they deliver within the lower threshold of 85% and the upper threshold of 90%. Lambeth achieves closer to the upper threshold.

Virtual Wards - Recruitment for capacity expansion complete. Ongoing challenging recruiting into @home therapy posts; physiotherapy post interviewing week beg 11/03/24 and OT awaiting exec approval for B6 to B7 conversion. Established additional VW provider, Kings Outreach Therapy service (KOTS) providing urgent therapy for early supported discharge from KCH, 10 beds. GSTT Palliative Care team VW service (Daytime hours provision) live on 19/2/24 providing 8 beds. Lambeth and Southwark are now providing 221 beds.
Doccla utilisation improving: Increase in @home utilisation; IRT re-launching pathway January 2024 after agreement with @home to provide weekend escalation; Evelina@home launched use of remote monitoring in January 2024, for two clinical pathways 1) Bronchiolitis and 2) Acute complex (long term ventilation)
SE London ICB successful application to Health Technology Adoption and Accelerator Fund (HTAAF) to increase the availability of remote monitoring focusing on respiratory, frailty and paediatrics. HTAAF proposals recommend extending current Doccla contract for a further year aligning with remote monitoring contracts in other SEL boroughs and fully integrating with Epic. The Lambeth and Southwark delivery plan will improve utilisation of current capacity, mobilise an 30 additional remote monitoring beds, and implement additional clinical pathways; Palliative Care iPOS Patient Reported Outcome Measures, heart failure, diabetes and hepatology. A task and finish group has been organised to provide an interim evaluation of our pilot scheme and revise the remote monitoring model mobilising from April 2024.

J4 Number of people accessing healthcare professionals through increased use of community pharmacies & J5 Number of people using the community - Challenges include General Practice capacity, access, patient awareness and engagement. General Practice is being supported to focus on improvements in these outcomes through the Lambeth General Practice Improvement Scheme – LTC section and Premium Specification KPIs focussing on completion of the 8 Care Processes and Enhanced Prevention. Access to the EZ Analytics apps will help practices to prioritise patient cohorts for review.
Improving awareness and utilisation of the Blood Pressure at Community Pharmacy service will improve access for patients and release capacity in General Practice to focus on complex LTC management. The Neighbourhood Wellbeing Delivery Alliance project in hypertension supports our drive to reach the BAME populations through targeted interventions such as community research and reflecting the patient voice in our local pathways.

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

Alliance and Programmes	NWDA (Owner) with contribution from Substance Misuse
Update Month	March 2024

*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	**GP Practice appointments -**GPAD was deployed to ensure general practice appointment data fairly represents the appointment activity carried out across practices. NHSE, ICBs and practices continue to work on data quality. Until this has been achieved GPAD is not recommended to assess and establish the data driven effect on health inequalities. In the absence of a national solution, local issues are being explored and addressed by the Lambeth Together Primary Care Operation Group and its sub groups. **Virtual Wards -** Addressing the service provision disparity within Lambeth and Southwark seeking to ensure an equitable provision for residents in the north and south of the boroughs. KCH colleagues are fully engaged and seeking to find a solution with a proposal for consideration by the VW Programme Steering Group for funding St Christopher's have submitted a proposal for consideration by VW programme Steering Group for funding **J4 Number of people accessing healthcare professionals through increased use of community pharmacies & J5 Number of people using the community -** Data from March 2023 to February 2024 shows most interventions (1210) have taken place for people whose registered post code district falls within IMD decile 1 to 3 which shows the service is accessed by the target population - those with the highest deprivation. Data to date, demonstrates that if people did not have access to the Lambeth Pharmacy First Plus Service, 46% of patients would have gone without medication and 52% would have visited general practice to request the medication on prescription, as they are unable to buy the medicines over the counter to deal with minor conditions due to the current cost of living crisis. People who are receiving support through universal credit, income support, the NHS Low income Scheme or are under the age of 16 years old, are the top social vulnerability eligibility groups accessing Lambeth Pharmacy First Plus Service in February 2024.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**GP Practice appointments -** Patient expectation and satisfaction, nationally, regionally and locally continues to be challenging. During 2023/24 General Practice will have provided more patient contacts then at any time since the NHS formed with 19% more patient contact than pre-covid. Productivity remains exceptionally high and arguably more resilient compared to other parts of the Health and care system, however we acknowledge patient access remains both a national and local priority and one that concerns our local residents. Leveraging investment through the Access Recovery programme – practices will deploy better telephony, improve signposting/ care navigation and explore alternative consultation methodologies to enhance the patient journey and reduce the 8am rush. Practices can access limited funding to support internal change management to help practices get the most out of digital opportunities, and equally important, post deployment, work with patients and staff to improve the experiences of those using these services.

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

Alliance and Programmes	NWDA (Owner) with contribution from Substance Misuse
Update Month	March 2024

*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	**Virtual Wards -** Implementation of the new EHR system at GSTT and KCH continued to have an impacted on clinical and management. Ongoing challenges with Integration with EPIC, particularly remote monitoring platforms, which is being discussed. Work continued by the project team to develop additional proposals to expand capacity to meet the target bed numbers of 240 beds. It was agreed by Steering Group in January that the priority is to address the gaps in service provision (IRT and palliative care) After discussions with partner providers to ensure an integrated approach, the KCH IRT and St Christopher's proposals have been revised and due for submission to steering group for funding decision by the end of March 2024. **J4 Number of people accessing healthcare professionals through increased use of community pharmacies & J5 Number of people using the community -** Increased promotion of both the Lambeth Pharmacy First Plus service and the Community Pharmacy Consultation Service (CPCS, now under the national Pharmacy First) is needed amongst local GP practices. The Medicines Optimisation Team has linked in with the Local Authority Cost of Living Programme Lead to discuss continual and increased promotion of the service to local residents. The Medicines and LTC Team is continually promoting the services via local bulletins to GP practices, has increased direct local communications to GP practices in areas of low engagement and with GP practices who support the IAC (Initial Accommodation Centre)/ Asylum Seekers Contingency and bridging hotels. General Practice feedback has been that the pilot has a had a positive impact for patients and reduced GP appointments for minor conditions however access across all Lambeth Pharmacies is needed to improve equity of access. Community Pharmacy neighbourhood leads (CPNLs) are being given additional hours to engage with general practice and their peers to provide clinical leadership and support the national access priority. The Community pharmacy dashboard launched in October, providing CPNLs with up to date data to inform pharmacies and GP practices of referral, uptake and benchmarking rates of Community Pharmacy services, such as the GP-CPCS service. The data feed for CPCS has been refreshed to reflect GP referrals to the national Pharmacy First scheme, and this has identified we are referring more people than previously understood. The updated data for 23-24 is reflected in the following data.
Additional Comments	**J4 Number of people accessing healthcare professionals through increased use of community pharmacies & J5 Number of people using the community -** There has been a national rebranding of the GP-CPCS and other clinical services provided through community pharmacy to 'Pharmacy First'. This now includes a 7 clinical conditions which can be assessed and treated through pharmacies, including provision of antibiotics and other treatments. This is not to be confused with the local Pharmacy First Plus pilot, which addresses inequalities in access to medicines over the counter for a range of common conditions. The local pilot has been rebranded to Lambeth Pharmacy First Plus.

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

Alliance and Programmes	NWDA (Owner)
Update Month	March 2024

indicator ID	Measure	Latast period	Lastest period position	Previous period Position*	vs previous Period*	Lastest overall position	Baseline	Overall position vs Baseline	comments	What does good look like
K1	number of people with an intermediate care offer	Jan-24	47	46	1	546	643	-97	Baseline = cumulative accepted referrals to reablement this financial year vs position at same point in 22/23	Increase
K1	number of people who have a reduced need for care at the end of this service.	Jan-24	85%	83%	2.0%	85%	78%	7.0%	Baseline = March 23/24 position	Increase
K2	proportion of carers of the users of Adult Social Care Services are offered a carers assessment.	Jan-24	90%	97%	-7.0%	90%	98%	-7.0%	Baseline = March 23/24 position	Increase
K3	Proportion of people identified as being in their last year of life on practice registers	Q3 23/24	1,953	1,954	-1	1,953	1,651	302	End of Life Register. Baseline = register as at Q4 22/23	Increase
K3	Proportion of people with Personalised Care and Support Plan(PCSP)/UCP	Q3 23/24	48%	47%	1%	48%	42%	6%	Baseline = % of those on the End of Life Register at at Q4 22/23	Increase

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

On care offer, the number of accepted referrals to Reablement has continued to decrease. The Reablement service have been triaging people on their waiting list by telephoning people at home. The result is that a large number of people are reporting they no longer require therapy and they have been removed from the waiting list, or they do not require therapy at this time. This has led to a significant decrease in the waiting list and the number of accepted referrals.
There is also some work happening in the Discharge Operational Delivery Group (DODG) working with therapists on the acute wards about the criteria for referring to reablement. This will help to reduce the number of people being referred to the service who are not appropriate.

The number of people who have a reduced need for care at the end of a period of Reablement has increased and this is positive. Following the mock inspection we are now counting those people referred for therapy only (no care needs). This has increased the number of people who have a reduced need for care at the end of the service.

We have a high performance rate for the proportion of carers of service users who were offered a carer's assessment. The baseline is 98% and the latest overall position is 90%. We have recently delivered a webinar to staff with a focus on Carers. We have also identified a member of staff in each team to be Carer's Champions and this will help to raise awareness of carers in the teams.

Personalised Care and Support Plan outcome measure indicates positive progress against the outcome against the overall baseline for Q4 22/23, based on improved identification of patients in their last year of life and increased proportion of people with PSCP / UCP. Whereas K4 (uptake of Universal Care Plans) has increased steadily in Q3 23/24 and in previous quarterly reporting, K3 has seen a very small reduction (-1) in number of people identified as being in their last year of life – but as a proportion there is no change (0.44%).

Following NHS England's guidance for the flu vaccination programme for 23/24, there was an 100% offer to carers within Lambeth.
As the 23/24 flu vaccination programme comes to an end, we can report the 26.93% (1038 patients) of GP registered patients that identify as a 'Carer' has taken up the offer of a flu vaccination. This is in line with last year's campaign which ended with a 29.43% (1055 patients) uptake. Although this year indicates a small decease approx. 3%, it actually only equates to a drop of 18 patients. If we review and add the number of carers that declined the flu vaccination which was recorded into the clinical system, it will equate to a total of 44.96% (both given and declined). Therefore, approx. 55% of carers did not respond to the offer of a flu vaccination.

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

Alliance and Programmes	**NWDA (Owner)**
Update Month	**March 2024**

*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	On care offer, the majority of reablement referrals come via the hospital discharge route. We are increasing the number of people who are offered a reablement service via our front door team in Adult Social Care in order to offer reablement to people living in the community at home. This will help to offer a more equitable service for those residents living at home who may benefit from reablement care.
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	On care offer, recruitment remains a challenge particularly the recruitment of therapists for the reablement service. The Discharge Operational Delivery Group (DODG) has a dedicated workstream looking at the reablement pathway from the ward to the internal flow hub and then on to the service to try and improve the process and ensure referrals to the service are appropriate. The calls to people on the waiting list has been described above. The DODG group have also been working on increasing the number of weekend discharges at GSTT and there has been an increase in weekend discharges as a result of this work. On care offer for end-of-life identification and conversion to PSCP / UCP (K3 and K4), review by Commissioning and Primary Care underway to review the measure descriptors and identify if these can be improved. Exploring opportunity to bid for Ageing Well Funding for project resource to support identification of people in the last year of their life and uptake of Universal Care Plans.

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

Alliance and Programmes	CYPA (Owner)
Update Month	March 2024

See appendix 1

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

Alliance and Programmes	**LDA (Owner)**
Update Month	**March 2024**

indicator ID	Measure	Latast period	Lastest period position	Previous period Position*	vs previous Period*	Lastest overall position	Baseline	Overall position vs Baseline	comments	What does good look like
M3	rate of uptake for an Annual Health Check and Health Action Plan for those with LDA	Feb-24	64.2%	51.9%	12.3%	64.2%	60.0%	4.2%	Baseline = cumulative position to date vs same period last year	Increase

*What does the data/intelligence indicate around **progress against the outcome?***	**M3 rate of uptake for an Annual Health Check and Health Action Plan for those with LDA -** Rate of uptake of AHC and HAP: The achievement in 22/23 of 86% is excellent against a national target of 75%. Over the last 5 financial years Lambeth has met or exceeded the target, only failing to do so in 19/20 and 20/21 when there was major disruption due to the pandemic. **M1 Discharges from specialist inpatient units -** Reducing the use of inpatient services: One-system data analysis of admissions and discharges across Lambeth within the ICS (adults only), showed that Adults: 14 patients were discharged to the community in the three years to March 2023 (after removing repeat admission/discharges).; In 2023/24 there were 3 admissions (autism diagnosis only) and 7 discharges CYP: Note that while the numbers of individuals is still small there is an upward trend over the 4 years 19/20 to 23/24
*Does the data/intelligence identify any **health inequalities and whether they are reducing?***	**M3 rate of uptake for an Annual Health Check and Health Action Plan for those with LDA -** Comparison of data on health indicators collected during AHCs shows: In some areas people with LD are achieving slightly better outcomes than people in the general population as shown by indicators of management of hypertension and diabetes Fewer people with a learning disability have a healthy weight compared to the rest of Lambeth **M1 Discharges from specialist inpatient units -** Proportion of those in most restrictive inpatient settings from BAME backgrounds has reduced from 54% in 2020/21 to 43% in 2023/24 showing a positive move away from using restrictive environments
*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	Market challenges can create barriers to people with challenging behaviour being discharged in 2023/24. Mitigation: through securing accommodation in London using capital funds released by NHSE; and proactive development work with care providers Access to informative and consistently reported data has been a challenge and work continues to access data from EMIS, and to report across the system on key messages. We now have access to bespoke in borough as well as SEL data re LD AHC's that allows detailed drill down including by PCN and demographic characteristics i.e. ethnicity, gender This will allow us to further target our work to those who are most disadvantaged with repost to health outcomes.

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

Alliance and Programmes	LWNA (Owner)
Update Month	March 24

indicator ID	Measure	Latast period	Lastest period position	Previous period Position*	vs previous Period*	Lastest overall position	Baseline	Overall position vs Baseline	comments	What does good look like
N3	number of acute mental health inpatient readmissions within 30 days	Dec-23	1	4	-3	1	2	-1	Baseline = position at March 23	Reduce

What does the data/intelligence indicate around ***progress against the outcome?***	30-day readmission data showed no change on average over the second and third quarters, however these were a significant improvement in performance against the first quarter, which was the worst performing quarter under the Alliance. In January 2024 only one patient was readmitted within 30 days which is under the baseline for this measure for the first time since November 2022. This indicates that efforts to review discharge protocols were and continue to be successful. However, the current numbers remain broadly higher, on average, than in previous years and the latest position remains over the baseline set for the year.
Does the data/intelligence identify any ***health inequalities and whether they are reducing?***	Analysis of 30-day readmissions measure does not include a breakdown by ethnicity, but it is very unlikely that any such analysis would be meaningful given the relatively low numbers involved.
What are the ***challenges hindering any progress*** *and* ***are there actions which can be taken*** *to address these?*	Demand for inpatient beds increases year on year and, while capacity remains constant, there is inevitably pressure to discharge as soon as appropriate community support can be arranged and any risks can be assessed and managed. The need for multi-agency coordination around discharges is fully recognised. A process involving daily multi-agency meetings to review discharge plans is in place to ensure that discharged patients are both medically ready and have appropriate on-going support in place.

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

Alliance and Programmes	Homeless Health (Owner) with contributions from LWNA and Substance Misuse
Update Month	March 2024

indicator ID	Measure	Latast period	Lastest period position	Previous period Position*	vs previous Period*	Lastest overall position	Baseline	Overall position vs Baseline	comments	What does good look like
O1	number of people resettled into longer-term accommodation	Q3 23/24	3%	3%	0%	3%	5%	-2.0%	Baseline = Q4 22/23 position	TBA
O1	number of rough sleepers brought into accommodation	Q3 23/24	78	58	20	58	38	20	Baseline = Q4 22/23 position	TBA
O3	proportion of people living in our supported housing that are registered with a GP	Q3 23/24	90%	79%	11%	90%	74%	16%	Baseline = Q4 22/23 position	TBA
O4	rate of residents in supported housing engaged with mental health support services.	Q3 23/24	20%	14%	6%	20%	12%	8%	Baseline = Q4 22/23 position	TBA

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

Rough sleeping numbers are continuing to rise across Lambeth and the rest of London. Over the first 11months of 2023/24 we have already recorded bedded down contacts with c.750 individuals. This is compared to the previous high in 2022/23 of 623. People new to rough sleeping account for about a third of this number with the majority of the rest being recorded as living on the street. The number of people living on the street has remained fairly consistent throughout despite the large increase in people sleeping rough for the first time. Intelligence shows that the numbers in Lambeth are not being driven by refugees being asked to leave Home Office accommodation once they have received decisions on their immigration status with minimal numbers recorded across the year. This is not consistent across London with some boroughs reporting very high numbers of refugees found rough sleeping.

The commissioning team has met with DLUHC and agreed to repurpose some of the Rough Sleeping Initiative (RSI) grant funding into more emergency accommodation to provide quicker routes off the street for rough sleepers. The current RSI funding runs until March 25 with no announcements about intentions beyond that date. Move on accommodation from supported housing and hotels continues to be very hard to source due to the competition and rising prices in the private rented sector

On Substance Misuse, the data would indicate that there is an increase with the number of people seeking support for their drug or alcohol misuse problems – which is reflected in wider data telling us that numbers in treatment are on the rise.

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

A wider alcohol needs assessment has been completed with associated action plan that is currently being approved and we will be able to report more fully on this in the next report.

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

Alliance and Programmes	**Homeless Health (Owner) with contributions from LWNA and Substance Misuse**
Update Month	**March 2024**

*What are the **challenges hindering any progress** and **are there actions which can be taken** to address these?*	A transient population such as rough sleepers and refugees are difficult to engage in treatment, but Lambeth have funded an on street engagement to work alongside any other rough sleeping support already operational in order to sign post people into treatment and support them away from behaviours that continue to harm their health.

Lambeth together

Finance

Finance: South East London ICB: Lambeth

Overall Finance Position (M11)

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	1,100	747	353	1,200	815	385
Community Health Services	23,516	22,520	996	25,654	24,502	1,152
Mental Health Services	19,374	19,369	4	21,135	21,080	55
Continuing Care Services	29,298	29,810	(512)	31,961	32,516	(555)
Prescribing	35,594	38,557	(2,963)	38,664	42,233	(3,569)
Prescribing Reserves	405		405	607	0	607
Other Primary Care Services	3,461	3,310	151	3,776	3,611	165
Other Programme Services	2,428	239	2,188	2,648	261	2,387
Delegated Primary Care Services	76,147	76,147	0	83,072	83,072	0
Corporate Budgets	5,326	4,656	670	5,811	5,117	694
Total	**196,648**	**195,356**	**1,293**	**214,528**	**213,207**	**1,321**

Overall Savings Position (M11)

	Year to date Plan £'000s	Year to date Delivery £'000s	Year to date Variance £'000s	Annual Plan £'000s	Forecast Delivery £'000s	Forecast Variance £'000s
Efficiencies embedded within 2023-24 starting budgets	(2,131)	(2,131)	0	(2,325)	(2,325)	0
Additional Vacancy Factor	0	(629)	629	0	(629)	629
Continuing Care Services	(1,661)	(1,481)	(179)	(1,834)	(1,681)	(152)
Prescribing	(1,412)	(1,240)	(172)	(1,611)	(1,433)	(178)
Total	**(5,204)**	**(5,482)**	**278**	**(5,770)**	**(6,069)**	**299**

- The borough is reporting an overall £1.3m year to date underspend position and a forecast year-end position of £1.3m favourable variance at Month 11 (February 2024). The reported year to date position includes £0.5m overspend on Continuing Healthcare and £2.6m overspend on Prescribing (inclusive of reserve), offset by underspends in other budget lines and includes the impact of recovery action (£2.9m) and implementing freeze on new financial commitments.
- The underlying key risks within the reported position relate to the Prescribing and Continuing Healthcare budgets and further risk against the Integrated Community Equipment Service Contract (Health and Social Care) with NRS . In addition to the reported position there are risks against implementation of self-referral for the Community Adult Audiology Service, increasing demand/significant waiting times of ADHD service and cost of Primary Care Estate projects.
- The CHC team continues to deliver on reducing packages for high-cost cases including for 1:1 care, LD clients and transitions cases. The team is also working locally with Adult Social Care commissioning colleagues to develop provision particularly in context of place-based needs. Lambeth has been subject to disproportionate rates for some services but work at place is ongoing to establish better value costs. The number of active CHC and FNC clients at M11 is 572.
- Prescribing month 11 position is based on M09 2023/24 actual data as the PPA information is provided two months in arrears. The year to date overspend of £2.6m is driven by increase in demand, price/supply pressures due to Cat M/ NCSO and Long-Term Condition drug prescribing. All ICBs are experiencing similar impact. The borough Medicines Optimisation team are working on saving initiatives via local improvement schemes including undertaking visits to outlier and selected practices to identify further opportunities around prescribing efficiencies, working with community pharmacy to reduce waste and over-ordering, etc. The team is delivering the savings plan as Practices progress with local improvement plans in-year.
- The 2023/24 borough minimum savings requirement is £4.7m and has a savings plan of £5.8m. In addition to the embedded efficiency (£2.3m) as part of the budget setting process, the borough has saving plans for both Continuing Healthcare (£1.8m) and Prescribing (£1.6m) budgets. Year to date delivery at M11 is £0.3m above plan mainly due to additional vacancy factor. All existing and future expenditure/investment is being scrutinised to ensure key priorities are delivered within confirmed budgets.

Finance: Lambeth Council – ASC & Integrated Health M9 position

	OUTTURN 22/23 (£000)	FULL YEAR BUDGET 23/24 (£000)	FULL YEAR FORECAST 23/24 (£000)	VARIANCE (£000)
ADULT SOCIAL CARE	100,759	109,130	114,952	5,822
INTEGRATED COMMISSIONING	223	133	133	-
SENIOR MGMT – A&H	1,481	1,464	1,464	-
PUBLIC HEALTH	1,266	-	-	-

ASC Service Groups	Full Year Budget (£000)	Full Year Forecast (£000)	Variance (£000)
ADULTS WITH LEARNING DIFFICULTIES	42,070	45,420	3,350
ADULTS WITH MENTAL HEALTH NEEDS	13,274	13,317	43
OLDER PEOPLE	29,066	31,830	2,764
OTHER – ADULTS	6,644	4,171	(2,473)
ADULTS WITH PHYSICAL DISABILITIES	12,447	14,765	2,318
SUPPORTED HOUSING	776	776	-
SUPPORTING PEOPLE	4,853	4,673	(180)

£5.8m forecast overspend, with budget pressures relating almost solely to third party expenditure on packages of care

Main pressure areas:

- £3.4m overspend in Learning Disabilities with key issue of high acuity of new clients resulting in increasing costs of community-based care.
- £2.7m overspend in Older People with home care and nursing care being key issues with higher acuity and greater numbers.
- Inflationary increase in new placement costs in all areas with particular impact in OP nursing care.

Main mitigations:

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

Lambeth together

Quality

Patient Safety Update

- The South East London(SEL) ICB Quality Team is currently working with Guys and Thomas's Trust to develop a local training plan for SEL with the aim of delivering PSIRF education and training to partners in the system.

- The second Patient Safety Incident Response Framework (PSIRF) stakeholder event for acute and mental health providers took place in December 2023. The Providers shared their progress with respect to the implementation of the PSIRF policies and plans within their organisations. SEL ICB also shared its PSIRF plan with the providers for discussion and feedback. SEL ICB PSIRF plan has been approved by the System Quality Group in the January 2024.

- First PSIRF stakeholder event for the independent services providers (ISP) also took place in January 2024. ISPs shared their PSIRF policies and plans for discussion. SEL ICB is planning to have another event for the ISPs in March 2024.

- Quality team is working on a plan to engage the primary care and care homes within the SEL ICB for the PSIRF implementation. A Primary Care Stakeholder event is arranged with the local primary care leads, PCN leads and GPs for the 13th of March 2024.

- A new statutory medical examiner system is being rolled out across England and Wales to provide independent scrutiny of deaths, and to give bereaved people a voice. The Department of Health and Social Care (DHSC) death certification reform changes will become mandatory from April 2024. SEL ICB is working with the local Medical examiners to facilitate this reform in a timely manner. More information can be accessed via NHS England » The national medical examiner system

SEL Medical Examiner Services

Medical Examiner Services and which office to refer to

From April 2024, it will become a statutory requirement that all deaths must be independently scrutinised by a Medical Examiner prior to Registration (where the death does not automatically fall under the remit of His Majesty's Coroner e.g. a violent, unnatural or suspicious death – see Notifications of Death 2019 (Notification of Deaths Regulations 2019 guidance - GOV.UK (www.gov.uk)).

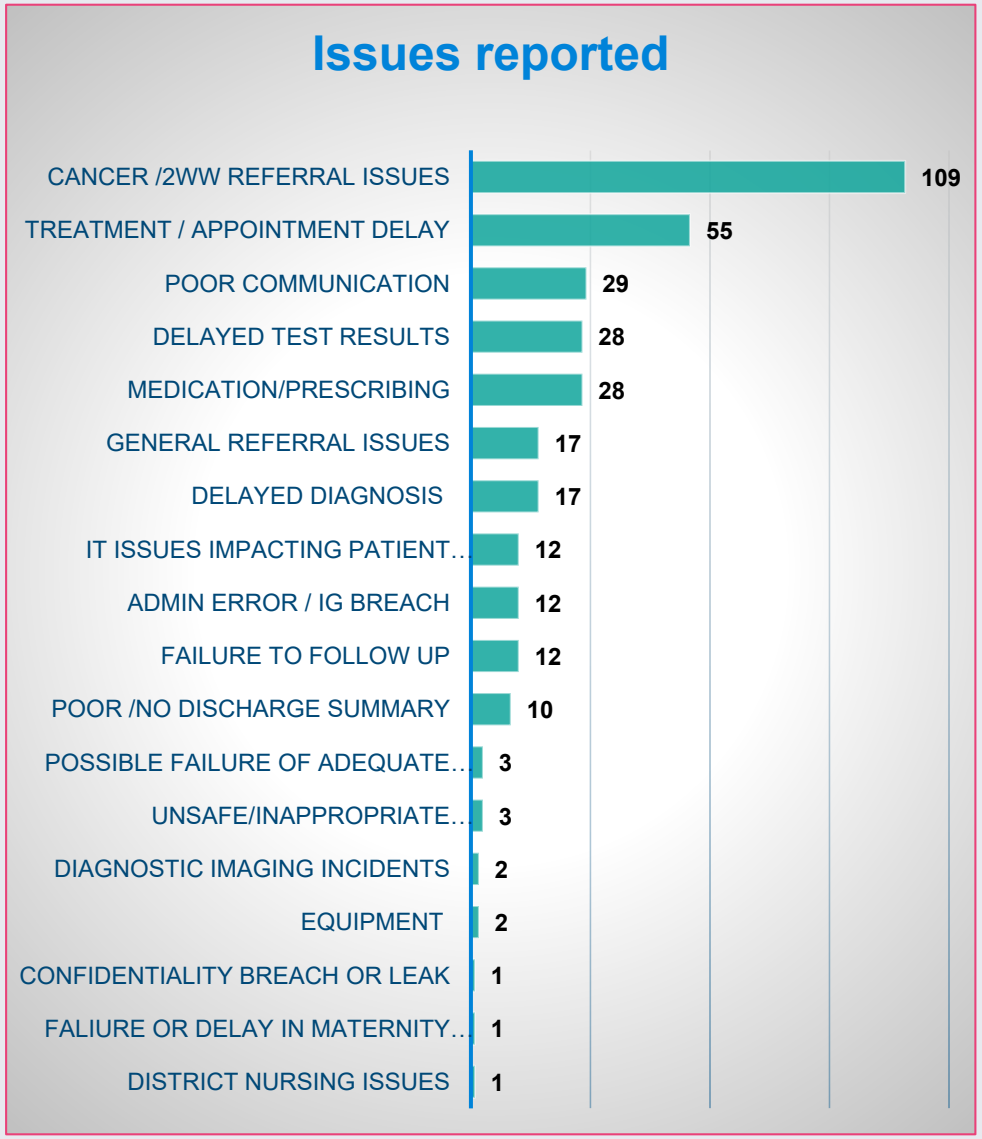
- Deceased patients whose GP Practice is located in Southwark or Lambeth should refer cases to the Guy's and St Thomas' Medical Examiner Service at: gst-tr.medicalexaminer@nhs.net or via NHS e-Referral Service (e-RS) once available.

- Deceased patients whose GP Practice is located in Lewisham or Greenwich should refer cases to the Lewisham and Greenwich Medical Examiner Service via: lg.medicalexaminerofficecommunitylgt@nhs.net

- Deceased patients whose GP Practice is located in Bexley or Bromley should refer cases to the Kings College Hospitals Medical Examiner Service on: kch-tr.communitymeoffice@nhs.net.

All GP practices will have a Medical Examiner Office which they are aligned to and have data sharing agreements with whom they should refer all cases to.

Quality Alerts for Lambeth Apr-23 to Jan-24



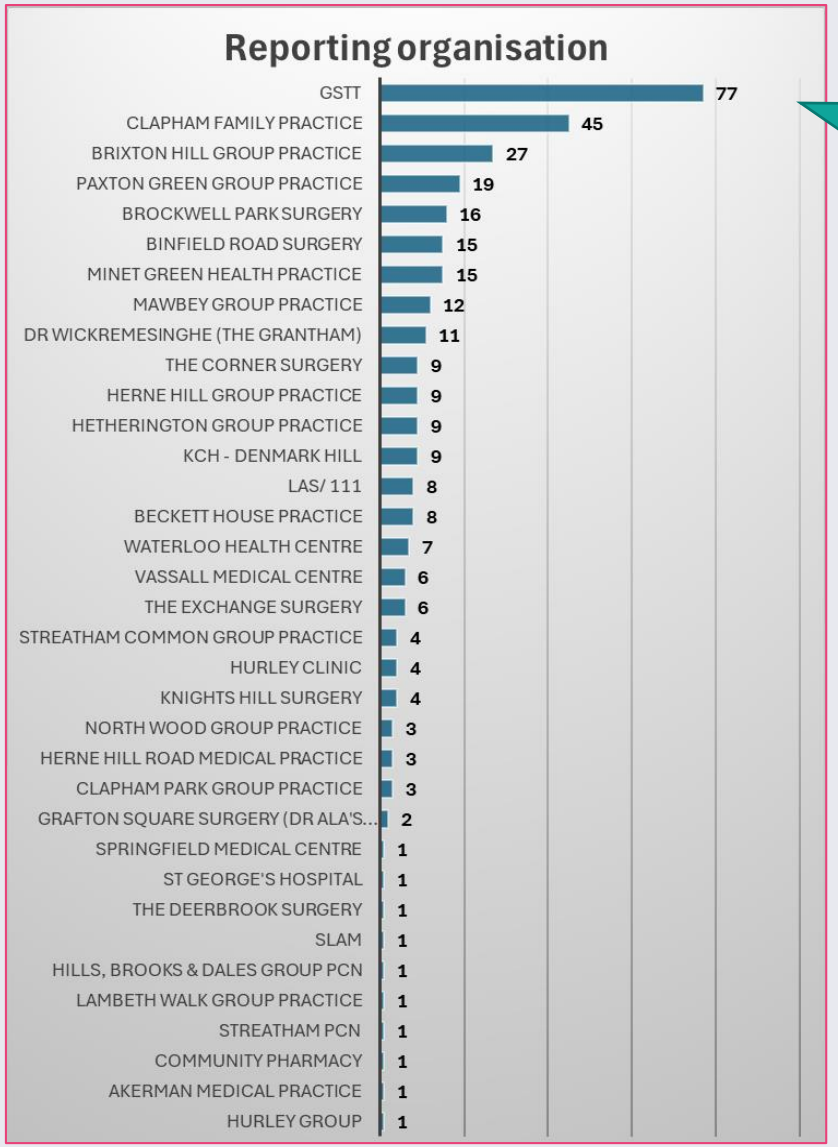
Most frequently reported QAs:

- **Cancer 2WW referral issues** – 109 incidents reported, 76 of those were raised by acute trusts for incorrect referral forms being submitted to dermatology. The remaining 33 were raised by primary care, relating to a variety of issues including an issue with the new IT system, delays in appointments due to capacity and industrial action.
- **Appointment/ treatment delays** – 55 incidents reported, 42 were for delays in acute trusts across 27 specialities.
- **Poor communication** – 29 incidents reported, 19 were for issues at acute trusts and the remainder across primary care and community.

Actions taken by the ICB

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

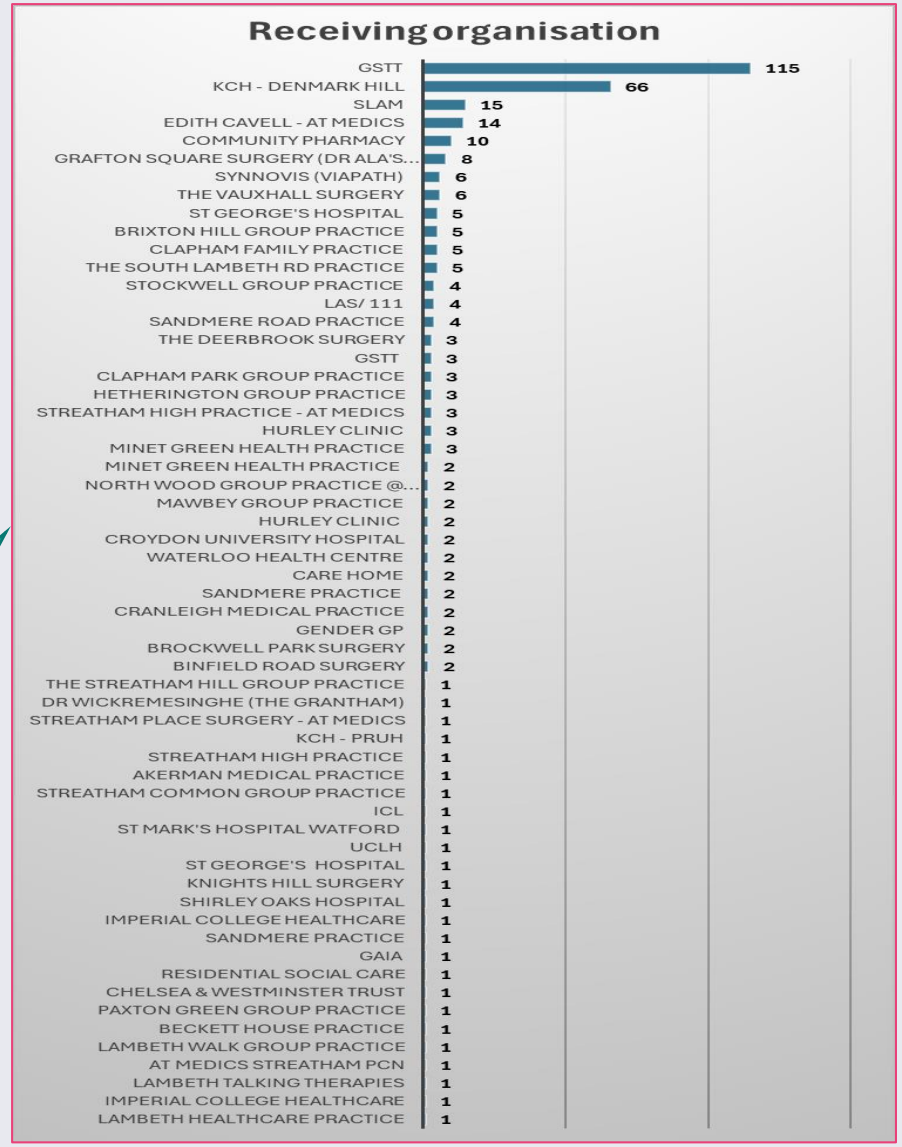
Quality Alerts for Lambeth – Apr-23 to Jan-24



GSTT – 70 /77 QAs reported by GSTT related to practices using an incorrect form for referrals to dermatology 2WW service in June-2023. The remainder were for prescribing, admin errors and delays.

GSTT – 24/115 QAs for GSTT related to treatment or appointment delays. 17 QAs were for 2WW referral issues.

KCH – 16/66 QAs for KCH related to 2WW referral issues and 14 were for treatment or appointment delays.



Lambeth Serious Incidents

Serious Incidents Reported for Lambeth patients Apr-23 to Jan-24

Subcategory	GSTT	KCH	SLaM	Pregnancy advisory service	Primary Care
Suspected self-inflicted harm			8		
Maternity/Obstetric incident	3			1	
Alleged abuse of adult patient by staff		3	1		
Diagnostic incident including delay	2	1			
Slips/trips/falls		2	1		
Treatment delay		2			
Disruptive/ aggressive/ violent behaviour			2		
Unauthorised absence			1		
Alleged abuse of Child patient by third party		1			
Suboptimal care of the deteriorating patient					
Pressure ulcers	1	1			
Medication incident					1

31 SIs reported, the numbers of individual SIs notified to the ICB are decreasing with the introduction of PSIRF as providers now have other processes in place to deal with other incidents internally.

Snapshot of Serious Incident and Learning: 2023/15896

Patient on ward in cohorted bay. Whilst the ward staff left the bay to prepare urgent medications for another patient, Mr X went to the toilet independently and had a fall in the toilet. Clinical review of post fall review documented. Identification on clinical examination of possible left neck of femur fracture. X-ray confirmed left fractured neck of femur.

Learning Identified though the review

Effective communication: Allocated Registered Nurse (RN) / Clinical Support Worker (CSW) not to leave the cohort bay without asking for adequate cover to ensure patient safety.

Recommendations and actions:

1. RN/ CSW allocated to cohort bay duties to ensure adequate cover prior to stepping out of bay.
2. Bed and chair sensors to be readily available.
3. Allocation of Health Care Assistant after the nursing handover should not be delayed. Nurse in Charge of the shift to lead.
4. Hoover Jack to be used for patients with suspected NOF
5. HCA / RN to read and sign the guidelines for direct one to one supervision
6. Learning to be shared through ward BIG 4 and to be discussed in monthly ward meeting

Action to order an enhanced care badge – now in use on the ward.

Risk Summary

Risk highlights

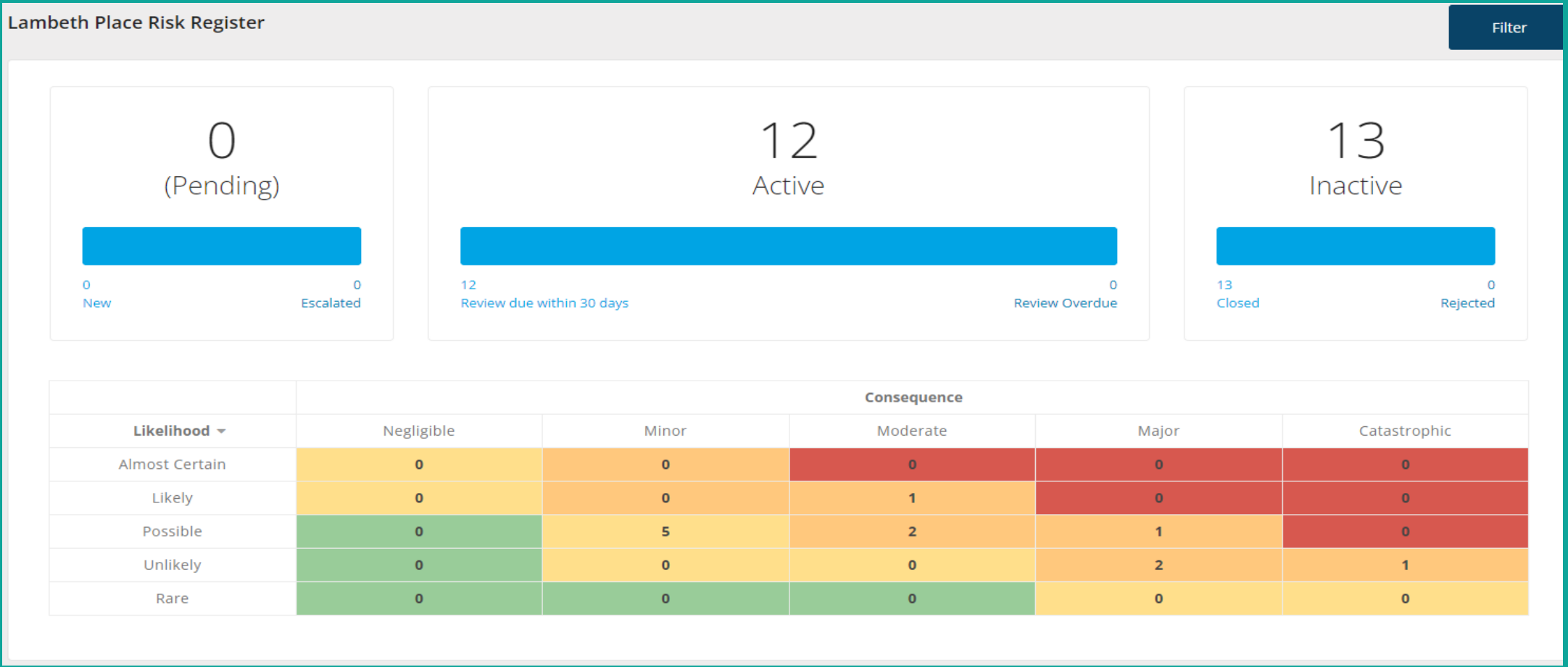
Director / lead	leads for the 7 priority areas, lead commissioners
Management Lead	Andrew Eyres, each of the leads for the 7 priority areas, lead commissioners
Data source / period	SEL BAF, Highlight reports x 7 / Enabler reports.

Lambeth Risk Register

- There are now 12 active risks on the Lambeth Together risk register.
- All have been reviewed and are up to date, with minor amendments to risk scores. These slides presents the position as of 15th March 2024.
- Following a review and benchmarking of risks across the 6 boroughs of the ICB, the Lambeth management team – through risk owners – have identified and added 3 additional risks to the risk register. This has taken the number of active risks from 9 to 12.
- The relocation risk at Waterloo HC and Lambeth Walk has been disaggregated to enable reporting on the 2 sites separately and independently.
- The risk at **Waterloo Health Centre** has been closed. The initial risk assessment of GP services disruption, local community discontent and diminished GP services delivery in the area have proved inaccurate and negligible.
- Risk at **Lambeth Walk** is being monitored and there are continuing engagements with the local community, stakeholders and partners. The Lambeth Walk GP practice is secured and in operation, and there is minimal threat to the local healthcare economy and community social wellbeing.
- CHC overspend risk continues to subside due to effective Recovery Plan put in place.
- Children Safeguarding risk has been opened and is currently rated as a moderate risk.
- All active LT risks are within the ICB's appetite threshold hence there are no escalations to the ICB Board.
- Work is ongoing to identify risks across Lambeth GP practices in terms of estates.
- The ICB is working on a common approach to capture and record system risks (including Partnership and Alliance risks) on the Borough risk registers. This is anticipated to be rolled out in the first quarter of 2024/25.

Risk highlights

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



	Consequence				
Likelihood	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain	0	0	0	0	0
Likely	0	0	1	0	0
Possible	0	5	2	1	0
Unlikely	0	0	0	2	1
Rare	0	0	0	0	0

Risk highlights

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

Risk #	Title	Risk Category	Current Rating	Target Rating	Risk Threshold	Next Review
127	CAMHS waiting times	Strategic	6	3	12	25/03/2024
128	Diagnostic waiting times for children and young people	Strategic	6	4	12	25/03/2024
132	Unbudgeted costs linked to learning disability	Finance	6	6	12	25/03/2024
135	Safeguarding of Adults	Clinical, Quality and Safety	6	6	9	25/03/2024
142	Immunisation Rates	Strategic	12	3	12	25/03/2024
308	Lambeth Together, Capacity for Transformation	Operations	6	4	15	25/03/2024
318	Continuing Healthcare Budget and Performance	Finance	8	8	12	25/03/2024
473	Prescribing Budget and Performance	Finance	9	6	12	25/03/2024
513	Children safeguarding & protection from abuse	Strategic	10	5	12	25/03/2024
514	Business Continuity & Premises risk - Lambeth Walk Medical Centre relocation	Clinical, Quality and Safety	9	9	9	25/03/2024
515	Comminuty Equipment services Budget and Performance	Finance	8	4	12	25/03/2024
516	Achievement of Financial Balance 2024/25	Finance	12	6	12	25/03/2024

Risk highlights

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

Lambeth Integrated Health and Care Directorate Business Plan Update

Integrated Health and Care Business Plan Q3 23/24

Inphase Business Plan Q3	Percentage Complete.	Status
Adult Mental HealthGood health & wellbeing with an improved healthy life expectancy for those with the poorest outcomes		
Access: Reduce wait times for initial assessment through monitoring and reviews.	75%	
Health Inequalities: Increase performance of SMI health checks.	75%	
Adults CommissioningGood health & wellbeing with an improved healthy life expectancy for those with the poorest outcomes		
Quality and safety: Improve standards and oversight through PAMMS	75%	
Adults Social CareGood health & wellbeing with an improved healthy life expectancy for those with the poorest outcomes		
Continue to encourage and lead cross departmental working.	75%	
Ensuring equality, diversity and inclusion is championed: embed EDI strategy.	75%	
Prevention: Develop and continue approach to helping population to remain as independent as possible	75%	
Work continues to align business processes to deliver the Adult Social Care Reform agenda.	75%	
Adults TransformationGood health & wellbeing with an improved healthy life expectancy for those with the poorest outcomes		
Cancer - Work collaboratively with primary care to increase the uptake of cancer screening	75%	
Adults with Learning DisabilitiesGood health & wellbeing with an improved healthy life expectancy for those with the poorest outcomes		
Focus on LDA Health Inequalities	75%	
NHSE Learning Disability and Autism Programme	75%	
Children and Young PeopleGood health & wellbeing with an improved healthy life expectancy for those with the poorest outcomes		
Design and deliver a Single Point of Access (SPA) for Children and Young People	50%	
Pull together a comprehensive dataset for Lambeth women using maternity services.	50%	
Recommission Domiciliary Care and CHC framework.	50%	
Support Special Educational Needs and/or Disabilities (SEND) inspection preparation.	75%	
Good health & wellbeing with an improved healthy life expectancy for those with the poorest outcomesLong Term Conditions Optimisation		
Long Term Conditions optimisation: Reducing health inequalities and improving access.	75%	
Good health & wellbeing with an improved healthy life expectancy for those with the poorest outcomesMedicines Optimisation		
Medicines value: Identify high-value, quality initiatives for medicines optimisation	75%	
Good health & wellbeing with an improved healthy life expectancy for those with the poorest outcomesPrimary Care and Transformation		
Deliver a Primary Care Commissioning programme	50%	
Ensure the continuation of high quality access to general practice.	50%	
Good health & wellbeing with an improved healthy life expectancy for those with the poorest outcomesPublic Health		
Health Determinant Research Collaboration - Staff training and development	85%	
Health Protection - Redesign childhood Immunisations to meet challenge of low uptake	90%	
Sexual Health - Re-modelling South East London Sexual Health Trust Contracts	75%	
Staying Healthy - Develop and implement approaches to improve access to health improvement Services	75%	
Staying Healthy - To make Lambeth an Age Friendly Borough	75%	
Substance Misuse - Further development and embedding of the Combatting Drugs Partnership	75%	

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

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

The table provides a summary of the areas of focus within the 23/24 plan. In Q3, we can report majority actions have recorded a green status which shows progress towards year end objectives.

There were three actions where amber status was recorded, one on Adults commissioning and two on Children and Young People service lines. The reasons behind this score relate to programme delays due to the complexity with delivery of some deliverables, particularly on SPA design and impact on reporting structures due to EPIC implementation.

Lambeth together

Appendix 1: Lambeth Together Assurance Group (LTAG)

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

Children & Young Person Alliance (CYPA)

26.03.2024

Points to cover:

- Current data: measures and challenges
- The maternity landscape
- Assurance & governance
- Initiatives
- Forward plan

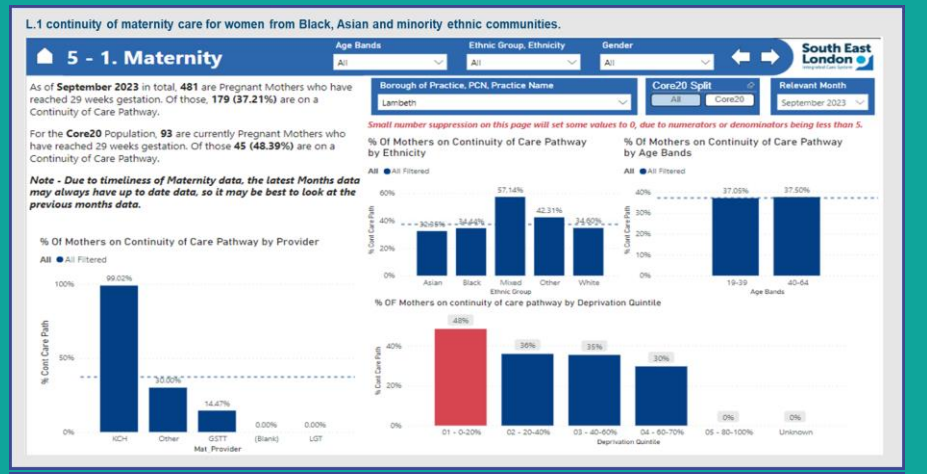
Current data – measures and challenges

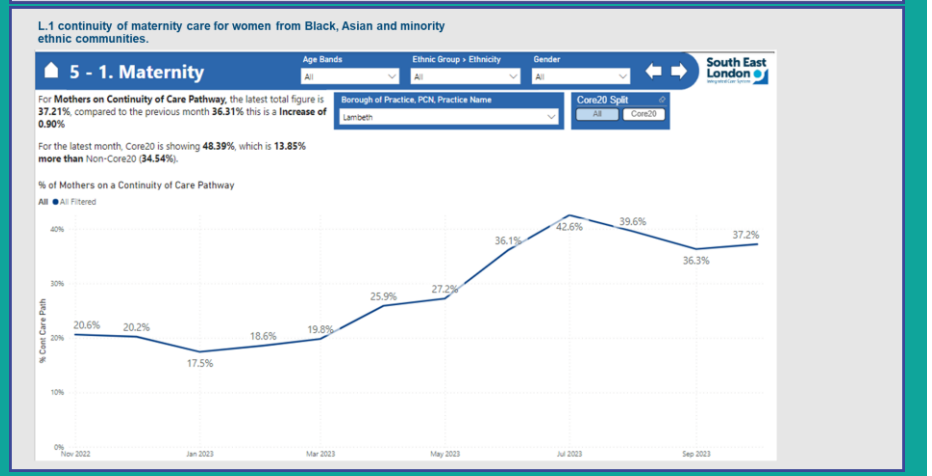
Providers
- GSTT (Evelina)
- KCH
- LGT and Other

System
- SEL LMNS Maternity Dashboard

Lambeth Together
- CYPA
- LTAG

L1 – Continuity of Carer





L3.2 – Neonatal Deaths

L3.2 Neonatal Deaths

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

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

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

L3.3 – Preterm Births

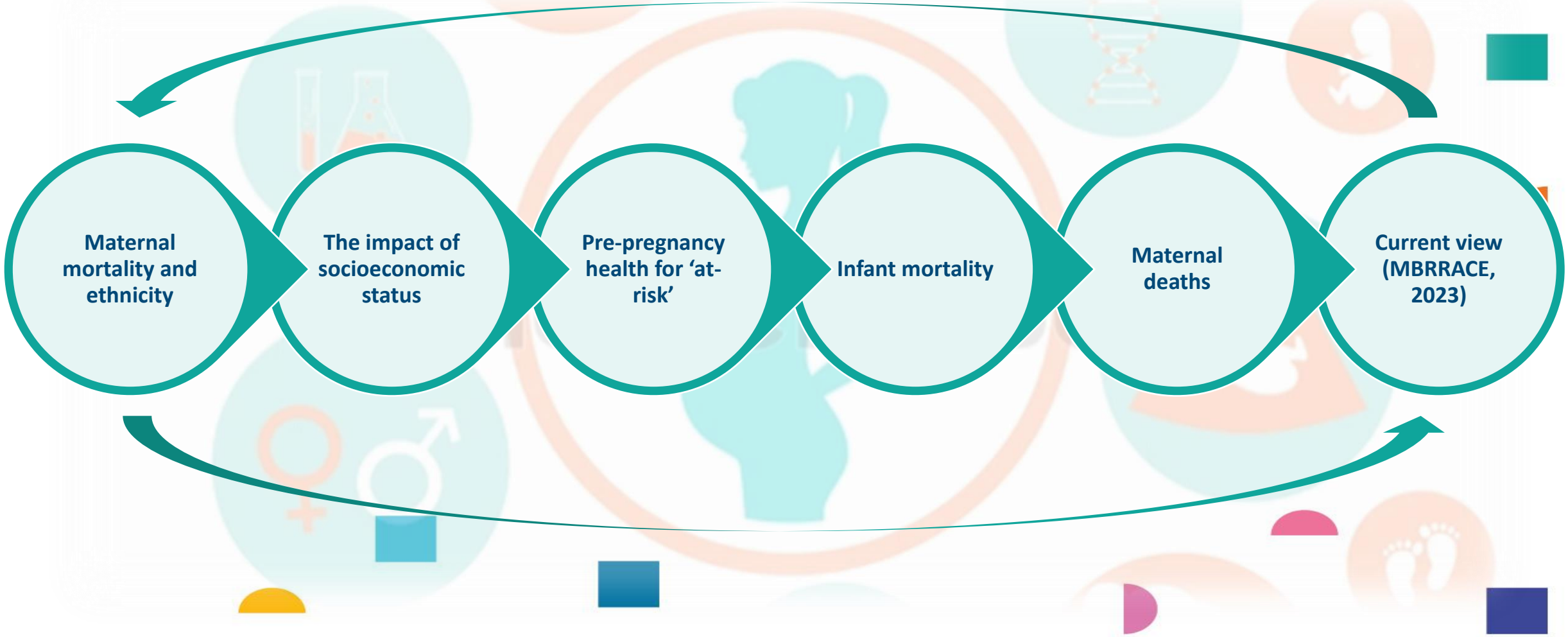
L3.3 Preterm births

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

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

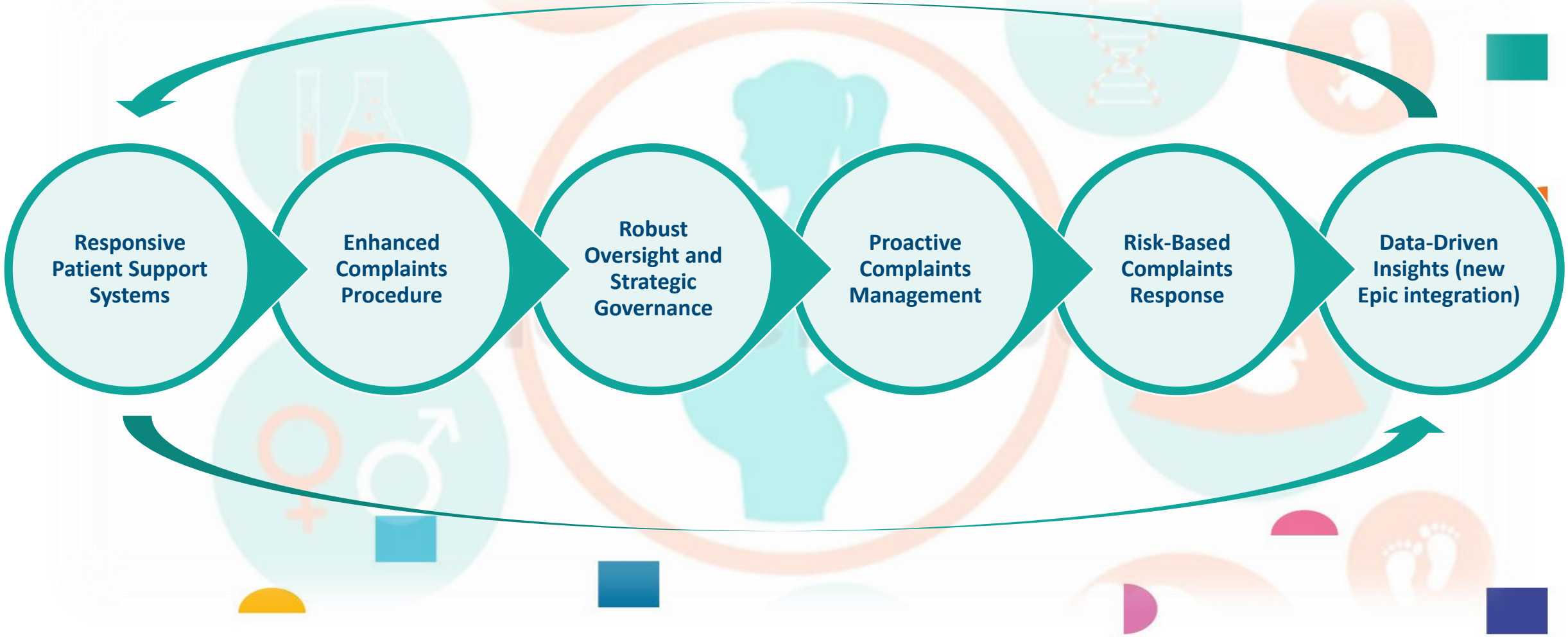
Changes to the structure of the data on the Maternity Services Data Set (MSDS) impacted the scripts of SEL Maternity Dashboard where this information was extracted, and the above table has not been refreshed since the last report.

*The maternity landscape – a national view



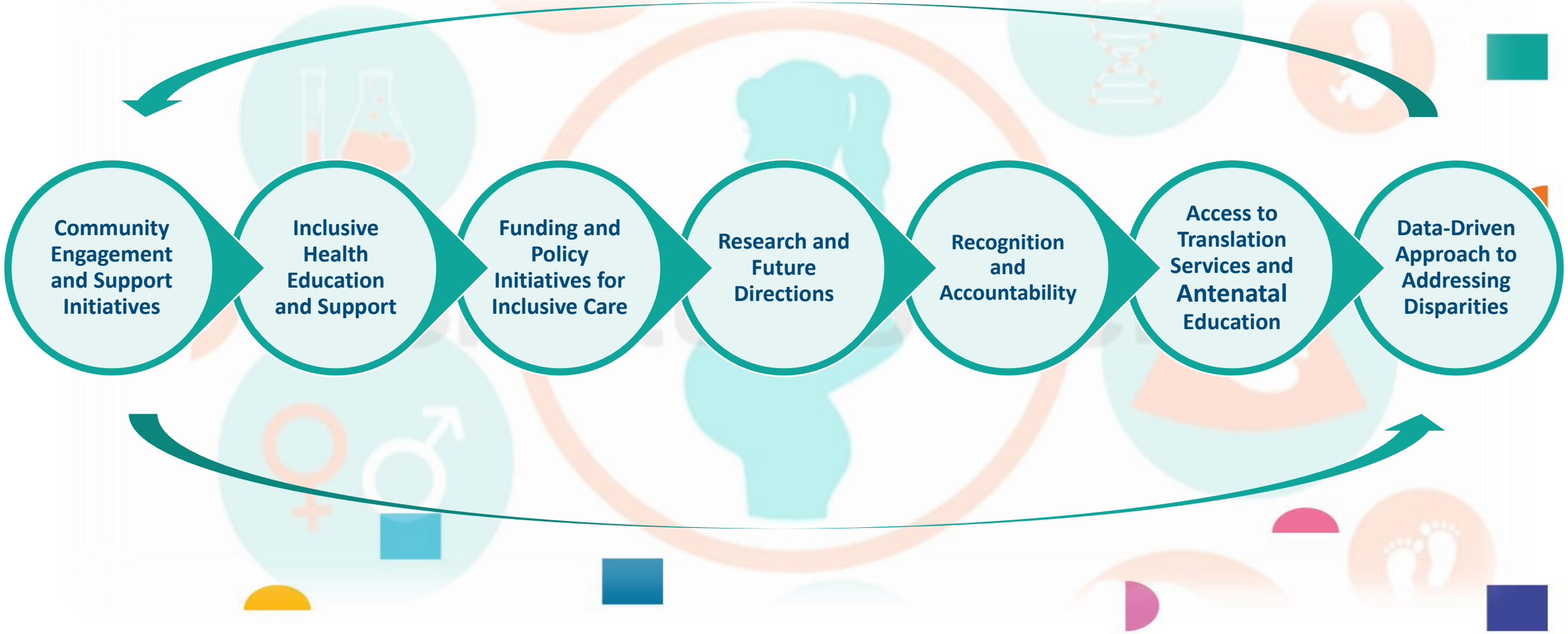
*Data sources: Nuffield Trust (2023), National Maternity & Perinatal Audit (2015-2018), National Child Mortality Database (2023), MBRRACE (2022 & 2023)

*Assurance & governance – Lambeth providers



*Data source: Adult Social Care & Scrutiny Sub-Committee, Maternity Report (2024)

*Initiatives – addressing disparity in Lambeth



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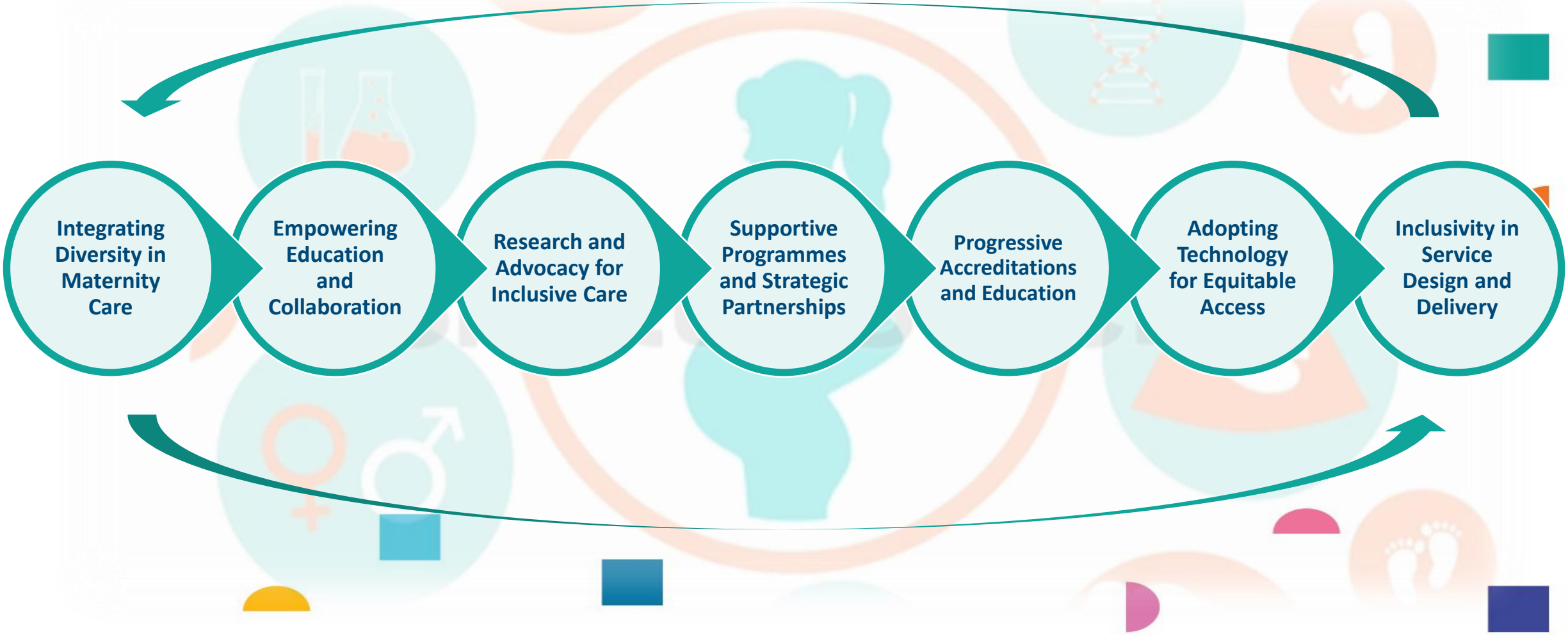
*Initiatives – addressing disparity in Lambeth



*Data source: Adult Social Care & Scrutiny Sub-Committee, Maternity Report (2024)

*Focus on what works – enhanced midwifery caseload

- Lambeth Early Action Partnership (LEAP) implemented a caseload midwifery model targeting birth outcome disparities.
- Focused on socially deprived and ethnically diverse inner-city populations.
- Offers longer and more frequent antenatal appointments, including home visits.
- Aims to address avoidable determinants of adverse infant outcomes in low socioeconomic groups.
- Seeks to reduce preterm births and improve pregnancy outcomes through targeted, individualised care.

*Data source: LEAP publication on enhanced midwifery caseload, BMJ (2024)

*Impact – enhanced midwifery caseload

- Demonstrated significant improvements in maternal and new-born outcomes.
- Notable reduction in total caesarean section (CS) rate from 38.9% to 24.3%.
- Emergency CS rate reduced from 22.5% to 15.2%.
- Significant reduction in preterm birth rates from 11.2% to 5.1% before 37 weeks gestation.
- Especially effective among high-risk groups, including mothers in higher deprivation quintiles and from BAME backgrounds.
- Suggests caseload midwifery can markedly improve birth outcomes.

*Data source: LEAP publication on enhanced midwifery caseload, BMJ (2024)

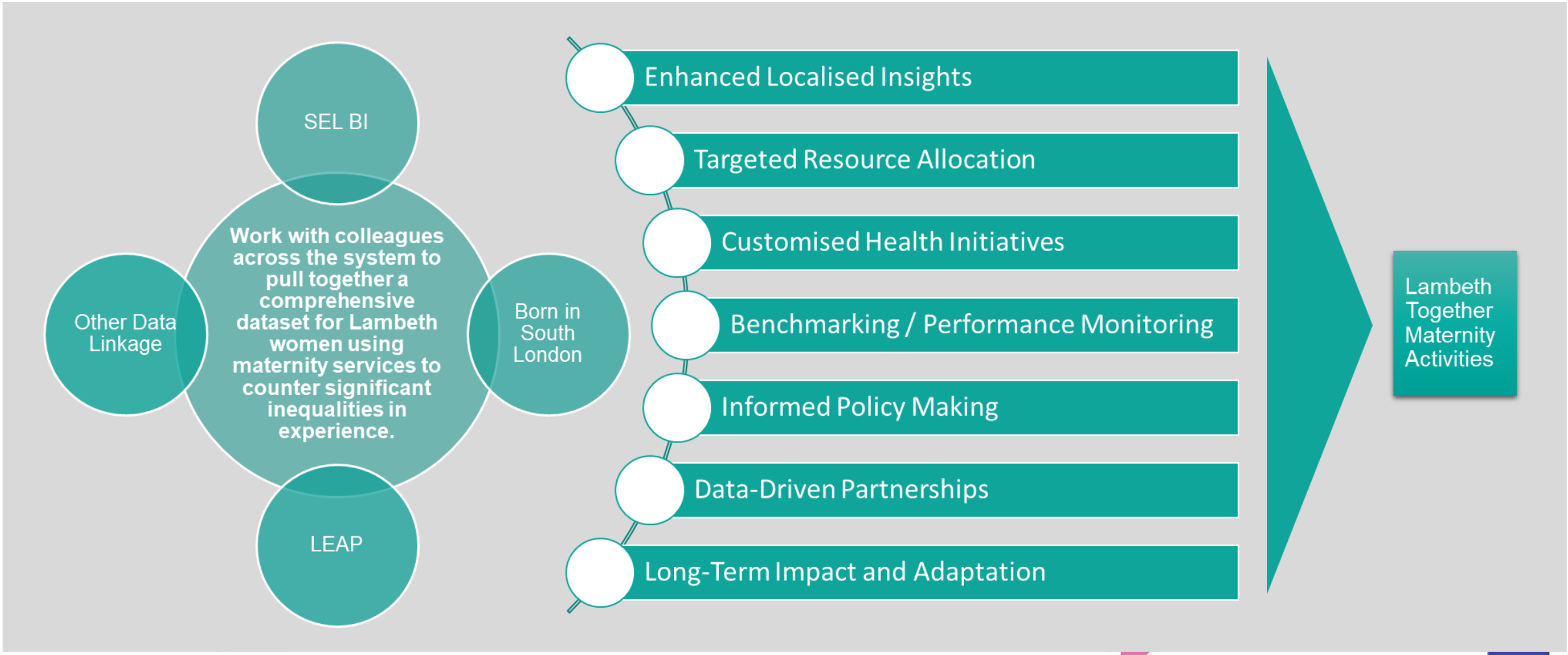
Lambeth together

*Recommendations – enhanced midwifery caseload

- Expansion of caseload midwifery to other inner-city populations with similar demographic profiles to maximise the impact on reducing disparities.
- Implementation of targeted interventions early in pregnancy to address the complex social and medical needs of vulnerable women.
- Further research into the long-term outcomes and economic benefits of caseload midwifery, to strengthen the case for its widespread adoption.
- Encouragement of multiagency collaboration early in antenatal care to support women's broader social and medical needs.

*Data source: LEAP publication on enhanced midwifery caseload, BMJ (2024)

Forward plan – data priorities and development



Forward plan – data priorities and development

- Re-establish access to the South East London (SEL) Local Maternity & Neonatal System (LMNS) data.
- Continue to work with LTAG and the SEL LMNS to develop a borough-level dashboard.
- Deliver recommendations via the LEAP Data-Advisory Group.
- Continue conversations with Lambeth HEART around opportunities for research and data-linkage (SEL, LEAP, Born in South London).