

LAMBETH TOGETHER CARE PARTNERSHIP

Date: **Thursday 18 May 2023**

Time: **1.00 pm**

Venue: **MS Teams**

Members of the Committee

Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London and the Maudsley NHS Foundation Trust - Southeast London Integrated Care Board
Andrew Carter	Strategic Director of Children's Services (DCS) - Lambeth Council
Andrew Eyres	Strategic Director, Integrated Health and Care, Lambeth. Place Lead Executive, Lambeth – Southeast London Integrated Care Board
Cllr Ben Kind	Cabinet Member for Children and Young People - Lambeth Council
Cllr Jim Dickson	Cabinet Member for Healthier Communities (job-share), Lambeth Together Care Partnership Board Board Co-chair - Lambeth Council
Cllr Marcia Cameron	Cabinet Member for Healthier Communities (job-share) - Lambeth Council
Di Aitken	GP, Lambeth Together Care Partnership Board Co-chair and Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead - Southeast London Integrated Care Board
Fiona Connolly	Executive Director of Adult Social Care, Strategic Director of Children's Services – Lambeth Council
George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet – Southeast London Integrated Care Board
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust - Southeast London Integrated Care Board
Kirsten Timmins	Deputy Chief Operating Officer, South London and the Maudsley NHS Foundation Trust - Southeast London Integrated Care Board
Mairead Healy	Chief Executive, Healthwatch Lambeth
<i>Vacant</i>	Programme Director, Black Thrive
Paul Coles	CEO, Age UK Lambeth
Penelope Jarrett	Chair, Lambeth Local Medical Committee
Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead – Southeast London Integrated Care Board
Richard Wiltshire	Patient and Public Voice Member
Ruth Hutt	Director of Public Health - Lambeth Council
Sarah Austin	Chief Executive Integrated and Specialist Medicine, GSTT NHS Foundation Trust - Southeast London Integrated Care Board

Sarah B Flanagan	Patient and Public Voice Member
Sue Gallagher	Lambeth Together Care Partnership Board Lay Member - Southeast London Integrated Care Board
Therese Fletcher	Managing Director, Lambeth GP Federation - Southeast London Integrated Care Board

Further Information

If you require any further information or have any queries, please contact:
Cheryl Smith, Email: Cheryl.smith@selondonics.nhs.uk

AGENDA

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Lambeth Together Care Partnership Public Forum and Board Meeting in Public

Microsoft Teams Meeting

Wednesday, 18 May 2023 | 1:00pm – 5:00pm

AGENDA

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

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
1 p.m.	Public Forum		
60 mins	<p>Welcome and introductions</p> <p>The Public Forum and how to take part</p> <p>Questions from the public</p> <p>Discussion on Joint Forward Plan - South East London ICS (selondonics.org)</p>		Cllr Jim Dickson <i>Co-Chair</i>
2 p.m.	Board Meeting in Public		
1.	<p>Introductions</p> <ul style="list-style-type: none"> Welcome, introductions and apologies. 		Dr Di Aitken <i>Co-Chair</i>
2.	<p>Declarations of Interest</p> <ul style="list-style-type: none"> Members are asked to declare any interests on items included in this agenda. 		Dr Di Aitken <i>Co-Chair</i>
3.	<p>Review of Minutes</p> <ul style="list-style-type: none"> Approve minutes and review matters arising from the Board meeting on 8th March 2023. 	Paper enc.	Dr Di Aitken <i>Co-Chair</i>
4. 2:20pm	<p>Lambeth Together Care Partnership - Place Executive Lead Report</p> <ul style="list-style-type: none"> An update to the Board on key developments since the last Lambeth Together Care Partnership Board meeting in Public on 8th March 2023. 	Paper enc.	Andrew Eyres <i>Place Executive Lead, Strategic Director, Integrated Health, and Care</i>
5.	<p>Our Health, Our Lambeth - Lambeth Together health and care plan 2023-28</p>	Paper enc.	Sophie Taylor <i>Lambeth Together Programme Lead</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
2:30pm	<ul style="list-style-type: none"> Board members are asked to agree the Lambeth Together Care Partnership delivery plan. 		Andrew Eyres <i>Place Executive Lead, Strategic Director, Integrated Health, and Care</i>
6. 2:50pm	Lambeth Together Primary Care Commissioning Committee Update <ul style="list-style-type: none"> Board members to receive an update from the committee. 	Paper enc.	Oge Chesa <i>Director of Primary Care and Transformation</i>
7. 3:00pm	Lambeth Together Assurance Update <ul style="list-style-type: none"> Board members are asked to note the accompanying report from the Lambeth Together Assurance Sub-Group. 	Paper enc.	Warren Beresford <i>Associate Director Health and Care Planning and Intelligence</i>
3:15pm	BREAK		
8. 3:25pm	Deep Dive: Sexual Health <ul style="list-style-type: none"> Board members to receive an update and discuss Lambeth Together Care Partnership contraception pathways, uptake of contraception and service user feedback. 	Paper enc.	Rachel Scantlebury <i>Consultant, Public Health</i> Nancy Padwick <i>Lead Commissioner, Sexual Health</i>
9. 4:25pm	Questions from public attendees <ul style="list-style-type: none"> An opportunity for members of the public to ask any further questions. 	N/a	Dr Di Aitken <i>Co-Chair</i> Cllr Jim Dickson <i>Co-Chair</i>
10. 4.30pm	AOB Close <i>Date of next meeting: 20th July 2023 (virtual and in-person) - Public forum 1-2pm and Board meeting in Public 2-5pm</i>		Dr Di Aitken <i>Co-Chair</i>

LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

Wednesday 8th March 2023
Suite 16, Lambeth Town Hall, Brixton Hill, SW2 1RW

Members Present:

Cllr Jim Dickson	Cabinet Member for Healthier Communities (job-share), Lambeth Together Care Partnership Board Co-Chair – Lambeth Council.
Ruth Hutt	Director of Public Health – Lambeth Council.
Dr Adrian McLachlan	GP, Living Well Network Alliance Clinical and Care Professional Lead – Southeast London Integrated Care Board.
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead – Southeast London Integrated Care Board.
Cllr Marcia Cameron	Cabinet Member for Healthier Communities (job-share) – Lambeth Council.
Cllr Ben Kind	Cabinet Member for Children and Young People – Lambeth Council.
Sue Gallagher	Lambeth Together Care Partnership Board Lay Member – Southeast London Integrated Care Board.
Sarah B Flanagan	Patient and Public Voice Member.
Richard Wiltshire	Patient and Public Voice Member.
Andrew Eyres	Strategic Director, Integrated Health and Care, Lambeth. Place Lead Executive, Lambeth – Southeast London Integrated Care Board.
Dr George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet – Southeast London Integrated Care Board.
Dr Penelope Jarrett	Chair - Lambeth Local Medical Committee.
Mairead Healy	Chief Executive - Healthwatch Lambeth.
Dan Stoten	Director of Integrated Children's Commissioning and Youth Services – Lambeth Council, deputising for Andrew Carter, Strategic Director of Children's Services – Lambeth Council.
Paran Govender	Director of Operations and Partnerships, GSTT NHS Foundation Trust – Southeast London Integrated Care Board, deputising for Sarah Austin, Chief Executive Integrated and Specialist Medicine, GSTT NHS Foundation Trust – Southeast London Integrated Care Board.
Richard Outram	Acting Director of Adult Social Care – Lambeth Council, deputising for Fiona Connolly, Executive Director of Adult Social Care, Strategic Director of Children's Services – Lambeth Council.

Apologies:

Dr Di Aitken	GP, Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead – Southeast London Integrated Care Board.
Fiona Connolly	Executive Director of Adult Social Care, Strategic Director of Children's Services – Lambeth Council.
Paul Coles	CEO – Age UK, Lambeth.
Sarah Austin	Chief Executive Integrated and Specialist Medicine, GSTT NHS Foundation Trust – Southeast London Integrated Care Board.
Andrew Carter	Strategic Director of Children's Services – Lambeth Council.
Kirsten Timmins	Deputy Chief Operating Officer, South London, and the Maudsley NHS Foundation Trust – Southeast London Integrated Care Board.
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust – Southeast London Integrated Care Board.
Therese Fletcher	Managing Director, Lambeth GP Federation – Southeast London Integrated Care Board.

Vacant	Black Thrive Director.
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In Attendance:

Edward Odoi	Associate Director, Finance, Lambeth – Southeast London Integrated Care Board.
Warren Beresford	Associate Director, Health and Care, Planning, and Intelligence – Southeast London Integrated Care Board.
Gerry Evans	Lambeth Together Engagement Manager – Lambeth Council.
Juliet Amoa	Associate Director, Community Health, and Engagement – Lambeth Council.
Jane Bowie	Director of Integrated Commissioning (Adults) - Lambeth Council.
Sophie Taylor	Lambeth Together Programme Lead – Lambeth Council.
Oge Chesa	Director of Primary Care and Transformation – Southeast London Integrated Care Board.
Catherine Flynn	Head of Communications and Engagement – Southeast London Integrated Care Board.
Rebecca Manzi	Lambeth Together Project Officer – Lambeth Council.
Pamela Handy	LBSAT Business Support Manager – Southeast London Integrated Care Board.
Niyemeti Ramadan	Lambeth Together Project Officer – Southeast London Integrated Care Board.
Cheryl Smith	Governance Lead – Southeast London Integrated Care Board.
Vida Cunningham	Public Health Specialist – Lambeth Council.
Bimpe Oki	Consultant in Public Health – Lambeth Council.
Jessica Engen	Speciality Registrar in Public Health – Lambeth Council.
Marcia Dillon	Sports Development Officer – Lambeth Resident.
Raks Patel	Healthwatch Lambeth.

1 Introductions

Cllr Jim Dickson welcomed members to the meeting and noted the topics discussed during the public forum that included:

- Care for neuro-diverse residents.
- Warm spaces and the impact of their opening times.
- The Board meeting being held in-person only and not virtually/hybrid.
- Indoor air quality in public spaces, especially transport and schools and the plans to address this.

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

The following discussions were also had:

- Industrial action and a reminder of the current position. The Royal College of Nursing and London Ambulance Service union strikes were called-off. The Junior Doctors' strike is going ahead next week, and our sites are working on plans to mitigate impact.
- Minnie Kidd House – this was the subject of discussion during Board meetings last year as it ceased its role as a care home. It is now being used as a community eye clinic and has been open since the end of Autumn last year. Congratulations and thanks to all were given for making that transition.
- Social Prescribing Day on 9th March was highlighted – Cllr Dickson thanked the Patient and Public Voice Member, Rich Wiltshire, for sharing his thoughts and starting a discussion on social prescribing.

Those present introduced themselves and apologies were noted from Dr Di Aitken, Fiona Connolly, Paul Coles, Sarah Austin, Andrew Carter, Kirsten Timmins, and Julie Lowe.

Cllr Dickson mentioned that it was International Women's Day and wanted to note the huge amount of work being carried out in celebration within Lambeth Together and that across partners.

2 Declarations of Interest

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

None were declared.

3 Minutes from 11 January 2023 Meeting

The minutes of the meeting of Wednesday 11 January 2023 were agreed as an accurate record of the meeting.

4 Decisions for Ratification – Recommissioning Lambeth Community Diabetes Service

Cllr Dickson explained that in the January Board meeting, members discussed the community diabetes services where it was agreed that option 1 would be considered. Cllr Dickson asked members to look at the paper and agree the recommendation to move forward with option 1.

APPROVED

1. To note the Chairs' Action, which was approved.

To view the Chair's Action accompanying this item, refer to page 11 of the agenda pack.

5 Lambeth Together Care Partnership – Place Executive Lead Update

Andrew Eyres provided an overview of key developments since the last Board meeting. The following was mentioned:

- We now have our full complement of Clinical and Care Professional Leads, and we are one of only two South-East London boroughs to do so. The network meets quarterly, and they first met in January.
- The Lambeth Health and Wellbeing Strategy was published after the January Lambeth Health and Wellbeing Board and Andrew noted that we will respond to this strategy through our Lambeth Together Strategic Health and Care Plan, which we will hear about later today.
- Fantastic news for the borough that Crowndale Medical Centre has now been reopened and Minnie Kidd House is being utilised.
- The Combatting Drugs Partnership is underway, chaired by Ruth Hutt. Resources have been applied for and the plan of action will be coming out soon. Andrew explained this is an important partnership and sits alongside Lambeth Together.

RESOLVED

1. To note the update.

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

6 Lambeth Together Strategic Health and Care Plan

Sophie Taylor presented an update on the Health and Care Plan and explained that the Board was being asked to agree the initial activities and impact measures within the Plan.

Sophie gave a brief reminder of the development of the Plan to date, which included:

- The Lambeth Together Strategic Health and Care Plan framework has been created to deliver the work and approaches we should take as a health and care partnership over the next 5 years, aligning the principles and priorities to the Lambeth Health and Wellbeing Strategy, the Integrated Care Strategy and Lambeth Borough Plan.
- The plan includes aspirations for residents, what we want to improve upon (outcomes), principles of how we will work, how we will measure impact and commitment to keeping the document live.
- Aspirations were agreed by the Board in the October Board Seminar and the model for impact measures was agreed in the December Board Seminar.
- Between January and February, the five delivery programmes and three Alliances have been working hard to develop and compose the proposed initial impact measures and delivery activities.
- In the February Board Seminar, Board members reviewed and contributed to the development of six key outcomes that cross over key programmes and Sophie assured members that all comments have been taken away, reviewed, and reflected on.
- Some of the key themes that came out of the Seminar included the need for us to strengthen data by ethnicity and capturing patient feedback.
- Following today's meeting, the Plan will be reviewed in full at the April Board Seminar, with a view to final sign-off at the next public Board meeting in May.

Sophie handed over to the Board to discuss and to consider if the correct content has been included.

The following discussion took place:

- Dr Penelope Jarrett asked if Sophie had received her comments via email, which Sophie had. Dr Penelope Jarrett mentioned if we are signposting, where are we signposting to and explained that there is the issue of patients being able to access GP appointments quickly when there are a limited number available. Dr Penelope Jarrett also asked how we would adapt the plan in the future, as it is a five-year plan, context will be subject to change.
- Mairead Healy expressed the need to have an accessible version of the Plan open to everyone to read and understand. Mairead highlighted Outcome I and that she would like to see data collected across the whole referral pathway, not just when children and young people are accessing services. For Outcome G, Mairead mentioned it would be great to see how we ensure communities that have difficulty of access, for example, the Traveller/Refugee community, have their difficulties addressed within that outcome. Mairead explained that Healthwatch are aware of the issues with Ukrainian Refugees and thought it would be great if more of that detail around how these communities will meet the outcome of joined up care.
- Dr George Verghese explained that we will know if we are successful in this Plan if we end up delivering something better, and agreed with Dr Penelope Jarrett's point around how easy will we be able to adapt from the headings the plan sits in. Dr George Verghese explained we should build in reviews of the plan.
- Cllr Ben Kind would like to revisit Outcome C regarding the 50% target for the MMR vaccine. Cllr Kind explained that the World Health Organisation says the target should be 95% and that England is at 89% so thought it was odd that we would have 50% as the target and that we should aspire to 100% for all vaccinations. Ruth Hutt explained that the overall target is 90-95% and the focus is on those not being vaccinated at all and not responding so we wanted at least 50% of those people captured – this has been clarified already in the updated version of the Plan.
- Sue Gallagher asked if we could use a similar diagram that is within the Plan to explain the before and after, when we review annual progress. Sue highlighted the need to highlight our dependencies, such as finances, workforce, and IT.
- Andrew Eyres explained we will stay flexible and be adaptable to changing context. The outcomes will be critical and as a Board, we need to give flexibility to our Alliances and programmes to adapt. We need to keep an eye on the data and dashboards, we need to adapt to difficulties and predict the changes, which will be our challenge.

- Raks Patel asked if there is a risk register. Andrew explained the Plan will tell us what our risks are, and the Lambeth Together Assurance group will oversee risk management.
- Ruth wanted to highlight the amount of work that had been done with the Plan and wanted to say well done to all those involved for bringing it together. Ruth wanted to encourage members to read the Plan in full as she wanted members to be mindful that as a system, we are contributing to every outcome.
- Cllr Dickson thanked everyone for their feedback and explained the feedback will be reflected in the next version, to be considered at the April Board Seminar.

RESOLVED

1. To note the presentation.

To view the presentation accompanying this item, refer to pages 19 to 48 of the agenda pack.

7 Lambeth Together Primary Care Commissioning Committee Update

Sue Gallagher and Oge Chesa updated on the first Lambeth Together Primary Care Commissioning Committee meeting. Sue and Oge read from the presentation slides and went on to explain that:

- The draft Terms of Reference were amended due to the South East London body requirements and a good discussion was had.
- Sue went on to explain that at the meeting, members received an update on workforce and the Lambeth Together Training Development Hub. They were also updated on digital first and performance data to see how Primary Care in Lambeth performs generally. The Lambeth Pharmacy First service pilot was discussed.
- Dr Penelope Jarrett expressed she has reservations about the Terms of Reference as it is difficult for us to put into words exactly what we are doing, and her reservations apply to the Terms of Reference ratified in September - Oge explained they were mindful that things will need changing in the next 12 months and they will be flexible as developments do occur and will notify the Board as and when things are reviewed.
- Cllr Dickson thanked the team involved and noted the outputs of the Commissioning Committee and that the Board agreed to ratify the Terms of Reference to ensure the Board can exercise governance over the Committee.

RESOLVED

1. The Terms of Reference have been ratified.

To view the presentation and Terms of Reference accompanying this item, please refer to pages 49 to 64 of the agenda pack.

8 Lambeth Together Assurance Update

Sue Gallagher and Warren Beresford updated the Board on the Lambeth Together Assurance group and explained:

- The latest Lambeth Together Assurance Group meeting in February focused on two key areas that contribute to the Lambeth Together Strategic Health and Care Plan, namely, promoting healthy lifestyles and the uptake of NHS health checks and the role of mental health support in supporting people back into employment.
- The Lambeth Together Assurance report was reviewed, and the following were noted as challenges: Alliances are having resourcing issues. The Children's Commissioning report highlighted more referrals of domestic abuse and repeat cases. Flu vaccine uptake is lower than expected. The Living Well Network Alliance highlighted extremely high pressures on mental health services.

- Warren also wanted to recognise the successes, namely: the Learning Disability and Autism health checks were well above the national ambition of 75%. In terms of Severe Mental Illness health checks, we were most improved in performance against other boroughs and were the second highest in South East London, behind Southwark. There has been an increase in referrals to Lambeth Talking Therapies.
- The Lambeth Together Assurance report and process will be developed alongside the Lambeth Together Strategic Health and Care Plan, so it is based around the outcomes and not programmes.

The following discussion was had:

- Mairead Healy expressed it was great to hear about the successes. Regarding the increase in referrals to Lambeth Talking Therapies and data, is it more about the communities who use the services less? Dr George Verghese explained the number of referrals into Lambeth Talking Therapies is going down – the success is we are giving the treatment but less referrals are happening.
- Andrew Eyres explained that when looking at measurements, Black communities don't always count against national targets and if we want to address that properly, we need to loosen up the definitions and bring in more community facing adaptations. It's not always targets driving this, it's about people's outcomes and experience.
- Dr Penelope Jarrett explained that with the referrals process, the website isn't user-friendly and isn't clear to everyone who accesses it – we offer a variety of services, and we should have a website that is easier to navigate – communications could be better.
- Dr Penelope Jarrett asked how risks are being calculated as the risks aren't mentioned. Warren explained there is a section on risk and Sue confirmed risk wasn't discussed at the previous meeting because the way in which the risks have been worded wasn't thought to be appropriate. Andrew explained the Integrated Care Board are reviewing the way it presents risks and that we need our own risk register and agrees that the Health and Care Plan and Lambeth Together Assurance meetings will address the risks.

RESOLVED

1. To note the presentation.

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

9 Staying Healthy – Deep Dive

Bimpe Oki, Jessica Engen, Vida Cunningham and Marcia Dillon updated the Board on the Staying Healthy Programme.

Cllr Marcia Cameron explained that we have an aging population in Lambeth and the paper today is about the first steps we are taking towards shaping an Age Friendly Borough to allow residents to live independent and healthier lives. Cllr Cameron explained that the paper had been presented at Cabinet and the Lambeth Health and Wellbeing Board, to focus on preventative measures and improving health outcomes for the older population.

Jessica Engen, Vida Cunningham, and Marcia Dillon went through the presentation with the Board and were joined by a resident from Lambeth who runs the Silverfit charity.

Silverfit is a charity where the average age is between 69-70 and at least 400 people come every week to a session where they complete an activity and have coffee. Silverfit would like to increase activities further in Lambeth and are keen to link internally for opportunities to work together. Maintaining the social link is very important and is what keeps people coming.

Cllr Dickson thanked presenters for presenting.

The following discussion was had:

- Sue Gallagher expressed the presentation was wonderful and explained she is interested in the fact that dementia wasn't mentioned in the survey. Sue worried about people in their 60s fearing dementia and asked what would happen if someone was living alone and how they would cope with it. Sue asked if there was a reason it wasn't mentioned? Jessica explained that Dementia Friendly is important to those working within the Age Friendly team and the team are looking to produce a health profile to look at data around the indicators that impact upon older people, with dementia being one of those. Although dementia is not mentioned within 1 of the 8 domains, there will be a steering group with multi-stakeholders involved. The team will want to work closely to see how we can support various groups in terms of dementia and the considerations we want to make. Part of the engagement work we will carry out will include a survey so we will include questions around support dementia. Cllr Cameron added that the team are working closely with Age UK and there is a dementia club at Knightsfield Group, with all different types of brain exercises on their website to complete.
- Sarah Corlett wanted to refer to the population change and was wondering, looking at the population of elderly residents who either privately rent or own their properties, if there was anything people wanted to do about the very large elderly population using health services – do we want to intervene and what about young people as well? Dr Mitra mentioned we have Dementia Friendly, Child Friendly and Age Friendly Lambeth.
- Mairead Healy expressed it was fantastic to hear about the residents' experiences and noted it was important to hear from residents. Mairead explained Age Friendly Lambeth is far ahead in terms of other areas and are really trying to take the holistic approach across all areas of the council. Regarding the eight domains, some will have an evidential based link but others, like design spaces or council house repairs, won't naturally link to health but will impact on health and Mairead was curious to hear about the measurement of that huge impact on housing and wondered if we need to do an analysis to think about how we may respond to this issue.
- Andrew Eyres mentioned that Lambeth is an aging population and the number of people around to support the population is decreasing. He explained we present these services as though they are nice things to do, when they are imperative. The system will grind to a halt so we need to invest in these services – if we don't act now, we will be in a reactive place. We need to do an analysis to think about how to respond to elderly services and the impact on housing.
- Sue Gallagher agreed and wanted to link points from a previous meeting – the Neighbourhood and Wellbeing Delivery Alliance reported on the Loneliness Project, which was devastating to see who were the loneliest in the borough – men were, mainly. Sue wondered if we could link information from that project to Silverfit and other free services to enable us to make the links.
- Jessica explained the domains around environment and social environment do not directly link to health, even though we know they are part of building good health. In terms of how we measure, stage 3 of the programme is about developing the Aging Well Strategy and within that, we will have an action plan and indicators to attach to the performance to understand how we can support the progress.
- Dr Raj Mitra asks what the action from this is. Andrew Eyres explains we need to make a business case and Cllr Dickson agrees we must come back on this point. Jessica explained there is a steering group mapping to understand what is already going on in the borough and bringing partners together so that we can build something together.
- Cllr Cameron mentioned the Befriending service Age UK have has a one year waiting list, so we need to build more capacity into this. Raks Patel mentioned Silverline – a charity run by Esther Rantzen, where the elderly can call for a chat. Sue mentioned she had tried to become a Befriender three times, which proved difficult as she didn't have a response. Raks explained there are a lot of checks in place which may take time to process. Dr Mitra asked what happened to the volunteers we had during the pandemic. Cllr Dickson explained we have Team Lambeth, approximately 1,500 people are signed up to it and encouraged everyone to join to see what voluntary opportunities are out there. Cllr Dickson mentioned Befriending could be a good role.
- Dr George Verghese explained he gets the impression that the Council are pro anti-social isolation, and he believes those who are isolated are the highest service users in general practice – is there a way we can link the various activities and groups to those most lonely in

the borough? We had an update at the Executive Group meeting from Child Friendly Lambeth and their theme is safety – loneliness and safety keep coming through. Connection to community is an essential core problem to solve and that is the principle we should be working towards.

- Jessica explained that along with Child Friendly Lambeth, the team are making links to help with generational activities and expresses this is a real benefit for approaching the problems mentioned.
- Paran Govender mentioned that she had been reflecting on the presentation and discussion and explained the picture she often has of older people is that they are frail so if Guys and St Thomas's was asked to organise something for the elderly, they would organise something different to a physical activity based on that perception. Paran wondered how we could become part of the solution and mentioned we should focus on staff education, for example, what is your picture of elderly people. It is also down to timing, you can offer services to people but until they need help, they will not reach out to these services so there is something about collaboration with people who first present issues to us as organisations and when is the right time to mention a service, such as Active Lambeth.
- Cllr Dickson wanted to give a shoutout to Public Health in the run up to Active Lambeth returning to leisure active concessions and people's ability to use gyms and pools at submarket cost, for example, under 11's being free. It's a great start and people suggested we link health with leisure and this just shows how much potential there is. Thanks so much to the team who presented.

Action: Age Friendly Lambeth programme to bring back discussions on the needs of older people in Lambeth.

RESOLVED

1. To note the presentation.

To view the presentation accompanying this item, refer to pages 65 to 98 of the agenda pack.

10 Questions from public attendees

None

11 AOB

Cllr Dickson reminded Board members that on the 27th April, there is a plain English virtual session for Board members running from 12:30pm to 2:30pm.

Cllr Dickson noted this was the last meeting in public occurring on Wednesdays and as of May, Public Board meetings are moving to Thursdays. However, the next Board Seminar in April is on Wednesday and Seminars will move to Thursdays from June.

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as 18 May 2023.

Cllr Dickson thanked everyone for attending and for the brilliant discussions.

The meeting ended at 16:30.

CHAIR
LAMBETH TOGETHER CARE PARTNERSHIP BOARD
Wednesday 08 March 2023



Lambeth Together Care Partnership Board

Title	Lambeth Together Place Executive Lead Update
Meeting Date	18 th May 2023
Author	Andrew Eyres – Strategic Director, Integrated Health and Care
Lead	Andrew Eyres – Strategic Director, Integrated Health and Care

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Note an update on key developments since the formal Lambeth Together Care Partnership (LTCP) Board meeting in public on 8th March 2023.

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

N/A. Individual items addressed at various fora.

Summary and Impact on Inequalities

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

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Lambeth Together Care Partnership

Place Executive Lead Report

18th May 2023

Andrew Eyres; Strategic Director, Integrated Health, and Care

Our Governance and Leadership



As the first of our scheduled visits to Lambeth Together partners, Cllr Dickson, Dr Di Aitken, and I had the opportunity to visit the GP Federation at the end of March where we met with the Federation leadership to discuss our working within Lambeth Together and how we can best promote the Lambeth Health and Wellbeing Strategy. Over the coming months, we will also be taking the time to visit other partners within the Lambeth Together partnership to discuss our shared priorities within their organisations and I will

keep you posted on how they progress.

You will recall that we said goodbye to Dr Adrian McLachlan at the end of March following his retirement. I am very pleased to welcome Dr Nozomi Akanuma who has now taken on the Living Well Network Alliance role and as a Lambeth Together Care Partnership Board Member. Dr Akanuma is a Consultant Psychiatrist and Associate Medical Director for the Lambeth Operations Directorate within the South London & Maudsley NHS Foundation Trust and has worked within the Living Well Network Alliance.

I was delighted to attend the second forum of the Lambeth Clinical and Care Professional Network in April. We heard about the excellent work underway in three areas by the respective leads – Dr Justin Hayes on Personalised Care, including End of Life Care, Mark Adams on Cancer and Rachael Kilner on Children and Young People. Director of Primary Care and Transformation, Oge Chesa, also provided an update on the work on Primary Care led by Divanka Wijendra and the links of the Network into primary care. Forum Members also discussed the South East London Integrated Care Board (SEL ICB) Quality Alert process presented by the Senior Quality Lead. Clinical and Care Professional Lead contracts have been extended for a further year and I am really impressed by the wide range of work being undertaken by our clinical leads and the pragmatic and practical ways in which they are building their networks within the borough and across South East London. The latest Who's Who of our Clinical leads is kept up to date on the [Lambeth Together website](#).

The Lambeth Together Care Partnership Board Members have been introduced to colleagues from the *Together Care Partnership*, who we have appointed to provide organisational development support to the Lambeth Together leadership group through a twelve-month programme. The goal is to empower, enable and develop the skills of our Lambeth system leaders to collectively embody the behaviours and deliver the vision, values, and strategic objectives of the Lambeth Together Care Partnership to facilitate us to work together effectively as a system to improve the health and wellbeing of our population. We look forward to working with Together Care Partnership over the next year.

Our Strategy Development

This month we have finalised the development of our Lambeth Together Strategic Health and Care Plan, *Our Health, Our Lambeth*, which sets out what we, as the Lambeth health and care system aim to achieve over the next five years, contributing to the delivery of the Lambeth Health and Wellbeing Strategy. As a Board, we have ensured our plan is ambitious but realistic in our aims for our communities, clear where we need to do things differently and with a strong focus on tackling inequalities.

Our Plan has been built upon the breadth of insights and experiences shared by Lambeth residents, groups, partners and services and aligns with the recently published Lambeth Borough Plan and South East London Integrated Care System's Priorities and Joint Forward View Plan. I am looking forward to launching *Our Health, Our Lambeth* to the public at our May Board meeting. We will be reviewing our Plan on an annual basis, and we remain committed to ongoing engagement with local people in further developing actions under each programme and in monitoring its delivery.

System Pressures and Industrial Action

Our urgent and emergency care system has been under pressure, with pressures felt across all areas of our service provision, including primary care, mental health, and acute care emergency departments. Seasonal pressures, plus industrial action on a system already under strain in terms of demand, have resulted in challenges in securing flow and meeting access targets across the urgent and emergency care pathway. However, improving urgent and emergency care represents a key current and onward priority for our system. As we look forward to 2023/24, we will need to challenge ourselves to ensure that we are targeting our actions to ensure impact and that we are systematically testing and evaluating initiatives that we have put in place so that we can ensure that the resources available to us are used to maximise demonstrable and sustainable improvement.

We have experienced a further periods of unprecedented strike action, with strike action being taken in January 2023, plus British Medical Association (BMA) junior doctors strikes in March and April. As a system, we have retained the system planning and management arrangements put in place for previous industrial action. Wider system support was also put in place with additional out of hospital capacity provided where possible and with a real push on expediting discharge and supporting the flow of patients through hospital settings.

Our Delivery Alliances

Children and Young People Delivery Alliance (CYP) – Our Family Hub Start for Life Programme proposals are going through governance processes during May 2023. Our Emotional Health and Wellbeing Alliance Group is well-established and in May the Council's Children's Scrutiny Committee is discussing CAMHS provision, providing an excellent opportunity for an in-depth discussion of this important issue. Our Children's Brokerage and Specialist Placements service is now fully implemented, with work ongoing to embed our new systems and procedures, alongside a significant programme of recruitment.

Living Well Network Delivery Alliance (LWNA) – We were delighted to receive an HSJ partnership award for their pioneering CAPSA (Culturally Appropriate Peer Support and Advocacy) service, developed with Black Thrive and co-produced with people from Lambeth's Black communities with lived experience. We've been sharing our learning by running a workshop at a provider conference in central London and presenting to ADASS (Association of Directors of Adult Social Services) Spring Conference. We continue to manage high demand and various spells of industrial action whilst starting to collect content for our latest annual Progress Report.

Neighbourhood and Wellbeing Delivery Alliance (NWDA) – The North Lambeth Primary Care Network held a successful Well-Being for Life event for Chronic Pain patients on 31st March, despite bad weather. The interactive event focused on introducing patients to new pain management strategies and encouraging them to share their own. A GP, Consultant Physiotherapist, and yoga teacher provided information and demonstrated evidence-based methods for managing pain.



The newly formed Leadership Board are continuing to develop the three Alliance priority areas (prevention, urgent and emergency care, and complex care), in line with *Our Health, Our Lambeth*, which has included the initiation of our hypertension workstream and agreement to undertake patient engagement research to better understand experience of the hypertension pathway amongst communities with unmet need.

Development of Our Carers Strategy

You may recall that last year commissioners from the Adult's and Children's Integrated Commissioning Teams worked with local partner, Carers Hub Lambeth, to host a series of successful engagement opportunities. Following this commissioners and the Carers Hub have been collating feedback, collected through surveys, consultation events and 1-1 groups. This feedback is now being reviewed and analysed in partnership with the Carers Collaborative Strategy Group to develop a set of draft ambitions and actions for the new strategy. These ambitions will underpin Lambeth's important work to support unpaid carers in the borough and ensure that all parts of the system are responding effectively to the needs of Lambeth's carers. In May, the teams will be socialising the draft ambitions with Council and NHS teams, unpaid carers, the voluntary sector, and the wider community. The refreshed Carers Strategy is due to launch in Summer 2023.

Celebrating Social Prescribing Day

At the beginning of March, we celebrated Social Prescribing Day in Lambeth, which is a day to celebrate the important role of link workers and organisations that support health and wellbeing. It is a day to highlight social prescribing, how it works, and how it changes lives. Social prescribing is a way to help people with social issues that impact their health, such as stress, loneliness, or financial problems. Having social prescribers available in GP practices in Lambeth has supported primary care teams to manage patient care most effectively.

On 2nd March, a social prescribing community Health and Wellbeing event took place at Gracefield Gardens Health and Social Centre in Streatham. Thriving Lambeth, in partnership with Streatham AT Medics Primary Care Network (PCN), Streatham PCN, and Streatham Youth Community Trust, encouraged patients and residents to access support from local organisations to benefit their health and wellbeing.

Equality, Diversity, and Inclusion Group (EDI)

Our EDI group has been working with commissioners from Lambeth Council to discuss Lambeth's All Age Autism Strategy, as well as developing a new Health Inequalities Dashboard with our Business Intelligence Service that meets all our requirements to help reduce health inequalities in Lambeth.

Our partners at King's College Hospital have launched their new health inequalities strategy and the Primary Care Network Equality Programme (funded via the South East London Health Inequalities funding for 2022 – 2024) has made great progress recruiting Equity Champions for each Primary Care Network.

We have started a programme of work with our care providers to improve and enhance the support they can provide to our LGBTQ+ Lambeth residents. As a borough, we have one of the largest LGBTQ+ communities in the country and we want to ensure everyone continues to find Lambeth a place that respects and appreciates their particular needs as they grow older. Working in partnership with some leading LGBTQ+ champions, particularly Opening Doors, we are planning training sessions with care home providers in the first instance but are also looking to work with our biggest care home group that delivers all our block older people placements, to achieve formal accreditation.

We have received positive feedback from the South East London Integrated Care Board on our mid-project evaluation of our Health Inequalities Projects, with our projects referred to as "excellent and inspiring" and we look forward to presenting the programme to the South East London Population Health & Equity Advisory Group in the coming months.

Visit to Lambeth by Caroline Clarke,

Lambeth welcomed the opportunity to host Caroline Clarke as part of her visit to the South East London Integrated Care System on 21st March. Caroline visited the North Living Well Centre in Brixton, meeting colleagues from the Living Well Network Alliance and Lambeth Together. The Centre is one of three community bases for Lambeth adult mental health services. We were able to discuss the ingredients for successful Place-based partnership working and how, through more integrated care, we can improve the service offer to our residents. Caroline was complementary about what she saw and heard at the Centre and of the Lambeth Together approach as a whole – she "really enjoyed meeting the team, a great group of people, with such positivity."

Future Lambeth Together Care Partnership Board Meetings

As a final reminder, I would like to mention that as of our May Board meeting, all Board meetings will now be held on Thursdays, and we will continue to alternate between in-person and virtual meetings. The next Lambeth Together Care Partnership Board meeting (in public) will be held on Thursday 20th July from 2-5pm in person and the venue will be confirmed nearer the time. This will, as usual, be preceded by the Public Forum, open to all from 1-2pm.



Lambeth Together Care Partnership Board

Title	<i>Our Health, Our Lambeth</i> – Lambeth Together health and care plan 2023-28
Meeting Date	18 th May 2023
Author	Sophie Taylor, Lambeth Together Programme Lead
Lead	Andrew Eyres – Strategic Director, Integrated Health and Care

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Agree the final copy of the Lambeth Together Care Partnership delivery plan – known as *Our Health, Our Lambeth* – Lambeth Together health and care plan 2023-28.

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

Lambeth Together Executive Group
 Lambeth Together Equality, Diversity and Inclusion Sub-group
 Lambeth Together Delivery Alliances and Programmes
 Lambeth Together Care Partnership Board

Summary and Impact on Inequalities

Our Health, Our Lambeth is the plan that we will use to steer our work as a local care partnership, over the next five years, setting out how the health and care system in Lambeth (Lambeth Together) will deliver against the principles and priorities set in out in the Lambeth Health and Wellbeing Strategy. The plan is aligned to the South East London Integrated Care System's Strategic Priorities and Joint Forward View Plan (JFVP) and the Lambeth Borough Plan.

The plan sets out our aspirations for the borough, our residents and patients and those who care for them; what we want to happen, change or improve (our outcomes); the principles of how we will work; what we need to deliver the plan; how we will know if we are making a difference. The plan will be delivered through our Delivery Alliances and Programmes – who work to populations – and will be reviewed annually.

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OUR HEALTH, OUR LAMBETH

Lambeth Together health
and care plan 2023-28



Foreword

This is Our Health, Our Lambeth. As Lambeth Together’s health and care plan, it sets out how health and care services in Lambeth will work together, and with residents and communities, to improve health and wellbeing outcomes for people of all ages and from all our communities, over the next five years.

We recognise that we are not an equal borough. We have faced exceptionally challenging times in recent years - significant cuts to public services, Brexit, the Covid-19 pandemic, and the ongoing cost of living crisis. The impacts are not felt equally, and poverty, racism and inequality have worsened health outcomes for many in our community. Together, we must rise to these challenges and be bold in our actions to overcome them – not be afraid to do things differently to support our residents, patients, partners, carers and staff.

We can do better by working together in partnership to transform how we support our patients, carers, and residents. Through Lambeth Together, and our innovative Delivery Alliances, we will work to improve health and care outcomes by building on our already strong relationships, developing programmes of work to address all health and care activity in Lambeth, and prioritising fairness and equity in all we do.

Our focus as a health and care system will be on tackling unfair and avoidable differences in health between different groups of people. To do this, we must support people to lead healthier lives. We must do more to prevent ill health, and provide support earlier if people become unwell. People must have access to a positive experience of health and care services that they trust and that meet their needs.

We are committed to improving the lives of every Lambeth resident, without leaving anyone behind. The key to this will be supporting a range of positive and action-focused approaches that seek to remove unfair and avoidable differences experienced by people with characteristics protected by the Equality Act. In Lambeth, this includes taking an anti-racist approach to build our communities’ trust and confidence in our services.

Our plan responds to the priorities, developed by residents and communities, set out in the [Lambeth Health and Wellbeing Strategy](#) and the [Lambeth](#)

Lambeth Together Care Partnership Board Co-chairs



Cllr Jim Dickson

Cabinet Member for Healthier Communities, Lambeth Council



Dr Dianne Aitken

Lambeth GP

[Borough Plan](#), and is aligned with the South East London Integrated Care System’s Strategic Priorities. We have developed our plan from the intelligence presented in the Lambeth Health and Wellbeing Strategy, the learned experience of our partners and the lived experience of residents from across our diverse communities. We have set out the changes we want to make, what we need to do to achieve them and what help we need, over the next five years. Our plan is ambitious. We also recognise that we will need to learn from our experiences and adapt to changing circumstances as we go, using research and evidence to continue to understand and act on the causes of health inequity in Lambeth.



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About this document

Title: Our Health, Our Lambeth - Lambeth Together health and care plan 2023-28

Purpose: To set out how health and care services in Lambeth will work together to improve health and wellbeing outcomes over the next five years

Approved by: Lambeth Together Care Partnership Board

Date: 18 May 2023



Lambeth Together

Lambeth Together is a partnership of the voluntary and community sector, the NHS, Lambeth Council, and others, focused on improving health and wellbeing and reducing inequalities for people in Lambeth through an integrated health and care system.

Our partnership was established in 2017 to improve ways of working across our organisations and with our communities to meet health and care needs across our borough and to plan and coordinate services focused on our local population. In the summer of 2022, we formally became part of the South East London Integrated Care System (ICS), which has been formed in response to the Government's Health and Social Care Act 2022. This was an important milestone in our evolution as a partnership, as we continue to work together to plan and manage the services for which we are responsible.

Working together, we coordinate care across our borough to remove unhelpful divides between hospital and community-based services, physical and mental health, and health and social care. Making services more joined-up, easier to access and better suited to people's needs will help people get the right care and support in the right place, as early as possible and help our population achieve better health in the decades to come.

Why Lambeth Together?

In the past, divisions between hospitals and family doctors, between physical and mental health and between NHS and Council services have meant that too many people experience disjointed care. By joining together locally, we can better support people's health and wellbeing and their experience of care.

Integrating care also makes sense for services that are facing growing pressures. We are all living longer, so people are more likely to need help for illness, or several illnesses, over their lifetime. Lambeth also has a growing population, so it's likely that more people will need to use health services in future.

Helping people with their own health and wellbeing, so they stay well for longer, is better for everyone. Ensuring people have easy access to care when they need it, benefits patients, staff and carers. Having teams that work together across organisations to understand what matters most to people also transforms our staff's experience, enabling them to focus on each individual in a unique way.



Lambeth Together – who we are

There are many different organisations involved. These include:

- community voices, like Healthwatch Lambeth, Black Thrive Lambeth and Patient and Public Voice Members of our Board
- voluntary and community services such as Age UK Lambeth, Thames Reach and Certitude
- and public bodies like Lambeth Council, NHS South East London Integrated Care Board, South London and Maudsley NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust, and Lambeth GP practices.

You can read more about our [partners](#) and our [leadership, including our Board members, here](#).

As we come from a diverse range of organisations, with different systems and workplace cultures, we recognise it's important to work in a similar way as much as possible. We've developed a vision and a commitment to working together, which includes behaviours that we call the 'Lambeth Together Way'. To find out more about our commitment to working together, [read or watch a video of our pledge](#).

We have prioritised eight population groups and health issues where we will work together to improve health and wellbeing and the way that we plan and manage services. We call these our '[Delivery Alliances](#)' and our Programmes.



Lambeth Together Delivery Alliances and Programmes focus on population groups and health issues where we will work together to improve health and wellbeing. They are responsible for bringing together our partners and people with lived experience to plan and manage initiatives that will join-up services, improve outcomes and address inequalities.

Children and Young People Delivery Alliance

Supporting children and young people in Lambeth to grow up healthy and happy.



Staying Healthy Programme

Promoting the health of the Lambeth population and supporting communities to maintain good health and wellbeing.

Homeless Health Programme

Improving health outcomes for people who are homeless or at risk of becoming homeless, (including rough sleepers and refugees).

Neighbourhood and Wellbeing Delivery Alliance

Improving the health and wellbeing of adults by working together in local neighbourhoods.



Living Well Network Delivery Alliance

Supporting adults in Lambeth who are experiencing mental illness or distress.



Learning Disabilities and Autism Programme

Improving outcomes and support for people who are autistic or have a learning disability.

Sexual Health Programme

Improving people's sexual and reproductive health and enabling people with HIV to live and age well, across Lambeth, Southwark and Lewisham.

Substance Misuse Programme

Reducing the harms caused by substance misuse and supporting those using substances to access the right help to meet their needs.



Our Plan

Our plan sets out how health and care services in Lambeth will work together to improve health and wellbeing outcomes over the next five years.

- focuses on supporting people to lead healthy lives, improving prevention and early intervention, and making sure that people have access to and positive experiences of health and care services that they trust and meet their needs. We know that the key to this will be delivering in different ways, supported by a positive and action-focused approach to equity for all protected characteristics including taking an anti-racist approach, to build trust and confidence with our communities
- is ambitious; we know we can do better by working together to transform how we work, to deliver for our patients and residents
- supports developing our ability to become more research active and embed a culture of evidence-based decision making, led by our communities, through the Lambeth HEART programme, to use research and evidence to understand and act on the causes of health inequalities in Lambeth
- responds to the priorities developed by residents and communities as set out in the Lambeth Health and Wellbeing Strategy and the Lambeth Borough Plan and is aligned with the South East London Integrated Care System Strategic Priorities
- sets out our **aspirations** for the borough, our residents, and patients and those who care for them, including what we want to happen, change or improve (our **outcomes**), the **principles** of how we will work, **what we need to deliver the plan** and **how we will know if we are making a difference.**



This is a five year plan with an annual action plan.

This is just the start, and we intend to evaluate, learn, reflect, and refine as we go. As a partnership, we will report on our progress against our action plan at every meeting in public of the Lambeth Together Care Partnership Board (every two months). We will review our plan every year, by reflecting on our activities and impact, and asking ourselves:

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



We will have a transparent process for agreeing change and we will publish an annual review that will share our progress and plans for the coming year. We will make sure that this is accessible and easy to understand.

To achieve our outcomes, our Delivery Alliances and Programmes will work together to deliver priority actions against them. Delivery Alliances and Programmes will work together to achieve actions, which are collectively owned across our partnership and all our work will focus on those groups and communities that have the poorest health outcomes.



VITAL 5

The Vital 5 are five factors that have a major impact on health at an individual and population level. These are blood pressure, obesity, mental health, smoking status and alcohol intake.

We know that focusing on prevention and early detection in these five areas is an effective way of improving outcomes for our population. Our plan has included the Vital 5 throughout as

we know that identifying, recording, and sharing the Vital 5 data between all health partners and our patients, and acting on the results across our population, would make the biggest difference to people's health and to the sustainability of health and social care.

(Credit King's Health Partners <https://www.kingshealthpartners.org/our-work/value/vital-5>)



1
Blood pressure



2
Obesity



3
Mental health



4
Smoking status



5
Alcohol intake

THE SEVEN

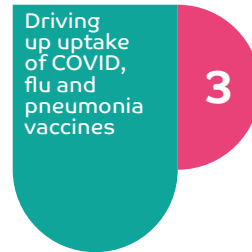
NHS England has set out five clinical areas that need rapid improvement, in order to tackle health inequalities. These are:



1
Continuity of midwifery care for women from Black, Asian and minority ethnic communities and from the most deprived groups



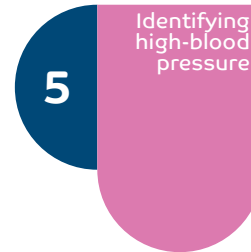
2
Ensuring annual health checks for 60% of those living with severe mental illness



3
Driving up uptake of COVID, flu and pneumonia vaccines



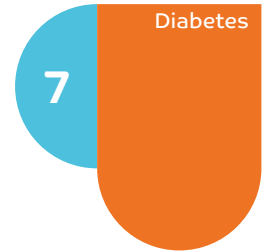
4
Early cancer diagnosis



5
Identifying high-blood pressure



6
Chronic Pain



7
Diabetes

In Lambeth, we have identified two further clinical areas that need rapid improvement in order to tackle health inequalities, based on our local population. These are:

Our aspirations and outcomes

The priorities that we aim to achieve over the next five years are outlined in our Health and Wellbeing Strategy 2023-28; ensuring the best start in life, supporting people to lead healthy lives and have good physical and mental wellbeing and supporting communities to flourish and build their resilience. Lambeth Together has committed to contribute to delivering on these priorities and Our Health, Our Lambeth sets out how we will do that.

Aspiration:

People lead healthy lives and have good physical and emotional health and wellbeing for as long as possible

Outcomes:

- People maintain positive **behaviours** that keep them healthy
- People are connected to **communities** that enable them to maintain good health
- People are **immunised** against vaccine preventable diseases
- People have **healthy mental and emotional wellbeing**
- People have healthy and fulfilling **sexual relationships** and good reproductive health



Aspiration:

Physical and mental health conditions are detected early and people are supported and empowered to manage these conditions and avoid complications

Outcomes:

- People receive **early diagnosis and support** for physical health conditions
- People who have developed **long term health conditions** have help to manage their condition and prevent complications
- When **emotional and mental health issues** are identified, the right help, support and diagnosis is offered early and in a timely way



Aspiration:

People have access to and positive experiences of health and care services that they trust and meet their needs

Outcomes:

- People have access to joined-up and holistic health and care delivered in their **neighbourhoods**
- People know where to go to get the **right help**, and are treated at the **right time**, in the **right place**, for their needs
- **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
- Women have positive experiences of maternal healthcare and there are no disproportionate **maternal mortality rates** among women
- People with **learning disabilities and/or autism** achieve equal life chances, live as independently as possible and have the right support from health and care services
- People using **mental health** support services can **recover and stay well**, with the right support, and can participate on equal terms in daily life
- People who are **homeless**, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health



What will help us deliver our Plan

In developing our plan, we have reflected on and agreed the ways we need to work and what our staff, Partners and residents need, to help us meet our outcomes.

Our principles:

To deliver these outcomes, we need to operate differently. By working together and reflecting on our ongoing engagement with patients and service users, we have developed a set of principles which will guide our work in delivering this plan.

Without these principles being brought to life, it is unlikely we will be able to fulfil the ambition we have outlined. We will pay attention not only to what we want to achieve, but also to what we do and how we change to genuinely live these principles.

We commit to:

- a positive and action orientated approach to equity for all protected characteristics including taking an anti-racist approach, seeking to build trust and confidence with our communities
- an asset-based approach, building and amplifying what is already in the community, starting with the assumption of strengths and trust in Lambeth's communities

- a determined and dynamic approach to integration, which understands that no one organisation has the answers to these complex issues we are attempting to tackle, and that collaboration is essential
- an approach which enables and supports the concept of 'health and wellbeing in all policies', building on what has been achieved since 2016
- undertaking open and participative research, where local people are involved in collecting data and building evidence to inform our decisions.

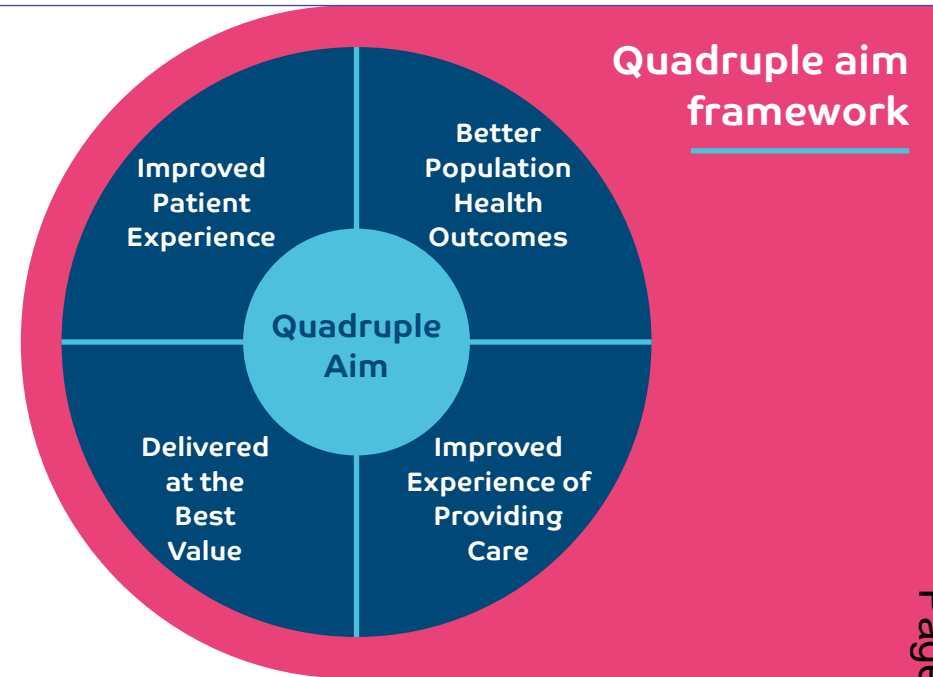


Our ways of working

- Measure and understand the experience of people accessing our services and use this information to reduce inequalities.
- Commit to and embed equality, diversity and inclusion across all levels of our system with a focus on reducing health inequalities throughout all our work.
- Work together as an effective, well-governed, and transparent Local Care Partnership within an Integrated Care System and in collaboration with other Local Care Partnerships.
- Deliver through our Delivery Alliances and Programmes, with strategic oversight, effective assurance and risk management functions.
- Maintain a whole system approach to providing health and care by focusing on our quadruple aims: improved patient experience; better population health outcomes; improved experience of providing care; and care delivered at best value.

Our workforce

- Support our workforce and their wellbeing, including developing and retaining our staff, and supporting fair pay for care staff as part of Lambeth's Ethical Care Charter.
- Have a workforce that, at all levels, can relate to people's lived experience, is representative of and supports our diverse and intersectional communities.
- Have a workforce that has capacity, is trusted and supported so communities receive a consistent and reliable service.
- Enable our workforce to work together, across organisational boundaries, in an integrated way, including through our Clinical and Care Professional Network.



Digital

- Make sure residents have access to digitally enabled care across health and care settings that are easily accessed, consistent and ensures the right service for their needs.
- Make sure those residents who do not wish to use digital tools and/or are digitally excluded, can still access health and care services at the same level and standard.
- Work with partners across South East London Integrated Care System and beyond to enable sharing of information to support planning and care delivery.

Our communities

- Communicate and engage with our patients and residents using a range of methods, ensuring information is accessible and easy to understand, and listen to patients, residents and community voices, ensuring those voices actively influence improvement.
- Work collaboratively to reduce health inequalities and support healthy neighbourhoods, recognising and supporting our assets in the community including residents, carers, grassroots organisations, volunteers, voluntary and community sector (VCS) organisations and community groups.
- Have 'anchor institutions' that serve the wellbeing of our population by strategically and intentionally managing their resources to help address local social, economic, and environmental priorities to reduce health inequalities.

Buildings

- Encourage all health and care partners to work together in the same buildings to transform service delivery and improve access to care, delivered from high quality premises.

Intelligence

- Develop a culture and infrastructure that prioritises data-driven decision-making and approaches to understanding the unique needs of Lambeth residents, especially those who are facing health inequalities. Our goal is to make a positive impact on specific populations within our community, such as those from different ethnic backgrounds, sexual orientations, and those living in deprived areas.
- Identify opportunities to improve services, provide proactive care, and understand the impact of what we do on our populations. This will involve improving how we collect and analyse information and learn from best practice, research, and quality reviews to continuously improve our efforts.

Finances

- Provide a stable financial environment that supports continued improvement in health and care services and outcomes for people, to ensure a robust and effective delivery of core responsibilities, by using approaches that improve productivity, efficiency and value through making the best possible use of the money we have.



Two examples of our data-driven approach are **Lambeth HEART** and **Lambeth DataNet**.

Lambeth HEART is a research and evaluation network developed by Lambeth Council's Public Health Team in collaboration with local stakeholders, including Black Thrive, King's College London, and Applied Research Collaboration South London.

Lambeth DataNet is a data resource that links anonymised information to enable us to plan and provide better health care to everyone in the area.

To learn more, visit [LINK](https://lambethtogether.net/our-ways-of-working/)
<https://lambethtogether.net/our-ways-of-working/>.



How we will know if we are making a difference

We will use a range of ways to understand the impact we are making in Lambeth.

We have collectively committed to achieving these outcomes and will monitor our progress through regularly reporting to the Lambeth Together Care Partnership Board. The Board will consider how well we are doing at meeting our outcomes and review our activity if we are not delivering as planned.

We recognise that over the course of this five year plan things will change. National health and care directives will evolve, and the amount and quality of data, intelligence and insights will improve. To be able to adapt to these changes, we are building a governance process to regularly review the measures we use to monitor success and to adjust, improve, and refine them as necessary so that they continue to be fit for purpose.

Where things are working well, we may increase our ambition and build upon the success. Where our work is not having the results we expected, we will learn from this and adjust our approach so that we get back on track.

We will ensure that the measures we use to report progress are inclusive. We will focus on reducing the unfair and avoidable differences in health between different groups of people; and by focusing on these health inequalities, we will ultimately achieve better outcomes for everyone in Lambeth.

Our reporting will also allow for detailed investigation and consideration of other relevant measures by our Delivery Alliances and Programmes about the success of their work.

Lambeth Health Determinants Research & Evaluation Network (HEART) will create local government research infrastructure which seeks to understand and act on the causes of health inequalities and improve health and wellbeing outcomes in Lambeth. Developing an open and participative research collaboration involving local people will help inform our decisions as an integrated health and care system and

bring opportunities to measure impact using integrated data and a race equity lens.

We will have a transparent process for agreeing change and we will publish an annual review that will share our progress and plans for the coming year. We will make sure that this is accessible and easy to understand.



We know that data and numbers won't tell us all the facts and that patients, carers and residents' feedback is vital. So, alongside our targets and impact measures, we have built listening routes into many parts of our system, so that we are continuously hearing and learning.

Our Public Forum supports service users, providers, and representatives to speak directly to the Board, online and in person. Our Delivery Alliances, Programmes and partners encourage and support diverse local voices to be heard through a great variety of engagement channels including reference and focus groups, local partnership events, and our Health Champions on our Health & Wellbeing Bus.

There is also Alliance-supported 'voice' activity that feeds directly to the Board such as the Youth Council and youth advisors, the Parents' Forum and Parent champions, and the Lambeth Mental Health Collaborative.

We fully recognise our statutory involvement responsibilities and seek to go further. Our formal consultations, surveys, and questionnaires are designed to ensure that our service stakeholders can influence the design and delivery of our services.

We will continue to work with a wide range of resident and patient groups including partners such as Healthwatch Lambeth, Black Thrive, Age UK Lambeth and others to provide us with qualitative insights into our performance.

By working with these groups, we will gain a deeper understanding of how our services are affecting the lives of our residents and identify areas where we can improve.



How can I get involved?

We are committed to working with communities to make sure the services we are responsible for work for the people they are created for. If you're a Lambeth resident who cares about health and care in your community and would like to shape how we work, we'd love to hear from you. Find out more about the ways you can [get involved in the work we do](#) or email us on hello@lambethtogether.net.

How we developed Our Health, Our Lambeth

Our plan has been created by our Lambeth Together partner organisations, our Delivery Alliances and Programmes, and informed by wider consultation and engagement, both in our ongoing programmes of work and during the development of [Lambeth's Health and Wellbeing Strategy](#). In developing our Health and Wellbeing Strategy, we consulted with the public, and with a range of voluntary, community, faith and social enterprise organisations, on what is important in Lambeth in regard to health and wellbeing.

Our Delivery Alliances and Programmes engage with patients and residents throughout their work and have used their understanding of the populations they serve, to inform their commitments in this Plan. As a partnership we will continue to listen to patients and residents and community voices and to work with people and communities in how we plan, deliver, and monitor the success of our work at all levels.



Appendix 1 – Activities and impact measures

Aspiration: People lead healthy lives and have good physical and emotional health and wellbeing for as long as possible

People maintain positive behaviours that keep them healthy

People and communities have access to information about and the right support around substance misuse, the impacts of smoking and alcohol use, and how to manage their weight, in ways that are accessible and meaningful to them. There is a decrease in the number of people smoking, and an increase in the number of people achieving a healthy weight and drinking less alcohol.



Programme:

Staying Healthy Programme - with contributions from: Living Well Network Alliance, Substance Misuse and Learning Disabilities and Autism Programmes.

Activity	Impact measures
<ul style="list-style-type: none"> Work with local communities, voluntary sector, Primary Care Networks (PCNs) and other partners to ensure residents have access to advice and support in community settings to stay well, which is tailored and culturally appropriate. Use a combination of 'Vital 5' and NHS Health Check approach to improve routine identification of smokers and those at greatest risk of obesity, providing brief advice and referral to the stop smoking service and to weight management support. Deliver stop smoking services and support including specialist services and community pharmacy provision and strengthen links with hospital and pharmacy stop smoking pathways. Set up a new weight management service with better links into communities that have the highest need and are likely to benefit most. Work across the Council and NHS South East London Integrated Care Board to support a holistic needs-led approach across the whole weight management care pathway to increase access to the most appropriate weight management support for residents. 	<ul style="list-style-type: none"> Increase the percentage of patients with long term conditions and recorded as current smokers, who have a record of an offer of support and treatment, within the preceding 12 months. Increase the percentage of patients with long term conditions having their body mass index (BMI) recorded, within the last 12 months. Improved appropriate referrals from primary care to the range of weight management support programmes available (NHS Digital, locally commissioned services, National Diabetes Prevention Programme). Increase the number of respondents completing DrinkCoach survey and monitor the proportion of people flagged as having a 'possible dependence'. Increase the number of substance misusing people from vulnerable and priority groups engaged by multi-disciplinary outreach team.



- Enhanced outreach and engagement, (including outreach for people with disabilities and for new parents) including targeted street outreach for: people experiencing rough sleeping and homelessness (aligned with and complementing rough sleeping grant initiatives where relevant), targeted vulnerable/priority groups including sex workers, crack and heroin users and alcohol users who are not in contact with treatment, and young people not accessing services
- Additional treatment places for people dependent on alcohol.
- Capacity to support collaboration, information sharing and joint working arrangements between drug and alcohol treatment and other key local agencies, to better understand and meet the needs of vulnerable/priority groups.
- Complete a Health Profile of Substance Misuse in Lambeth using different data sources to better understand our population, collaboratively working with partners and local communities to investigate and identify the current and future health and service needs of our population.
- Develop a comprehensive prevention programme for substance misuse.
- Improve identification of those with high risk drinking through use of the 'Vital 5' tool and implementing brief intervention and onward referral.
- Develop our outreach and early prevention initiatives such as our Assertive Outreach Team in partnership with Police and Community Safety and access to early and brief interventions on alcohol and drugs use.
- Strengthen referral pathways for risky and dependent alcohol drinkers from primary care and acute trust-embedded addiction care teams to treatment services.
- Deliver the Healthier You diabetes prevention programme, improving uptake particularly in our most deprived populations.
- Promoting uptake of the community pharmacy stop smoking and blood pressure check service, and the health and wellbeing champion in pharmacy service.



Increase the number of people accessing and engaging in structured treatment programmes.

All patients accessing inpatient support through alcohol support teams are supported into local services on discharge for follow-up support.



People are connected to communities that enable them to maintain good health

Communities are well-connected, engaged and thriving, with the environment, infrastructure, tools and support needed to have good health and wellbeing. The wider determinants of poor health that impact infant and adolescent mortality, are addressed.

Programme:

Neighbourhood and Wellbeing Delivery Alliance - with contribution from the Staying Healthy Programme and Children and Young People’s Alliance.

Activity	Impact measures
<ul style="list-style-type: none"> • Age UK Lambeth, Lambeth Training Hub and Lambeth GP practices to support recruitment and retention of social prescribing link workers. • Developing stronger links between Primary Care Networks and local communities through PCN Equity Champions, the Thriving Communities project and Health and Wellbeing Hubs. • Evaluating the impact of the Thriving Communities project. • Providing capacity building support to community and voluntary organisations to further assist their promotion of health and wellbeing and to continue to develop trust and confidence in the health and care system among our Black and diverse communities. • Using an outreach approach to providing health and wellbeing information and advice in community settings with a focus on reaching those with higher risk of poor health. • Support residents through targeted interventions to maximise their incomes, reduce costs and build financial resilience. • Engage communities through Lambeth Health Determinants Research & Evaluation Network (HEART) to develop research priorities. • Develop an evidence-based programme of work that responds to wider determinants of infant mortality, that focuses on how to bring neighbourhood resources and strengthen communities to support parents, families and their children. • Targeted support to access self-care medicines available from community pharmacies in the borough to support people affected by deprivation. • We will review cases of infant deaths and identify common wider determinants of infant mortality in Lambeth. We will use these findings to create a clear programme of work to address this, using community and neighbourhood resources. 	<p>Social prescribing connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing. We will ensure the availability of services for social prescribing and increase the number of social prescribing unique contacts.</p> <p>Lambeth Residents survey continues to measure residents’ wellbeing, use of community assets and social cohesion and shows year-on-year improvement.</p> <p>Impact of the rising cost of living on Lambeth’s low-income residents is reduced. Measured by an improvement in the financial resilience of our low-income residents as an indication of the support provided (increase in % of low-income residents coping financially).</p> <p>Proportion of people with long term physical or mental health conditions who are economically inactive will reduce.</p>





People are immunised against vaccine preventable diseases

Uptake of childhood immunisations increases and uptake of Covid-19, flu and pneumonia vaccines increase for eligible adults.

Programme:

Staying Healthy Programme and Children and Young People’s Alliance - with contributions from: Neighbourhood and Wellbeing Delivery Alliance.

Activity	Impact measures
<ul style="list-style-type: none"> • Complete a Joint Strategic Needs Assessment Health Profile of Childhood Immunisations in Lambeth using different data sources to better understand our population, collaboratively working with partners and local communities to investigate and identify the current and future health and service needs of our population. • Review local incentivisation schemes for General Practices (GPs) and explore how they are routinely inviting residents for vaccinations, with the aim to improve vaccination uptake in specific cohorts (such as high-risk groups, over 65s, and children), focusing on those who have previously not responded or declined a vaccination appointment. • Work with Primary Care Networks to improve invitation and reminder arrangements and consider alternative delivery sites to improve access for childhood immunisations and seasonal vaccination programmes with a focus on people aged over 65 and those with long term conditions. • Acute settings within hospital trusts to routinely enquire about seasonal vaccinations when patients in high-risk cohorts attend sites, and co-administer vaccinations where possible. • Health Visitors to continue to actively check immunisation status of newborns’ and infants during routine health reviews and refer parents to GPs for vaccination where required. • Professionals working with children and families, such as those within nurseries, children centres, schools and children’s social care to be familiar with the UK Universal Immunisation Schedule and promote vaccination to parents, encouraging them to check with their GPs when unsure about children’s immunisation history. • Midwifery teams to promote the UK vaccination programme at antenatal appointments with expectant mothers to increase awareness of the programme and encourage uptake when baby is born. • Schools to continue to support promotion of school-age vaccination programmes by working in partnership with the school-aged immunisation provider to ensure timely sharing of class lists. 	<p>By age two, 90% of Lambeth children will have received all primary immunisations and one dose of MMR.</p> <p>Of those children who have missed an immunisation (non-responders), follow up by healthcare providers will increase uptake by a further 50%.</p> <p>100% of school-age vaccination consent forms returned to the vaccination provider.</p> <p>Increase the number of Lambeth registered population who are over the age of 65 receiving immunisation for flu.</p>



- Schools to be encouraged to identify vaccination champions to support school-based vaccination programmes - champions can include safeguarding leads, teachers and school nurses and should include supporting the return of consent forms with parents (particularly those who have not responded).
- Redesign delivery of the childhood vaccination programme, and consider Making Every Contact Count, to pilot new and innovative ways to ensure equitable access and achieve a high-quality vaccination programme.
- Out of hours and weekend provision is available across the borough for vaccination appointments.
- Co-administration of Covid-19 and flu is normal practice for those over 65 and with multiple long term conditions.
- Immunisation records of families with under 5-year-olds are routinely checked by health visitors, with referrals made to GPs as required.
- Vaccinations are opportunistically discussed with all families of children who have missing immunisations.



People have healthy mental and emotional wellbeing

Lambeth’s communities co-produce and co-deliver better and faster support for people to improve and maintain their emotional wellbeing. Our support is targeted at those individuals and communities most in need and is based on feedback from people about what works best. Children and young people can access Community Child and Adolescent Mental Health Service (CAMHS) support in a timely manner and more children and young people are able to use a wider range of emotional health and wellbeing provision. Children and young people report improved emotional health and wellbeing following contact with commissioned provision.



Programme:

Living Well Network Alliance and Children and Young People’s Alliance.

Activity

- Offer mental health awareness training and promote new Lambeth signposting tool to community and voluntary organisations particularly those that work with vulnerable communities.
- Actively promote suicide prevention training to reach groups identified in the Lambeth Suicide Prevention Strategy as being at greater risk.
- Working as part of South London Listens, increase the number of Wellbeing Hubs and Community Mental Health Champions.
- South London and Maudsley Hospital (SLaM) mental health promotion team to develop and implement more needs-led mental health promotion initiatives.
- Living Well Network Alliance to develop service user representation in decision-making groups.
- Develop and expand Living Well Network Alliance’s Culturally Appropriate Peer Support and Advocacy Service (CAPSA) - this service employs people from Lambeth’s Black communities with lived experience of mental health issues to work with and advocate (speak up) for those we support. They work and train with staff in our Living Well Centres and other Alliance teams to improve our support for people from Black communities. Improving our cultural awareness also helps to improve our support to all those from minority communities.
- Undertake regular outreach sessions at community events within Lambeth to promote the Lambeth Talking Therapies service, audit service user experience to feedback into service development and the pilot model of culturally appropriate group therapy with Black Thrive.

Impact measures

Lambeth’s communities can co-deliver support for people to improve and maintain their emotional wellbeing.

Increase in the number of community organisations and volunteers undertaking mental health awareness and suicide prevention training.

25% of those that need the Lambeth Talking Therapies service (called access rate) should be able to access the service, 75% of people referred should start treatment within 6 weeks and at least 50% of people who complete treatment should recover, in line with national targets.

Children and young people that access emotional wellbeing support, report being more emotionally healthy because of that support. To do this we will standardise our approach to measuring outcomes from our full range of providers, allowing us to set a target for our ambition.



- Review Joint Strategic Needs Assessment Health Profile of Mental Health in Lambeth using different data sources to better understand our population, collaboratively working with partners and local communities to investigate and identify the current and future health and service needs of our population.
- Living Well Network Alliance to develop, refresh and embed engagement with those we support and their carers, including increased co-production and regular feedback from service users on their experience.
- Roll out Dialog tool during 23-24, including training and support to staff, to ensure a robust and consistent process to capture treatment satisfaction and feedback.
- Implement changes as part of the Patient and Carer Race Equality Framework (PCREF) programme to improve the access, experience and outcomes of the people we support from our Black, LGBTQ+ and other minority communities - the South London and Maudsley NHS Trust, a core member of the Living Well Network Alliance, is one of four national pilots for PCREF which aims to eliminate differences in access, experience and outcomes in mental health for those from Black and Minority Ethnic communities.
- In line with the Children and Young People's Mental Health and [Emotional Wellbeing Plan](#), design and deliver a multi-agency [Single Point of Access \(SPA\)](#) to mental health support, drawing together a range of services seeking to support children and young people and their families.
- Offer varied emotional wellbeing provision for children and young people that is a cohesive and joined-up offer, that is well-communicated and enables improved access - develop a standardised approach to measuring outcomes across providers.
- As part of the Suicide Prevention Action Plan and feeding into the Autism strategy work with mental health services to improve the experience of people with autism - relevant recommendations from the evidence review on autism and suicide are considered and adopted.
- Work collectively to improve experiences and recovery outcomes for black service users and carers through access to the right culturally appropriate care and support that meets people's needs.
- Ensure that early access to emotional and psychological support for people experiencing mental distress can prevent a more severe mental health crisis and help people stay in their homes and work, which has positive benefits for them, their families and wider community.



People have healthy and fulfilling sexual relationships and good reproductive health

People have informed access to contraception, high quality Sexually Transmitted Infections (STI) treatment and testing and there is zero HIV-related stigma and zero HIV transmissions.

Programme:

Sexual Health Programme.

Activity

Sexually Transmitted Infections

- Open access Sexually Transmitted Infections clinical services will have a refreshed service offer.
- Work with the London Sexual Health Programme to plan for the future of the London e-service.
- Increase accuracy of partner notification and reporting.
- Increase and improve outreach and education to underserved groups.
- Work with pharmacies to consolidate a sexual and reproductive health service offer.
- Promote condom distribution services and benefits of condom use.

Abortion and reproductive health services

- Work with the NHS and providers to refresh the service offer.
- Analyse what our services are delivering and who is accessing them.
- Monitor contraception access at separate clinical, online, GP and other service providers.
- Pilot models of Long-Acting Reversible Contraception (LARC) training and delivery.
- Continue to use the e-service for contraception.
- Continue to develop online booking across providers to support access and gain 'live' system oversight of capacity.
- Continue participation with London and national partners to support a sustainable and accessible system.

Impact measures

Whilst a high Sexually Transmitted Infections rate can reflect a high incidence of infection in the population, it can also suggest good access to and uptake of services that enable people to be tested and infections identified. We want to see a reduction in STI diagnoses while maintaining high rates of testing.

Monitor the gap in use of contraception from Sexual Health London (SHL) online among different ethnic groups and the number of abortions to Lambeth residents to address barriers to access.

Long-Acting Reversible Contraception (LARC) such as implants, or intra-uterine devices or intra-uterine systems (sometimes called "the coil") are highly effective forms of contraception. Lambeth residents can access these in a wide range of settings including in primary care. We will increase the number of LARC uptake in primary care. This indicator can also be used as a proxy measure for the overall aim of offering a range of contraception types in a range of settings.



Access to contraception

- Continue commissioning the e-service.
- Work with pharmacies to consolidate a sexual and reproductive health service offer.
- Increase education and promotional activities for residents.

Long-Acting Reversible Contraception (LARC)

- Pilot models of LARC training and delivery.
- Continue to develop the digital tool/online booking across providers to support access and gain 'live' system oversight of capacity.
- Commission additional training opportunities for primary care staff, Sexual Health in Practice (SHIP) and LARC.
- Promotional and educational activities for residents.

Other sexual and reproductive health and HIV work

- Redesign outreach pathways for vulnerable adults and young people across services.
- Look to design and include alternative pre-exposure prophylaxis (PrEP) access models.
- Maximise opportunities to co-create improved HIV pathways.



Aspiration: Physical and mental health conditions are detected early and people are supported and empowered to manage these conditions and avoid complications

People receive early diagnosis and support for physical health conditions

All people eligible for an annual health check have access and there is an increase in uptake; with a specific increases/focus in uptake for people with learning disabilities and those living with severe mental illness. Increase the number of cancer cases diagnosed at stage 1 or 2. People living with HIV know their status, the virus is undetectable, they live and age well and there are zero HIV related deaths.



Programme:

Neighbourhood and Wellbeing Delivery Alliance - with contributions from: Living Well Network Alliance, Sexual Health, Staying Healthy, Learning Disabilities and Autism Programmes.

Activity

The NHS Health Check

- Redesign the NHS Health Checks programme in Lambeth to ensure a focus on improving uptake for those at most risk, by focusing on outreach and delivery in community settings.
- Target health inequalities by increasing invites and uptake of NHS Health Checks and improving referral/diagnosis rates for those with highest risk.
- Embed population health management approaches making better use of data.
- Align to the Vital 5 prevention work in community settings.
- Evaluate and review new programme delivery.



Impact measures

The NHS Health Check is a health check-up for adults in England aged 40 to 74. It is designed to spot early signs and lower the risk of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Our aim is for increased uptake of the NHS Health Check for all eligible adults, and increased uptake of health checks to more than 60% of adults with severe mental illness and more than 75% of adults with a learning disability or autism. Additionally, we want to see an increase in the percentage of patients who have severe mental illness, with health risks linked to smoking, alcohol use and their weight, given appropriate advice.

Serious Mental Illness (SMI) Annual Health Checks/Health Action Plans

- Primary care to implement a quality improvement plan with Living Well Network Alliance support to ensure delivery of SMI Healthcheck in line with national targets and quality metrics.
- Undertake targeted promotion of SMI Healthchecks to patients and carers particularly those from black and minority ethnic communities.



Learning Disabilities and Autism Annual Health Checks (AHC)/Health Action Plans

- Work with health and care partners to ensure access to and delivery of AHC’s in line with national line targets and quality metrics.
- Personalised care - improve % of people with an agreed Health Action Plan following identified risk as result of AHC.
- Promotion of AHC amongst target population especially those from Black communities i.e., Big Health Week.

Cancer screening

- Increase the uptake of all cancer screening across our diverse communities particularly for those whom English is not their first language including the local Portuguese and Spanish speaking community.
- Deliver the Catch 22 Bowel Cancer Screening initiative, involving targeted work to increase the uptake of bowel cancer screening in Lambeth where 26 General Practices identified with the lowest uptake have been invited to take part in the bowel cancer screening calling initiative and non-responders will be contacted by Catch 22 multilingual facilitators.
- Public educational and promotional event(s) to include raising awareness of the national cancer screening programmes (Breast, Bowel and Cervical) and Prostate Cancer.
- Improvements in Severe Mental Illness (SMI) and Learning Disability (LD) yearly health checks to include discussions and encouragement to take up cancer screening opportunities.

We will contribute to meeting the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days and increase the percentage 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.



HIV testing and pre-exposure prophylaxis (PrEP)

- Development of data dashboard of HIV testing and diagnoses across the system.
- A new HIV care and support and peer support network will be in place.
- Educational and promotional stakeholder events will raise awareness of HIV programme ambitions.
- A GP Champion for HIV is in place.
- Sexual Health and HIV training commissioned for primary care staff.
- Collect real time and demographic data on PrEP usage.
- Increase access to PrEP for all service users.

Lambeth has an ambition to reach the Fast Track Cities goal of zero HIV stigma, transmissions and deaths. To achieve this, all those living with HIV need to know their status to be able to receive treatment and support. Testing all those who require bloods to be taken whilst in Emergency Departments helps to identify those who do not know their status and link them to HIV care and treatment, and to re-engage those in treatment who may have become disengaged. It can also help to normalise testing for HIV and contribute to reducing stigma. We will increase the percentage of eligible people receiving an HIV test whilst attending Emergency Departments and increase the number of Lambeth residents who are new and continuing PrEP users.



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

Diabetes is identified early and managed well. Those with chronic pain have consistent, high quality support, are not over medicalised, have community support and streamlined pathways. High blood pressure is prevented and identified through the use of blood pressure checks. Personalised care approaches and structured medicines reviews are utilised to ensure that people are prescribed the right medicines for them and know how to take them.



Programme:

Neighbourhood and Wellbeing Delivery Alliance.

Activity

Diabetes

- The Lambeth Community Diabetes Service will work very closely in partnership with General Practices, Primary Care Networks, Guy’s and St Thomas’ Hospital (GSTT), King’s College Hospital (KCH), The South London and Maudsley Hospital (SLaM), Community Pharmacies and other partners, to improve population health and reduce inequalities.
- The Community Diabetes Service will do this through several approaches. This includes working with GP practices to deliver teaching and multi-professional identification and review of priority people.
- We will also use local Quality Improvement methods to support GPs in delivering diabetes reviews including training, guidelines and other resources developed with colleagues across South East London.
- Healthcare professional learning events.
- Implement recommendations from patient feedback via Centric community researchers.
- Supporting people with diabetes with holistic and personalised care will be part of the care planning approach from General Practice, social prescribers and community pharmacy.

Impact measures

For diabetes to be well-managed a series of annual checks are available to monitor and improve the overall health of people with diabetes. These checks will help reduce the risk of complications associated with the condition. We will increase the proportion of people with Type 2 diabetes who receive these checks on an annual basis.



Chronic Pain

- Improve the information that the GP has to advise those with chronic pain to access treatment.
- Work with a group of patients who have chronic pain to improve the provision and information to access pain services in the community and from their GP.

Local research shows that chronic pain, along with anxiety, is the most prevalent long term condition in Lambeth. A greater proportion of women, Black and Asian populations in our most deprived communities live with chronic pain. To improve outcomes for people with chronic pain, we know people need reviews to help them set and achieve their quality-of-life goals. GPs and their linked staff will ensure they have processes in place to ensure that people suffering from chronic pain are known to them. We will increase the level of support provided by offering education on living well with pain, reviews to set goals and improvements, and review of medication.

High blood pressure (hypertension)

- Hypertension workstream to coordinate all Lambeth hypertension activity with a focus on reducing health inequalities.
- We will support General Practice to meet national targets to reduce hypertension.
- We will support a new community pharmacy hypertension check service to reduce demand in General Practice.
- We will use a local Quality Improvement methods to support GPs in delivering training and support around hypertension care including access to training, guidelines and other resources developed with colleagues across South East London.
- The local Community Hypertension Service will provide support to General Practice in managing more complex disease.
- We have implemented a community diagnostics service for cardiovascular disease, which helps us identify hypertension.

Increase the number of people with known hypertension whose target blood pressure is achieved.



Medicines Optimisation

- We will work with our GPs and pharmacies to support more people to access medication reviews.
- Priorities include supporting review of people taking multiple medicines who may be suffering from adverse effects or not benefitting from medication to ensure they receive appropriate medicines to support their goals through shared decision-making approaches.
- We will develop our Medicines and Prescribing network for multi-professional clinical staff in General Practice to support training and sharing of best practice.
- Reducing medicines waste through engaging with our public and net zero targets for medicines.

Multiple medicines can cause multiple adverse effects without any additional benefit. We will increase the number of people over age of 65 who are taking 10 or more medicines, having a medication review. Evidence tells us that reducing the number of inappropriate medicines in older people reduces harm.



When emotional and mental health issues are identified, the right help, support and diagnosis is offered early and in a timely way

Mental health support is available in the community and schools and is a timely and a positive experience. We reduce the number of people reaching a mental health crisis point and give prompt and appropriate support to people in crisis.



Programme:

Living Well Network Alliance and Children and Young People’s Alliance.

Activity

- Monitor and review Living Well Network Alliance Single Point of Access capacity and performance to agree service model.
- Implement NHSE Community Mental Health Framework, including recruitment of staff to provide enhanced capacity to deliver community based mental health treatment, care and crisis intervention.
- Undertake regular outreach sessions at community events within Lambeth to promote the Lambeth Talking Therapies service, audit service user experience to feedback into service development and pilot model of culturally appropriate group therapy with Black Thrive.
- Roll out Dialog tool during 2023 to 2024, including training and support to staff, to ensure a robust and consistent process to capture service user self-reported wellbeing.
- Roll out mental health training offer to GPs to increase capacity and capability to identify, assess, and address mental health needs of patients, and refer onwards.
- Expand community reablement support to help people with practical issues that can help prevent crisis that lead to loss of accommodation and/or admission to hospital and care settings.
- Extend capacity of Home Treatment Team and further VCS community based out of hour crisis options such as the Evening Sanctuary to assist more people to improve service user experience and contribute toward unplanned admission avoidance, and monitor impact including number of users of these services who would say they would otherwise have attended A&E.

Impact measures

- Reduce average wait times for triage and initial assessment following a referral to the Living Well Network Alliance Single Point of Access to under 72 hours by 2024.
- Increase access to and recovery rates for Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents.
- Monitor Living Well Network Alliance service user self-reported wellbeing.
- Increase the percentage of patients in secondary care due to a mental health crisis, who are discharged and are not re-admitted within 30 days.
- Improve access to mental health support for children and young people, ensuring that 95% 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 and that no child or young person waits longer than 44 weeks for an assessment and commencing treatment with Child and Adolescent Mental Health Services. We will ensure we meet the national access target, which for Lambeth is ensuring 2,112 CYP have access to Child and Adolescent Mental Health Services across a 12-month period.



- Recruitment of Mental Health Practitioners to ensure coverage across PCNs in Lambeth, to provide early identification, assessment and intervention to people with a range of emotional, psychological and mental health conditions in primary care i.e. anxiety, depression, sleep disorders, so that people can access or be signposted/referred to the right support in the community quickly, improving prospects for resolution or improvement and reducing risk of deterioration that may lead to crisis or negative impacts on relationship, work, housing and overall wellbeing.
- Roll out Living Well Network Alliance's Staying Well offer across Lambeth, which will involve mental health support staff working more closely with GPs, Social Prescribers and local communities as part of neighbourhood teams to ensure more convenient and better joined-up care between General Practice and community mental health services.
- Develop specialist eating disorder and complex psychological and behavioural needs pathway to enable more people to be supported in the community and reduce unplanned admission due to crisis.
- Improve the diversity in ethnicity of children and young people accessing Mental Health School Teams - agree baseline from 22/23 annual report, set target for 23/24 with regular monitoring and establish task and finish group to consider how this can be improved.
- We will continue to develop and deliver our Mental Health School Teams in Lambeth schools and improve the diversity in ethnicity of children and young people accessing this support - we will roll out of MHSTs to another 14 schools in early 2023/24, enabling us to ensure we have widespread cover across 28 schools.
- Working with a voluntary sector provider to consult with children and young people in schools, to better understand emotional health and wellbeing needs relating to our LGBTQ+ community.
- Delivering a pilot with SLAM and community organisations (The Well Centre, Coram and Place 2 Be) to better understand how we can join up our response to CYP emotional health and wellbeing need, bringing services, data and statutory provision together.



Aspiration: People have access to and positive experiences of health and care services that they trust and meet their needs

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

People are supported by integrated working by GPs, mental health services, community health, social care staff and others. Children and young people remain supported by health and care services when they transition to adulthood where appropriate.

Programme:

Neighbourhood and Wellbeing Delivery Alliance - with contributions from: Living Well Network Alliance and Children and Young People's Alliance

Activity	Impact measures
<ul style="list-style-type: none"> Lambeth Together Delivery Alliances support the development of equitable provision of integrated care in the borough - the Neighbourhood and Wellbeing Delivery Alliance (NWDA) supports the creation of health and care community networks (called Thriving communities) to inform neighbourhood service development with a particular focus on providing an equitable offer of health and social care and development of localised health solutions for all our residents. NWDA partner organisations (PCNs, secondary care, social care, community care, VCS etc) recognise that to develop integrated working across the borough and in neighbourhoods requires an iterative, partnership approach that acknowledge the complexity of the system and allows new approaches to be tested, developed and implemented at scale. Primary Care Networks (PCN) and community-based partners will explore opportunities to evolve integrated neighbourhood provision and models using insight from residents and service users to inform localised provision such as neighbourhood teams for mental health and workforce development to support flexible multi-disciplinary teams. Use our wide range of existing estates for the delivery of integrated services from a range of partners including community groups. Each PCN to have a social prescribing team which is expanding and recruiting to specialist posts in recognition of local need, including dedicated children and young people posts and mental health. 	<p>Increase usage of consultant connect by primary care.</p> <p>All young people aged 17.5 years old, open to CAMHs will have a clear transition pathway to ensure they remain supported by health and care services when they transition to adulthood.</p> <p>Patients understand the services they can directly access and we see an increase in the numbers of self-referrals to those services, rather than referrals from GPs.</p>



- Re-launch and monitoring of Consultant Connect as first line for advice and guidance for primary care clinicians and encouragement of uptake in use - working with SEL team to identify any actions which may lead to increase in successful answer rates - Consultant connect allows GPs real-time specialist advice and so allows the patient to receive their care in the community rather than in hospital.
- Adults' and children's mental health teams will work more closely together to improve planning, communications, and the transition of young people to adult mental health services - upon transition to Adult Mental Health Services, we aim to have in place an improved transitions pathway between CAMJHS and Adult Mental Health.
- Refine and develop the approach to Population Health Management around the Core20.
- Roll out Living Well Network Alliance's Staying Well offer across Lambeth, which will involve mental health support staff working more closely with GPs, Social Prescribers and local communities as part of neighbourhood teams to ensure more convenient and better joined-up care between General Practice and community mental health services.
- A programme of communication with Lambeth's population to allow a greater understanding of the differing healthcare roles, services available, and how they can have direct access to the right service for their need.
- Development of the London Care Record that supports the delivery of holistic care to patients and can be used from across health and care services.
- Ensure there are tailored ways to support groups who often find it difficult to access healthcare, such as asylum seekers and traveller communities.
- Ensure that continuing healthcare (CHC) provides an effective and efficient service and provides valuable support to those within our community with complex needs.



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

People can access the right support in the right place at the right time, utilising the most appropriate help including primary care, community pharmacy, 111, urgent treatment centres and emergency departments. More people attending hospital, are treated and go home on the 'same day' and people admitted to hospital are discharged in an appropriate timeframe with a reduction in preventable delays. People needing scheduled treatment are suitably prioritised and any unnecessary waits are reduced. People in need of support due to the harms caused by drug or alcohol misuse, are offered it at the persons point of need and support services can work together to counter these harms with the individual and wider communities. 'Virtual wards' allow patients to get the care they need at home safely and conveniently, rather than being in hospital.



Programme:

Neighbourhood and Wellbeing Delivery Alliance - with contribution from: Substance Misuse Programme.

Activity

Urgent and Emergency Care transformation and access

- Review of communication, engagement and behavioural activities including analysis of options to improve local public messaging on sites and in communities.
- Demand management including review of access routes and alternative appointment slots in community/primary care and access to these and the potential benefits of digital access in emergency departments to support direct appointment bookings.
- Review and implement best practice standards for Same Day Emergency Care including opening times, access routes and ring-fencing use of capacity.
- Ensuring that the population receive access to a primary care professional that is appropriate to their clinical need.
- Deliver a programme of communication with Lambeth's population to allow a greater understanding of the differing healthcare roles, services available, and how they can have direct access to the right service for their need.
- Increase the use of digital tools including the NHS app so that patients may more easily be equipped to take greater control over their health and care and to access care at the right time and place.

Impact measures

Everyone who needs an appointment with their GP practice gets one within two weeks and this includes all populations. Those who contact their practice urgently are assessed the same or next day according to clinical need.

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

Increase referrals into urgent community response (UCR) from all key routes, with a focus on maximising referrals from 111 and 999 and creating a single point of access where not already in place - consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard.

Improve access to healthcare professionals through increased use of community pharmacies; GPs and NHS 111 direct people to pharmacies to support people with minor ailments and advice around self-care.

Increase the number of people using the community pharmacy consultation service for support and help with common ailments.



- Continue to ensure that patients are not excluded from accessing health care through digital poverty by evaluating our pilot which involves members of our population teaching others to access technology practically and sharing lived experiences.
- Use digital software (Apex) to support GP practices to understand their population needs and provide and redeploy workforce accordingly across Primary Care Networks.
- People experience culturally appropriate translation services for our diverse population so consultations can be supported by in person translators or virtually as appropriate.
- Development of the London Care Record that supports the delivery of holistic care to patients and can be used from across health and care services.
- Evaluate the benefits of basing GPs and Social Prescribing Link workers in Emergency Departments in meeting the needs of patients whose needs can be better met elsewhere.
- Increase referrals by primary care via consultant connect into Same-Day Emergency Care, increase communications and engagement with primary care to raise awareness of Same-Day Emergency Care and access criteria - monitor activity, demand and any unmet demands for Same-Day Emergency Care at both GSTT and Kings.
- Enhance direct access for diagnostics using local Community Diagnostic Hubs.
- Working with providers on High Intensity Use services to support demand management in Urgent and Emergency Care (UEC).
- Continue triage service for urgent and elective eye consultations, as well as direct referral pathways from community optometrists to Minor Eye Condition Service across Lambeth and SEL.
- People with mental ill-health have the right support at the right time to avoid unnecessary periods in ED including by being discharged appropriately and in a timely way from ED and inpatient beds.
- Engage in the development and deployment of a London Care Record that supports Advanced Care Planning.

An increase in the numbers of self-referrals to direct access services, rather than referrals from GPs.



<p>Substance Misuse</p> <ul style="list-style-type: none"> • Support collaboration, information sharing and joint working arrangements between drug and alcohol treatment and other key local agencies, to better understand and meet the needs of vulnerable/priority groups. • Complete a Joint Strategic Needs Assessment Health Profile of Substance Misuse in Lambeth using different data sources to better understand our population, collaboratively working with partners and local communities to investigate and identify the current and future health and service needs of our population. • Improve identification of those with high risk drinking through use of the Vital 5' tool and implementing brief intervention and onward referral and increase the uptake of training amongst primary care staff on Information Brief Advice on alcohol. 	<p>Reduce the number of drug and alcohol related A&E attendances.</p>
<p>'Virtual wards'</p> <ul style="list-style-type: none"> • Lambeth Together and Partnership Southwark develops the model for 'Virtual Wards', bringing benefits to multi-disciplinary working across the borough and building on the 'At Home' model in operation. 	<p>Our aim is to help keep people treated at home or within the community, by increasing the provision and utilisation of 'virtual wards'. In doing so, it will ensure patients receive high-quality care that is tailored to their individual needs, while also helping to reduce the burden on hospital services, prevent unnecessary hospital admissions, and ensure that patients receive the right care, in the right place, at the right time. We will create capacity in Lambeth for 140-150 'virtual ward' beds and work towards their utilisation.</p>



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

Older adults, with a focus on maximising their independence, have access to good quality care services which range from support to remain at home to support to live in care homes. Lambeth is an age-friendly and dementia friendly borough and supports people in ageing well and continuing to tackle the challenges that lead to poorer outcomes in older age. Adults have personalised care and support by health and care services during the end of their lives.

Programme:

Neighbourhood and Wellbeing Delivery Alliance.

Activity	Impact measures
<ul style="list-style-type: none"> Review Joint Strategic Needs Assessment Health Profile of Older People in Lambeth using different data sources to better understand our population, collaboratively working with partners and local communities to investigate and identify the current and future health and service needs of our population, to inform our future service planning. Make Lambeth an Age Friendly Borough where people can live healthy and active later lives. To achieve this, we will work with older people and charities like Age UK Lambeth to make Lambeth a better place to grow older - this will include a focus on supporting people in ageing well and continuing to tackle the challenges that lead to poor outcomes in older age. Review delivery model of reablement across the partnership; integrating clinicians, ensuring access to the service is equitable in general and between the community pathway and the discharge pathway. Review of pilot on Adult Social Care ‘front door’ with Age UK Lambeth and design future model of delivery, ensuring an inclusive and equitable service, with an interface with community health and primary care. Work collaboratively within SEL ICS to implement and embed a ‘core offer’ for community Specialist Palliative Care providers. Prioritise integration of Palliative and End of Life Care into frailty pathways and ‘virtual wards’ models. 	<p>Intermediate Care including Reablement helps people live independently, and/or recover from an episode of ill health. It is therapy-led and provided in the person’s own home with care arranged by an integrated team of mainly Health & Social Care professionals. We will monitor the number of people with an intermediate care offer. The service is non-chargeable for up to six weeks and we will monitor the number of people who have a reduced need for care at the end of this service.</p> <p>We have commissioned Lambeth Carers Service to ensure carers are supported in their caring role, have access to the information and resources they need, and feel recognised locally for their contribution. We will work collaboratively with the Carers Service to ensure its effectiveness and Adult Social Care will ensure 90% of carers of the users of Adult Social Care Services are offered a carers assessment.</p> <p>We will target improvements in end of life care linked to the National Palliative and End of Life Care 22-25 strategic priorities of accessibility, quality and sustainability. We will work towards an increased % of people identified as being in their last year of life on practice registers and increase number of people with Personalised Care and Support Plan (PCSP).</p>



- Work collaboratively with the Lambeth Carers Service to ensure carers are supported in their caring role, have access to the information and resources they need, and feel recognised locally for their contribution.
- Review, launch and implement new Carer's Strategy and review the support and information available for carers.
- Carers to receive health and wellbeing interventions, including vaccinations, from the right workforce in their general practice Primary Care Network.
- Carers can access support through their practice Personalised Care team including Social Prescribing Link Workers.
- Enable primary care providers to develop Advanced Care Planning in their practices and around them - linking with local system providers to share ideas and collaborate.
- Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long term nursing or residential care. To reduce emergency admissions due to falls in people aged 65 and over we will carry out a falls prevention campaign which will include Lambeth based falls prevention leaflets, e-training to non-health care staff and increased provision of strength and balancing classes.
- We will make dementia friendly training available to help ensure that people with dementia feel understood, valued and able to contribute to their community.
- Development of the London Care Record that supports the delivery of holistic care to patients and can be used from across health and care services.
- We will work to ensure we use best practice procurement and commissioning models that deliver inclusive services, working with partners such as Age UK Lambeth and Opening Doors to provide care that is accessible across our diverse communities including Black and LGBTQ+ residents.
- We will continue to work with providers to make sure services are person-centred, that are able to meet people's needs and operate safely.

Increase the percentage of Lambeth Residents' Survey respondents aged 65 and over that describe their health as good.

Increase in uptake of flu/pneumococcal and Covid-19 vaccinations in people known to be Carers.



Women have positive experiences of maternal healthcare and there are no disproportionate maternal mortality rates among women

Maternal outcomes improve for all, and the disparity of maternal outcomes for Black women is eradicated.



Programme:

Children and Young People’s Alliance.

Activity	Impact measures
<ul style="list-style-type: none"> • Work with colleagues across the system to pull together a comprehensive dataset for Lambeth women using maternity services to counter significant inequalities in experience. This includes partnership working through Local Maternity and Neonatal Systems (LMNS) consolidating maternity metrics across providers and utilisation of analytic resources produced by SEL BI team, such as, Core20PLUS5. This will allow us to create a localised action plan to meet the specific needs of Lambeth women. • Continue to deliver the actions from the final Ockenden report as set out in the April 2022 letter as well as those that will be set out in the single delivery plan for maternity and neonatal services. • Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury. • Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices, including increased use of continuity of midwifery care. • Improve access to perinatal mental health services. • Women are asked by midwifery and health visiting services about domestic abuse and substance use throughout pregnancy, to be offered the right support, and supported around their contraception needs postnatally. 	<p>Continuity of care in maternity refers to the provision of care throughout the pregnancy, birth, and postnatal period by the same healthcare provider or team. The benefits of continuity of care in maternity include improved maternal and foetal outcomes, increased satisfaction with care, reduced healthcare costs, and better communication and trust between the healthcare provider and the patient. Continuity of care also allows for the early detection and management of potential complications and can lead to a more personalized and individualized approach to care. Continuity of maternity care is delivered for at least 75% of women from Black, Asian and minority ethnic communities.</p> <p>We will monitor the rates of maternal mortality during labour, neonatal deaths and pre-term birth and expect to see them reducing.</p>



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

People with learning disabilities and/or autism are discharged from inpatient settings and supported to live in the community with appropriate accommodation and care. Health and social wellbeing across the life course for all people of all ages, with learning disabilities and autism, improves.

Programme:

Learning Disabilities and Autism Programme - with contributions from: Children and Young People’s Alliance.

Activity	Impact measures
<p>Specialist inpatient units discharge</p> <ul style="list-style-type: none"> Review crisis intervention/admission prevention services to agree improved borough offer. ALD Placement Transformation Strategy - Ensure accommodation-based placements maximise lifelong independence underpinned by clear systematic contractual framework to ensure best value. Commission bespoke option for group of named individuals that are most complex and at highest risk. 	<p>It is vital we reduce reliance on inpatient care for patients with learning disabilities and/or autism (LDA), while improving the quality of inpatient care. We will increase the number of children and adults discharged from specialist inpatient units, with a particular focus on reducing the rates of Black patients placed in overly restrictive settings.</p>
<p>Employment</p> <ul style="list-style-type: none"> People with learning disabilities are less likely to be in employment than the overall population. We will monitor and report on how many people are with learning disabilities are in work and how many opportunities for supported employment we are able to create. Developing new supported employment and internship opportunities through our health and care partners. 	<p>People with learning disabilities are less likely to be in employment than the overall population. To achieve our outcome, we will increase the proportion of people with LDA in work or education, aiming for an increase to 5%, by increasing the number of supported employment and supported internships we create through our health and care partners.</p> <p>People with a learning disability often have poorer physical and mental health than other people. It is important that everyone over the age of 14 who is on their GP’s learning disability register has an annual health check; we will improve the rate of uptake for an Annual Health Check and Health Action Plan, for those with LDA, and ensure that there is no disparity in uptake between ethnic groups.</p>



<p>CYP ASD Diagnosis</p> <ul style="list-style-type: none"> • Develop the Lambeth All-Age Autism Strategy with users, carers and partners. • Engagement piece working with Lambeth Council’s Communication Team. • Understand local population of people with autism and mapping exercise using local and national data, PH data - Pathway and diagnosis in Lambeth Council, Employment and Children, Young people and SEND. • Work with partner organisations in developing the LBL strategy. 	<p>We will reduce the waiting times for an Autism Spectrum Disorder (ASD) diagnosis for children and young people.</p>
<p>General</p> <ul style="list-style-type: none"> • Working with SEL ICB and health partners to ensure accurate capture of information for patients with learning disability and autism to ensure they get the right access to health provision; support performance and quality monitoring, and underpin effective population health planning. • Contribute to the South East London Integrated Care Board Learning Disability and Autism Programme and support the development of integrated, workforce plans for the learning disability and autism workforce. • As part of the Suicide Prevention Action Plan and feeding into the Autism strategy work with mental health services to improve the experience of people with autism - relevant recommendations from the evidence review on autism and suicide are considered and adopted. 	



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

People with mental health needs are able to recover, live independently, live in stable and appropriate accommodation, and in education, training, volunteering or employment.

Programme:

Living Well Network Alliance.

Activity	Impact measures
<ul style="list-style-type: none"> Expand community reablement support to help people with practical issues that can help prevent crisis that leads to loss of accommodation and/or admission to hospital and care settings whilst helping people maintain or regain skills that promote independence and beneficial quality of life, reduce dependence on use of institutional care. Extend capacity for Living Well Network Alliance Home Treatment Team to support more people experiencing mental health crisis in the community. Develop specialist eating disorder and complex psychological and behavioural needs pathway to enable more people to be supported in the community and reduce unplanned admission due to crisis. Work with statutory partners to ensure work opportunities for people with Severe Mental Illness (SMI) and other Long term conditions and ensure full mobilisation and monitoring of the Living Well Network Alliance Individual Placement Support Service (IPS) to enable more people with SMI to achieve their goal of sustainable paid work with a fair wage whilst accessing support to help find and maintain employment and monitor the service against intended goals. Work with Black Thrive and partners including Lambeth Council Employment and Skills as part of the ‘No Wrong Door’ initiative to enable people who are vulnerable including people with SMI or other conditions can access a range of specialist and mainstream information, education and vocational support to so that people have meaningful, learning and occupation opportunities that provide structure and builds confidence and skills. Deliver on the re-provision of the Lambeth Hospital together with SLaM, including the mobilisation of a redesigned inpatient care model to provide better quality and more culturally appropriate clinical service. Roll out Dialog tool during 23-24, including training and support to staff, to ensure a robust and consistent process to capture service user self-reported wellbeing. 	<p>Increased numbers of people with Severe Mental Illness (SMI) are supported to live in their own home and 200 people per year are supported by the Living Well Network Alliance into paid employment.</p> <p>We will monitor the number of referrals Living Well Network Alliance teams make for service users to additional support routes (such as education, training and employment support, Community Support, Alcohol Advice, Smoking, Benefits advice, Dietician, Family Support) and the number of service users reporting a positive experience of using mental health services, feeling they have benefited from support and are more independent and in control of their lives, particularly those from Black and other minority ethnic communities.</p> <p>We will monitor repeated A&E attendance and acute mental health inpatient readmissions as part of performance and quality monitoring to assess effectiveness and as part of reflective learning to ensure recovery and/or other agreed goals are met.</p>



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

In supported housing, residents have access to a GP and holistic support with their mental health and substance use. Homeless vulnerable adults and rough sleepers receive tailored support to manage physical and mental health conditions to prevent serious illness and the overall number of entrenched rough sleepers is reduced.



Programme:

Homeless Health Programme - with contributions from: Living Well Network Alliance and Substance Misuse Programme.

Activity	Impact measures
<ul style="list-style-type: none"> • A specialist team will support single households in Temporary Accommodation to secure offers of long term settled accommodation. • Improve the quality of temporary accommodation through closer contract monitoring and improved technology. • The Lambeth Rough Sleeping Outreach Team will continue to target all rough sleepers found in Lambeth to ensure everyone is offered a route off the streets. Long term entrenched rough sleepers will continue being case worked by specialist roles within the team such as a Living On The Streets worker, and embedded roles such as a Public Protection Officer and an Approved Mental Health Professional. • Through contract monitoring and audit visits we will identify the numbers of people in supported housing who are not yet registered with a GP. We will work with service providers and health colleagues to target those individuals and identify any potential barriers. • Develop model to allow cross referencing GP registration for those in supported housing, with engagement with GP. • Develop intelligence to review how long rough sleepers brought into accommodation, have sustained tenancy. • Enhanced outreach and engagement, (including outreach for people with disabilities and new parents) including targeted street outreach for: people experiencing rough sleeping and homelessness (aligned with and complementing rough sleeping grant initiatives where relevant), targeted vulnerable/priority groups including sex workers, crack, heroin users and alcohol users who are not in contact with treatment, young people not accessing services. 	<p>To improve the health outcomes of those who are homeless or at risk of becoming homeless, we first want to reduce homelessness overall. We will therefore work to increase the number of people resettled into longer term accommodation by preventing or relieving homelessness and increase the number of rough sleepers brought into accommodation.</p> <p>Increase the number of households that move on from temporary accommodation into settled housing.</p> <p>Increase the proportion of people living in our supported housing that are registered with a GP.</p> <p>Monitor our rate of residents in supported housing engaged with mental health support services.</p> <p>As substance use is a significant cause of poor health outcomes for our street homeless population in Lambeth, we will also monitor how effectively we refer people to drug treatment services upon their release from prison, and what proportion then complete their treatment.</p>



- Expansion of treatment provision for substance misuse and alcohol dependence.
- Improve identification of those with high risk drinking through use of the 'Vital 5' tool and implementing brief intervention and onward referral.
- Increase referrals to substance misuse services from the police (custody), probation and criminal justice system.
- Develop comprehensive prevention programme for substance misuse.
- Increase number of people accessing and completing treatment for substance misuse.



Appendix 2 - Managing risks

The matrix below represents the possible combined risk scores based on a measurement of both the likelihood (probability) and severity (impact) of risk issues. A combination of likelihood and severity score provides the combine risk score. Risk score is from 1-25 (1= rare and negligible severity and 25 = Almost certain and catastrophic).

Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
Data and intelligence	Insufficient or poor-quality data results in an inability to track the progress and evaluate our interventions and impact. Incomplete, outdated, or inaccurate data hinders the effectiveness of our decision-making and analysis.	8	6	<p>Continue to invest in how we collect and record data to improve the richness of our data, making information more timely, accurate and complete, building on existing relationships between the analytical teams across the partnership.</p> <p>Develop an assurance mechanism through the assurance group to review monitor and evaluate progress and to enable scrutiny of the validity of data and intelligence.</p> <p>Build into our governance process the mechanism to periodically review the plan and to adjust, improve, and refine how we monitor delivery and adjust performance indicators as data quality improves.</p>
Financial savings/ pressures	Lambeth Together partner organisations need to make financial savings and/or face significant budget pressures.	16	8	<p>Partner organisations continue to provide a stable financial environment that supports improvement and investment in healthcare and outcomes.</p> <p>The commitment to financial sustainability will be vital to ensuring a robust and effective delivering of core responsibilities, secured through approaches that demonstrably improve productivity, efficiency, and value through making the best possible use of funding available.</p>

Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
Wider economic impact on inequalities	We know that our focus as a health and care system must be on tackling unfair and avoidable differences in health between different groups of people, that were exacerbated through the Covid-19 pandemic. A national cost of living crisis, high inflation and rising costs, threatens to worsen living standards and increase poverty, which could lead to a widening of inequalities.	12	9	Work in partnership with Lambeth Council’s Cost of Living programme to provide extra support for residents most impacted by the cost of living crisis, including ensuring offers of support for residents are communicated throughout the health and care system.
Rise of infectious disease(s)	Future pandemic or epidemic of an infectious disease such as flu or Covid-19. Managing a pandemic may inhibit our collective ability to deliver this plan.	12	6	Infectious disease prevention measures to remain in place and promoted to the public. Public Health pandemic planning to be in place.
Workforce	Reduced ability to recruit, retain and support staff.	9	6	<p>Software (“Apex”) rolled out to support General Practices to effectively plan their workforce requirements, based on healthcare needs in the borough.</p> <p>The Lambeth Together & Development Hub to develop Peer support groups for the workforce to encourage resilience and personal development.</p> <p>The Lambeth Together & Development Hub is working with practices to develop apprenticeships for healthcare workers in Lambeth.</p>



Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
				<p>Lambeth will pilot the Automation of Patient Registration to facilitate administration function in General Practice, which will benefit both the patient and General Practice Workforce.</p> <p>Commit to supporting the workforce to relate to our communities’ lived experience, is representative of and supports our diverse and intersectional communities.</p> <p>Support carers pay, as part of Lambeth’s Ethical Care Charter.</p> <p>Engage with, and across, our workforce including through our Clinical and Care Professional Network.</p>
Immunisations Fatigue	Vaccine hesitancy, fatigue and reluctance in the population following the Covid-19 pandemic.	12	3	<p>As part of our childhood immunisation strategy for 2023-2025, regular engagement activities will be held at trusted community sites to develop a greater understanding of underserved and marginalised communities. These sessions will be held in person, and online, and provide a forum where residents can ask questions related to vaccine preventable diseases, along with other common childhood illnesses. In addition to this, a targeted communication strategy will be co-developed with key stakeholders and be carried out in community languages on various platforms. A robust training package is also being developed for clinical and non-clinical staff working with children and their families to strengthen Making Every Contact Count and ensure a consistent approach to building vaccine confidence within Lambeth.</p> <p>Each general practice will produce and implement their protocol and systems to promote uptake of vaccinations and immunisations including a robust process to invite people to be vaccinated in accordance with the national schedule. This should include routine monthly searches on the clinical system to identify outstanding eligible cohorts and look ahead reports where appropriate.</p>



Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
System-wide demand	Demand on the health and care system impacts Lambeth Together to the extent that it constrains partner ability to prioritise transformation.	16	12	Executive group to review system pressures regularly and consistently, alongside transformation work, and encourage operational information sharing and solution-focused partnership working.
Changes to national priorities	Legislative changes or changes in national priorities impacts upon local priorities.	8	4	Ensure Our Health, Our Lambeth remains flexible and adaptable by building into our governance a process to periodically review the plan and to adjust, improve, and refine as necessary so that the plan continues to be fit for purpose. Formally review the plan annually and propose changes to be agreed by the Lambeth Together Care Partnership Board.
Enablers are not present	In developing our plan, we have reflected on and agreed the ways we need to work and what conditions we need to succeed. If these enabling factors are not present, this will impact our ability to meet our outcomes.	12	6	Ensure existing working groups are aligned to and delivering on our Enablers. Where our Enablers need dedicated improvement, we will bring together the right people to do this. We will pay attention to the Enablers in the same way we do our outcomes and build oversight of these enablers into our governance and ways of working.



Appendix 3 - Financial Context

The economy and public sector funding is expected to be constrained over the next five years as we recover from the pandemic and other factors. Most of our resources are allocated through the NHS and local government and our budget the assumptions we are making in the short-term are set out below.

Within the NHS, we will need to be realistic in our resource assumptions and combine the need to deliver improved effectiveness and outcomes through transformation and prevention. We will seek to prioritise those interventions that address inequality in outcomes. Our commitment to financial sustainability will be vital to ensure robust and effective delivery of our ambitions and responsibilities.

The Government is investing an additional £3.3 billion in the next two years to support the NHS, enabling actions that will improve hospital and community healthcare performance towards pre-pandemic levels. They will also make available up to £2.8 billion in 2023-2024 and £4.7 billion in 2024-2025 to help support adult social care and hospital discharge.



- Inflation – NHS South East London published funding growth is 5.32% in 2023/24 and 3.22% in 2024/25. This reduces to 2.64% in 2023/24 and 1.99% in 2024/25 after the application of required adjustments. Net inflation uplift of 1.8% applied across all budgets.
- Efficiency - We will be more rigorous in the tests we apply to both existing and additional investment with a specific focus on return on investment and benefits realisation. A minimum 4% efficiency savings will be required.
- Transformation - Additional funding received to implement transformation programmes in Mental Health, Health Inequalities and

Virtual Wards. Our investment approach will result in a shift in total share of spend from hospital-based care towards community, mental health, primary care, and health inequalities & prevention.

- Integrated Care Board (ICB) running costs – Pay award/increase is unfunded and 30% real terms reduction on Running Cost required by 2025/26.
- Cost Pressures - Pressures will be monitored and mitigations developed on an ongoing basis to ensure expenditure is within the available resources.



SouthEast London Integrated Care Board Budget - Lambeth	Total Budget £000
Hospital Services	321,108
Community Health Services	84,070
Mental Health Services	106,124
NHS Continuing Care Services	31,652
Prescribing	38,288
Other Primary Care Services	2,977
Primary Care Services Delegated from NHS England	77,993
Corporate Cost	5,619
Total	667,831



The Lambeth Council Financial Strategy covers the four years from 2023-2027. The aim of the Financial Strategy is to have a balanced financial position with sufficient funding to support statutory duties and deliver manifesto commitments, recognising the funding uncertainties that exist.

In developing the Financial Strategy, the Council has estimated the amount of funding available over the planning period with the main sources of income being government funding, business rates and Council Tax receipts. There is greater uncertainty in the year 2025/26 onwards where national funding for social care reduces and increased costs may occur relating to social care reform.

The Council has also estimated expenditure over the planning period and included extra costs, for example for inflation for internal staffing and contracts. There is a high chance that actual expenditure increases will be higher than the estimates in the current environment, making planning difficult and it could be difficult to manage expenditure within budgets due to this.

The main driver of cost growth in social care in recent years has been increased acuity of clients coming into social care, increased numbers of clients from hospital discharges and price pressure from limited market capacity. Added to these, there are now increases in the costs that providers must pay to deliver services. Expected future costs are estimated from recent experience but there could be much larger cost increases.

The Council has responsibility to find ways to meet any funding shortfall so that it has a balanced budget and has sought to address this through income generation (changes to charges or new grants), procurement (opportunities through contracts) and transformation to deliver better value for money.

The Council has a balanced position in 2023/24 and will continue to identify further savings throughout the planning period.



2023/24 Council Revenue Budgets (compared to 2022/23)		
Directorate	2022/23 Net Budget £'000	2023/24 Net Budget £'000
Adults & Health	96,391	107,414
Children's Services	78,136	96,739
No Recourse to Public Funds	2,734	2,762
Resident Services	47,627	51,888
Housing Services	19,246	19,237
Sustainable Growth & Opportunity	2,868	3,345
Finance & Investment	13,903	20,444
Chief Executive Office	8,048	7,454
Corporate Items	81,255	81,743
Total	350,208	391,026

Adults & Health 2023/24 Budget	
Adult Social Care	£'000
Adults with learning difficulties	39,187
Adults with mental health needs	12,472
Adults with physical disabilities	11,501
Older people	28,678
Other - Adults	8,413
Supported housing	868
Supporting people	4,696
Adult Social Care Total	105,815
Public Health (100% Grant Funded)	0
Commissioning	1,599
Total	107,414



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Lambeth Together Care Partnership Board

Title	Lambeth Together Primary Care Commissioning Committee – update
Meeting Date	18 th May 2023
Author	Oge Chesa – Director of Primary Care and Transformation
Lead	Sue Gallagher – Lay Member

This item is for;

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

The Lambeth Together Care Partnership Board is asked to:

1. Note outputs of the Primary Care Commissioning Committee meeting as aligned to the revised Terms of reference held on 12th April 2023.

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

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

Summary and Impact on Inequalities

In carrying out its functions, the Committee will place emphasis on equity and integration whilst promoting quality, efficiency, productivity, and value for money, with a view to removing administrative barriers where they exist.

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Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Summary of Meeting held on
Wednesday 12th April 2023



Working in partnership for a healthier borough

LTPCCC Part Two Meeting



- **Actions were agreed for the following:**

- Prentis Medical Centre – **Approval** of allocation to HBD PCN (Hill, Brook and Dale Primary Care Network) by Chairs Action **was noted**
- Lambeth Health Care Practice - APMS Nursing Home Contract Extension is **under review**, multi-disciplinary model to be reviewed by the task and finish group.
- Extension to interpreting contract 2023-25. Interpreting Service utilisation is under review and data utilisation has been shared with practices a task and finish group has been established to create efficiencies. **To return.**
- Children & Young People Service - Proposal for recurrent funding for the GP Lead role and associated administrative support and EMIS access for 23/24 and beyond **was agreed**
- North Lambeth PCN– ongoing work in support of Waterloo Health Centre and Lambeth Walk estate **was noted**
- Building Practice Resilience 2022-23–The committee received an update on practice submissions. 22/23 Resilience budget received and practice funding allocations **to return** to a future meeting.



LTPCCC Part One Meeting



- The draft primary care performance dashboard update was discussed and the need to make sure that the information is accurate and understood so that it is a true reflection of General Practice activity.
- Southeast London Community Pharmacy End of Life Medicines Access Scheme **was agreed**, the board were asked to note the recommendations.
- Workforce Update – A summary of the breakdown of all clinical and organisational roles in General Practice. A workforce strategy is under development. An update on the work being undertaken by the Training Hub was discussed. All 9 PCNs have been approved as Multi professional learning environments with 9 PCN lead educators.
- Finance Update report issued.
- Risk register was reviewed.



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Lambeth Together Care Partnership Board

18th May 2023

Title	Lambeth Together Assurance Sub-Group
Meeting Date	18 May 2023
Author	Warren Beresford – Associate Director Health and Care Planning and Intelligence Jo Fernandes – Planning Intelligence and Improvement Manager
Lead	Sue Gallagher

Mnb,jb

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report for April 2023

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

None

Summary and Impact on Inequalities

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

The meeting covered 3 main agenda items.

1. The Integrated Assurance Report
2. Future proposal for the function of Lambeth Together Assurance Group
3. Presentation on Health and Care Plan Outcome: People who are homeless or at risk of becoming homeless, (including rough sleepers and refugees) have improved health outcomes focussed on rough sleeping accommodation.

1. The Integrated Assurance Report

The group engaged in a comprehensive run through of the contents of the report. The report highlighted

- Additional funding and successful treatment outcomes for substance misuse

- A vaping pilot project for pregnant smokers and their partners
- Difficulties in recruitment for health inequality projects
- Co-produced re-procurement of care and support services for those with HIV and LVNDR PrEP pathway pilot
- Challenges with in-patient acute bed occupancy in the Mental Health program
- Achievements in the Learning Disabilities and Autism program, but with decreased conversion rates for adult social care support plan
- A pilot initiative for identifying men at higher risk of prostate cancer and updates on recent strike action
- An overall £0.4m year to date overspend in Lambeth, with overspends in continuing healthcare and prescribing.

Members of the meeting discussed various key points, potential impact of delay in the flow of central funding processes on Lambeth's ability take work forward. The need for early transparency and a more collaborative methodology was emphasised.

There were also concerns raised regarding the urgent referrals waiting list for single point of access in the Mental Health programme.

Additionally, at the meeting, various concerns and questions were raised about waiting times for single point of access mental health and CYP access for CAMHs assessments. Further conversation also took place around Flu uptake and the remote monitoring of long term conditions.

The risk register was also discussed particularly around how the scores were calculated and the group emphasised the importance of balancing risk with mitigations.

2. Future proposal for the function of Lambeth Together Assurance Group

The group received a presentation proposing changes to the format of the assurance group in 23/24. The proposal was for the assurance report to be reformatted to centre measures within the Lambeth Together Strategic Health & Care Plan with Focused 'deep dives' into Health & Care Plan outcomes data. The presentation outlined the timelines and proposals around the process to collect intelligence from programmes leads.

There was general agreement with the proposals, but some concerns raised around the administrative burden the process may place on colleagues across the partnership

3. Presentation on Health and Care Plan Outcome: *People who are homeless or at risk of becoming homeless, (including rough sleepers and refugees) have improved health outcomes focussed on rough sleeping accommodation*

The presenters discussed the jointly funded a pilot between Lambeth Council and St Mungo's, which supports homeless individuals with multiple and complex needs by providing them with stable accommodation independent of support conditions.

It was noted that the first year of the pilot has yielded positive outcomes, such as improved mental health and overall satisfaction with accommodation. However, some areas, such as creating a sense of belonging and improving access to technology and healthcare, still needed improvement. The second year of data is expected to be received in May/June 2023, which will help in identifying the needs of the cohort and assessing whether the services are meeting them. Beyond 2025, plans are being made to develop the Housing First approach further.

It was raised by a group member that having a fully integrated information system would help answer questions around this population group, such as understanding the historical cost of this group before and after intervention and the reduction in the use of A&E and ambulance resources.

Lambeth Together & Integrated Health and Care

Assurance Report April 2023

Lambeth Together Assurance Group 4 April 2023



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3. Integrated Health and Care assurance summary	3.1 Adult Social Care and Older Persons	18
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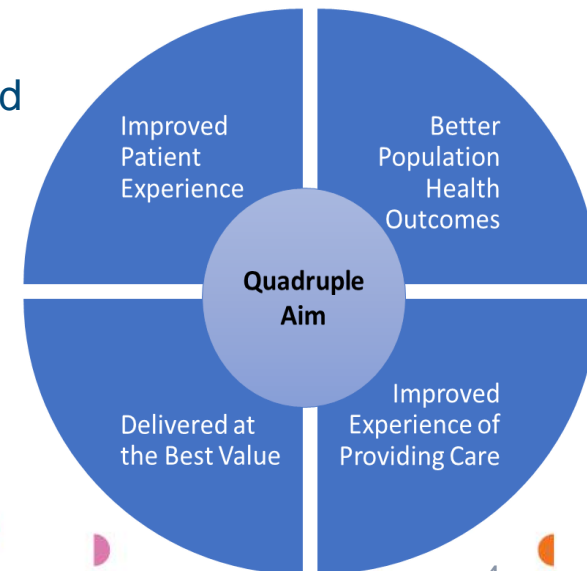
1. Introduction



1.1 Report Context



- This report provides in one place an integrated summary of assurance across Lambeth Together and Lambeth integrated health and care arrangements.
- This report draws upon existing assurance, performance or quality reporting arrangements, and does not seek to duplicate what is covered within those alliance and programmes boards.
- This report's format and flow is structured along the Lambeth Together Strategic Board arrangements, with a focus on Lambeth Together delivery alliance and programmes, and a focus on Lambeth's integrated health and care responsibilities.
- The report will be adapted over time to provide assurance on the delivery of the Lambeth Together strategic Health and Care plan, as well as reflecting any changes to SEL ICS priorities and key policy changes in response to the government's Health and Social Care Bill.
- The Lambeth Together Assurance Group reports directly to the Lambeth Together Strategic Board and meets bi-monthly to provide dedicated oversight and assurance on behalf of the board. A short summary report accompanies this integrated assurance report when presented to the Lambeth Together Strategic Board bi-monthly.
- Our integrated local and care partnership will continue to review content and materials presented on this paper with a view to monitor and evaluate programmes and alliances responses in relation to healthcare's quadruple aim.



2. Lambeth Together programme highlights



2.1. Lambeth Together Programme Highlights



Director / lead	Director Primary and Transformation (Vacant)
Management Lead	Sophie Taylor, Programme Lead, Lambeth Together, LBL
Data source / period	Bi-monthly Programme highlight reports March 2023

The following sections show summary positions across a variety of Lambeth Together alliances and programmes. The full highlight reports narrative and updates are archived for audit and assurance purposes in support of the ongoing work being delivered at borough level. These reports are produced every other month and provide a summary of key developments for each Lambeth Together area, covering

- Strategic Plans
- Reducing inequalities
- Benefits/ Deliverables update
- Partner and wider system requests
- Achievements and Opportunities
- Red Issues and Risks
- Other Highlights: Enablers, Workforce, Data, Budgets, Communications



2.1. Lambeth Together Programme Highlights

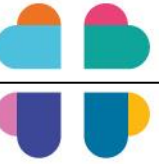


Strategic Plans - How is the programme area progressing towards its longer-term objectives?

- **Substance Misuse** – Plans are completed for the second year of additional funding from the supplementary substance misuse treatment and recovery grant (SSMTRG), key priorities are development of workforce and supporting communities through development of outreach teams.
- **Staying Healthy** - Staying Healthy service models (stop smoking and adult weight management) have been re-designed and are being re-commissioned to better achieve long-term objectives of tackling health inequalities and improving access for most at risk groups in the community.
- **Sexual Health** – As noted on previous report, London is exceeding Fast Track Cities (FTCS) targets. Roll out of ‘opt out’ HIV testing in Emergency Departments has progressed well and now includes Hepatitis.
- **CYP Alliance** – Contribution to Strategic Health and Care Plan complete; Emotional Health and Wellbeing Steering group is meeting regularly and running well, with established leads for all workstreams within the Long Term Plan.
- **EDI** – The programme leads reported to executive team on a range of deliverables covering LGBTQ+ initiatives in the borough, council’s discussion on race equality, Healthwatch outreach program on back and multi-ethnic communities. As well as, how NHS Planning guidance 2023/24 on Adults and Children Core20Plus5 agenda and Women’s health connect to Local Care Partnership commitments. At a regional level, SEL ICS approach on Equality and Delivery Systems link to local partners.
- **NWDA** – Priorities linked with prevention, urgent and emergency care and complex care have been revised. Focus remains on neighbourhood working, reducing health inequalities and improving health outcomes of local population.
- **Communications and Engagement** – The programme continues to deliver on its long term goals. From ensuring Local Care Partnership has a clearer people-focused ‘story’ to tell, raising public facing profile progressed through continuous development of website, implementation of accessibility best practice across website and social media, and regular ‘people-focused’ news and social media content generation.



2.1. Lambeth Together Programme Highlights



Strategic Plans - How is the programme area progressing towards its longer-term objectives?

- **Learning Disabilities and Autism** – Overall the programme is on track to complete key priorities, some deliverables were impacted due to capacity though this was mitigated using sector wide resources.



2.1. Lambeth Together Programme Highlights

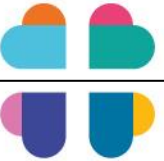


Reducing Inequalities – Better Experience of Care (e.g. access, feedback, outcomes)

- **Staying Healthy** – Increase in uptake of face to face delivery, and additional provision of NHS Health Checks through the GP Access Hubs.
- **Sexual Health** – Supporting uptake of underserved groups, such as, Black, Asian and Minority Ethnic (BAME) and those not identifying as men who have sex with men (MSM) by increasing awareness and alternative access routes.
- **EDI** – The Health Inequalities funding and respective projects are progressing well, there is a recognition of some difficulties with particular projects. Specifically, recruitment has been challenging for a small number of projects.



2.1. Lambeth Together Programme Highlights

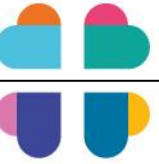


Benefits / Deliverables Update – Better Population Outcomes

- **Substance Misuse** - Data recently published indicate that there has been an increase across all demographics of those who leave treatment successfully abstinent – especially those who presented with opiate and/or alcohol dependence. At present, the provider does not have a waiting list and local partnership with the service user council is working on development of a Service User Charter.
- **Staying Healthy** – Delivery of vaping pilot project to support pregnant smokers and their partners to quit smoking. Launching LGBTQ+ stop smoking pilot group in partnership with GSTT, Lambeth Links and Art 4 Space in April 2023. Review and impact evaluation of Cognitive Behavioural Therapy (CBT) stop smoking pilot project.
- **Sexual Health** – Co-produced re-procurement of care and support service for those living with HIV is now live following several consultation exercises. LVNDR (online application) PrEP pathway pilot will commence with GSTT in April once Trust governance has been finalised.
- **Communications and Engagement** – Ongoing promotion of Public Forum as a space to influence strategy and Lambeth Together development, with a special focus on communities of interest. Continuing to promote health events such as one done recently on social prescribing day.
- **Learning Disabilities and Autism** – LD annual health checks programme is progressing well against the national target, with largely equal uptake across all ethnic groups. Knights House a new supported living scheme for people with LD and/or autism based in Lambeth is responding positively to specific community needs and further plans are progressing for continued mobilisation.



2.1. Lambeth Together Programme Highlights



Partner or wider system requests and blockers stated

- **Substance Misuse** - Workforce remains a challenge though Office for Health Improvement and Disparities (OHID) investing in a workforce review.
- **Sexual Health** – Development of a data dashboard that pulls together the HIV data together across the commissioning pathways. When contract is awarded, we want the commissioned peer support services working with newly diagnosed and those living with HIV to be better aligned and working as a network . Steer and collaboration in identifying an alternative intermediate/rehabilitation option within SEL for PLWHIV with neurocognitive care needs rather than current out of area facility at Mildmay. On blockers, we recognise capacity issues across workforce on primary care and pressures on acute inpatient capacity.
- **Communications and Engagement** – Increasing partner support for joint implementation of campaigns, especially Urgent and Emergency Care (support from trusts to share more direct messaging regarding A&E diversion).



2.1. Lambeth Together Programme Highlights



Achievements and Opportunities

- **Substance Misuse** - Funding from the supplementary substance misuse treatment and recovery grant (SSMTRG) is going to give Lambeth further opportunity to support some of our most vulnerable residents and support our wider communities.
- **Staying Healthy** - Planned re-design of Primary Care Public Health services in collaboration with primary care leads provides opportunity to better tackle health inequalities and improve access to services via more effective outreach, engagement and community based delivery.
- **Sexual Health** – Lambeth (SEL) led the way for the roll out of opt out testing in Emergency Department across London. On opportunities, we are piloting the Co-commissioning of HIV treatment across SEL in 2023/24 by utilising the Lambeth, Southwark and Lewisham Sexual Health and HIV commissioning team. Increasing HIV testing within Primary Care.
- **EDI** – Lambeth is at the forefront compared with other SEL ICS partnerships. It has an established EDI Group and using this connection to collaborate on Equality Delivery System is beneficial.

2.1. Lambeth Together Programme Highlights

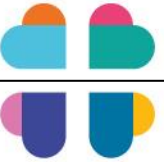


Red Issues and Risks

- **Sexual Health** –Mildmay Hospital remains an area of focus for the commissioning team, main issues have been detailed on the previous report and there is a view that system capacity planning includes an appropriate local resource, this could be supported by HIV specialist nurses ‘in reach’.
- **CYP Alliance** – Capacity has been identified as a risk due to a reduced team structure to deliver on a wide range of initiatives across CYP programmes.
- **Learning Disabilities and Autism** – We continue to review commissioned placements for any quality or safety issues. Mitigation approach involves working collaboratively with partners in SEL, CQC and host commissioners. People with challenging behaviour who are due for discharge in 2022/23. We mitigate this risk through securing accommodation in London using capital funds released by NHSE and proactive development work with care providers.



2.1. Lambeth Together Programme Highlights



Other Highlights: Enablers, Workforce, Data, Budgets, Communications

- **Substance Misuse** – Commissioners have been working closely with the police regarding developing heat maps and data suites to understand areas of concern in the borough.
- **Staying Healthy** – On enabling factors collaborative re-design and transformation of stop smoking and weight management services for re-commissioning process. In addition, collaboration between GSTT and Mosaic Clubhouse to deliver weight management services to patients with SMI. Considering data update, we note activity continues to recover across Staying Healthy portfolio post-pandemic but referrals from primary care remain low.
- **Sexual Health** – Enabling factors include system leadership, joint commissioning (Health and social care organisations collaborating and sharing responsibility for integrated care services) and technology, digital, information sharing and data (digital care records and information sharing to coordinate care better and manage care proactively). On workforce, developing an integrated approach across commissioning will involve staff from the ICS, GSTT, KCH, primary care and the voluntary sector, this could support integrating HIV as a long term condition and reduce stigma. Programme is delivering on budgeted in this period.



2.2 Equalities indicators



Equalities

- Reducing inequalities is fundamental to our ways of working and ambitions as described within Lambeth Together's work, delivery alliances and programme approaches.
- The report presents a number of key equalities indicators for instance, Severe Mental Illness and Adults with Learning Disabilities health checks, and public health indicators.
- **The Lambeth Together Strategic Health and Care plan** is now close to being finalised and addressing health and care inequalities is at the forefront of the plan. The plan includes a range of metrics focused on inequalities which will be monitored to measure the impact the partnership is having on reducing inequality within the borough and these metrics will feature in future iterations of this report.
- **CORE20PLUS5 dashboard:** SEL Business Intelligence team has developed a CORE20PLUS5 dashboard which enables users drill down at borough and PCN level to understand our population. The initial draft has been received and shared with the Equality, Diversity and Inclusion group for feedback. The Lambeth Together Planning & Intelligence team is also triangulating the intelligence with other sources to assure the accuracy of the report.
- **Funding to support addressing Health Inequalities in 2023/24:** Further funding has been announced by South East London ICB to support our objective of reducing inequalities in access, experience and outcome. Work is underway to utilise the funding and develop our interventions for the year ahead.

2.3 Alliance Dashboard Highlights



Director / lead	Sabrina Philips, Alliance Director, Lambeth Living Well Network Alliance
Management Lead	Guy Swindle, Deputy Director, Lambeth Living Well Network Alliance
Data source / period	Lambeth Living Well Network Alliance Performance Dashboard, Month 11, February 2023

In-patient Beds (Acute)

ACUTE and LEO Occupied Beds - Actual vs. Contracted

Month	Actual beds 21/22	Actual beds 22/23	Contracted beds 21/22 and 22/23
Apr	81.0	89.0	81.0
May	82.4	82.4	81.0
Jun	84.7	84.7	81.0
Jul	76.4	76.4	81.0
Aug	89.5	89.5	81.0
Sep	98.7	98.7	81.0
Oct	98.3	98.3	81.0
Nov	103.3	103.3	81.0
Dec	89.2	89.2	81.0
Jan	98.6	98.6	81.0
Feb	95.5	95.5	81.0
Mar	81.0	81.0	81.0

Key Indicators	M11	Change
Number of beds used in month (Estimated)	95.5	-3%
Number of private occupied bed days (OBDs) used in month	3.33	0%
Number discharged with length of stay >100 days/ >200 days	7/1	0%

Narrative: Acute occupied beds fell by 3% in M11 February to be 18% over the contracted level of 81.0 beds at month end. Private overspill OBDs barely changed, being equivalent to 11.9 of the 95.5 beds. For a third consecutive month, 8 long-stay patients were discharged.

Crisis Pathway

Approved Mental Health Professionals' Assessments

Month	21/22 Referrals	22/23 Referrals	21/22 Assessments	22/23 Assessments	22/23 Detentions %
Apr	110	107	110	107	81%
May	128	106	128	106	70%
Jun	112	112	112	112	74%
Jul	114	106	114	106	80%
Aug	111	104	111	104	78%
Sep	125	124	125	124	77%
Oct	111	112	111	112	87%
Nov	123	106	123	106	84%
Dec	110	101	110	101	83%
Jan	121	107	121	107	81%
Feb	107	104	107	104	82%
Mar	178	178	178	178	82%

Key Indicators	M11	Change
St Thomas A&E Referrals	317	-12%
AMHP referrals (Day Team only)	107	-12%
AMHP assessments (Day Team only)	104	-3%
AMHP detentions (Day Team only)	85	-2%

Narrative: A&E referrals rose by 12%. Liaison inpatient referrals fell from 60 to 38 in M11 February. AMHP referrals, assessments both fell but detentions as a proportion of assessments remained almost constant.

Single Point of Access

SPA Monthly Activity - Financial Year 2022/23

Month	Introductions Received	Introductions Completed	Waiting at End of Month
Apr	638	678	638
May	694	704	694
Jun	664	745	664
Jul	653	643	653
Aug	624	509	624
Sep	673	595	673
Oct	761	774	761
Nov	718	619	718
Dec	587	541	735
Jan	697	610	826
Feb	657	630	791
Mar	630	630	630

Key Indicators	M11	Change
Number of introductions waiting for referral at month end	62.8	-4%
Introductions processed in month, average wait (in days)	33.1	18%
Introductions waiting at month end, average wait (in days)	62.8	-2%

Narrative: Introductions received fell to 652 (-6%) in M11 February. The SPA waitlist fell largely due to extra, out of hours, working on long-waiting routine introductions. The overall average month end wait was consequently down to 61.5 days (-4%), but limited weekday capacity for urgent referrals saw their average wait rise to 25.5 days (+12%).

Living Well Centre Activity

Short-Term Support North - Total Referrals and Caseload

Short-Term Support South East - Total Referrals and Caseload

Short-Term Support South West - Total Referrals and Caseload

Key Indicators	M11	Change
Short Term Support (STS) - Total Referrals	166	4%
Short Term Support (STS) - Total Caseloads	541	8%
Focused Support (FS) - Total Referrals	49	-16%
Focused Support (FS) - Total Caseloads	755	0%

Narrative: Referrals to Short-Term Support rose slightly in all Living Well Centres, but the rise in caseload was largely in South-West. The fall in referrals to Focused Support was due to South-East and South-West.

IAPT

Improving Access to Psychological Therapies Access Rate

Month	Entering treatment 21/22	Entering for waiting 22/23	Access to target 21/22	Access target 22/23
Apr	882	948	882	882
May	948	948	948	948
Jun	948	948	948	948
Jul	887	887	887	887
Aug	925	925	925	925
Sep	987	987	987	987
Oct	1064	1064	1064	1064
Nov	1114	1114	1114	1114
Dec	706	706	706	706
Jan	1070	1070	1070	1070
Feb	805	805	805	805
Mar	1070	1070	1070	1070

Narrative:

- The Lambeth Talking Therapies (LTT) access number fell, mostly due to a 20% shortfall of referrals and a somewhat lower conversion rate at 74%. Intensive promotional activity is taking place, and the GP cabinet has now agreed to trial direct messaging of registered patients to promote referrals. The recovery rate was again below target at 49%, impacted by the starting severity of clients, the proportion of complex clients and staffing changes. Unrecovered clients are being audited and additional training is underway.

Finance and Risk

Alliance Member Overspend Pick Up

	Total £000s
SLAM pick up of SLAM overspend	300
Council pick up of Council overspend	3,400
Total amount picked up	3,700

2021/22 Forecasts

	M11	Change from M10
Forecast Overspend (>£100k over budget)	£000s	£000s
Complex Placements (SLAM- IPISA)	1,383	- 40
Supported Living - included Shared Lives	946	36
Residential Care (LBL)	852	- 35
Acute Beds	1,427	65
Nursing Care (LBL) - actual income less than forecast	644	10
Community Support (LB L) - includes Extra Care	457	- 20
St. Thomas' Liaison	596	- 22
Home Treatment Team	182	- 6
Community Forensic Team (SLAM)	253	- 8
Extra Care	230	- 9

Key Risks

- Finance Pressures - risk share agreed, savings being identified
- Covid-19 - contingency plans in place to keep services open
- SPA Waitlist - management action to deal with staff and system issues
- Estates - decant of Lambeth Hospital and increased costs of DBH

3. Integrated Health and Care assurance summary



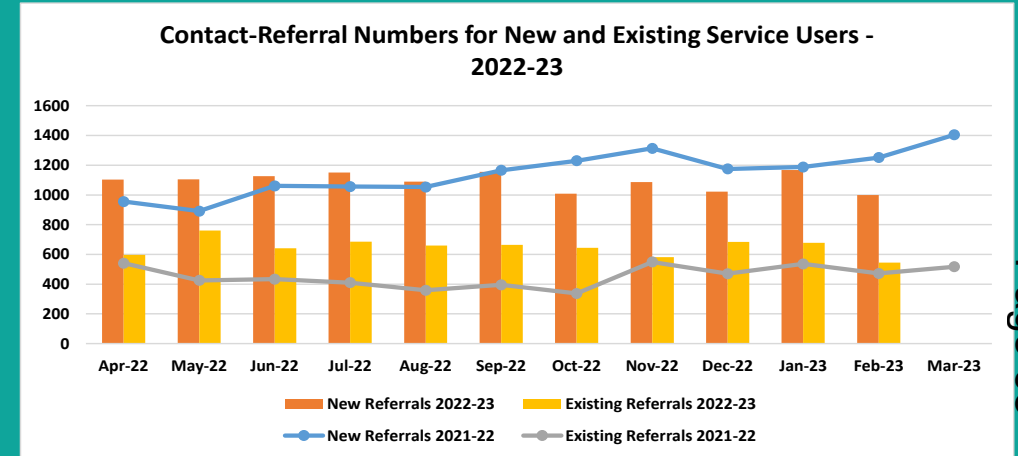
3.1 Adult Social Care



Director / lead	Fiona Connolly, Executive Director Adult Social Care
Management Lead	Richard Outram, Deputy Director Adult Social Care
Data source / period	Mellissa Murphy, Service Improvement Lead – Adults and Health, London Borough of Lambeth. February 2023

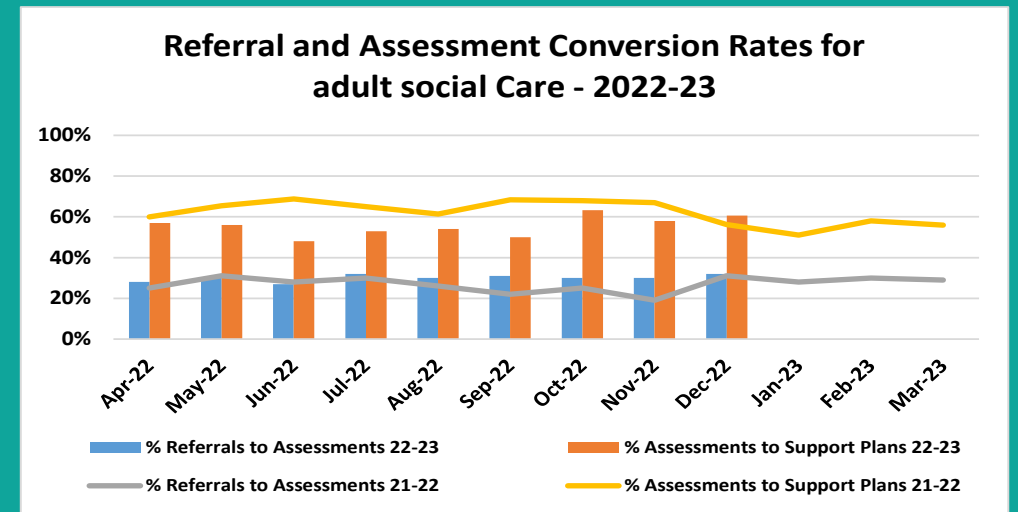
Overall Contact/Referrals completed by all teams

- A total of 1544 Contact/referrals in February. 1167 (65% were for new service users)
- This represents an 16% decrease from the previous month. Decreases have been reported across most teams
- 317 (21%) were raised as Safeguarding Concerns. This is a 10% decrease from the previous month.
- 280 (18%) raised were Merlins (11% decrease from the previous month).



Overall Contact/Referral and Assessment Conversion Rates

- We are calculating the conversion rates for contact-referrals differently this financial year.
- We are just focusing on new service users and excluding Merlins.
- Conversion rates for contact-referrals in February 2023 has decreased by 5% to 35%.
- Conversion rates for Assessments to support plans have decreased by 4% to 47% in February.



3.1 Adult Social Care



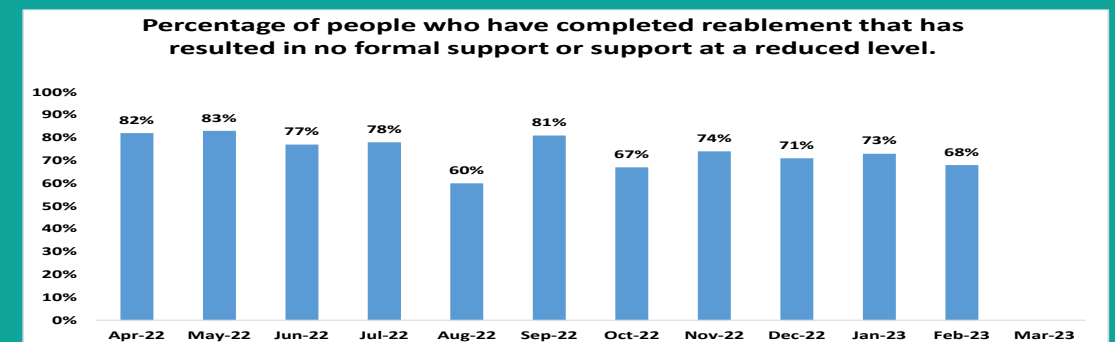
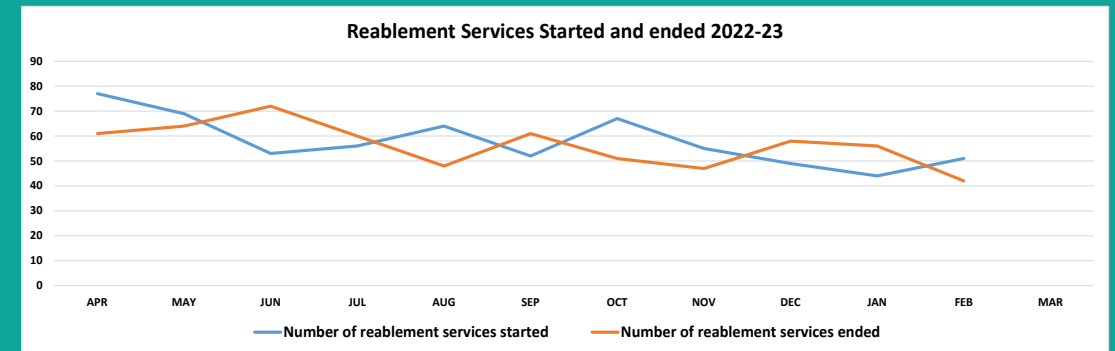
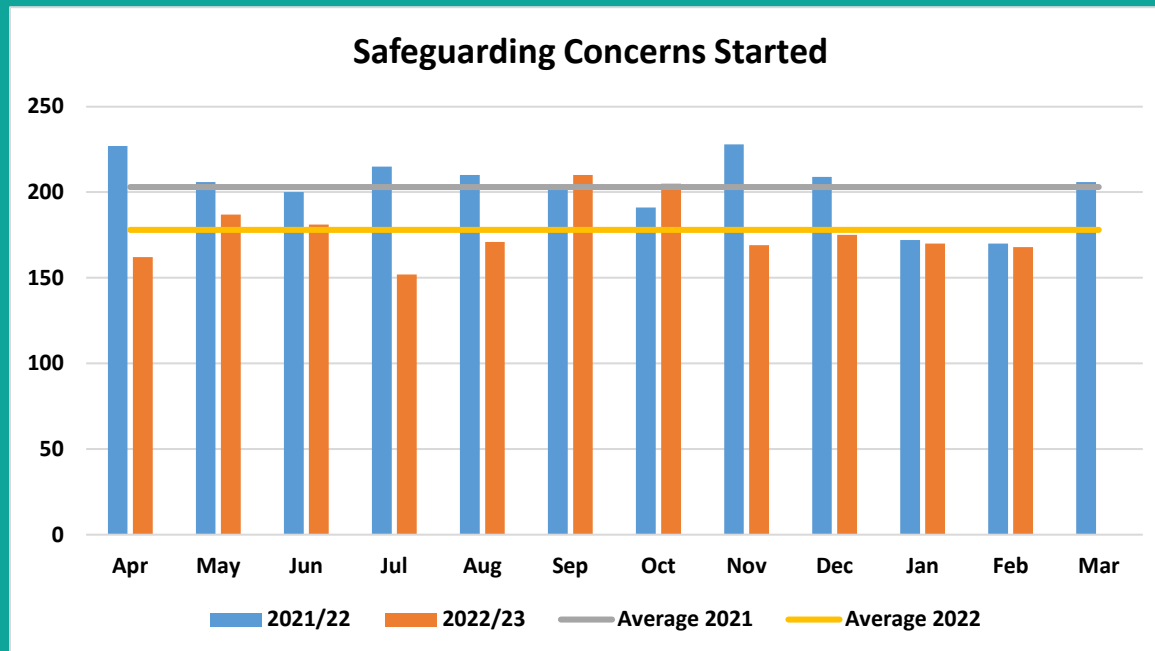
Director / lead	Fiona Connolly, Executive Director Adult Social Care
Management Lead	Richard Outram, Deputy Director Adult Social Care
Data source / period	Mellissa Murphy, Service Improvement Lead – Adults and Health, London Borough of Lambeth. February 2023

Safeguarding information

- The number of cases started in February have decreased by 2 (2%) from the previous month and is just below the same period in the previous year.
- There are 3 cases that have been opened for more than 9 months. Representing a decrease since December's position (5).

Reablement

- There has been an average of 58 services started per month.
- There have been a total of 36 people that successfully completed reablement in February and of those 23 had no ongoing support or support at a reduced level.

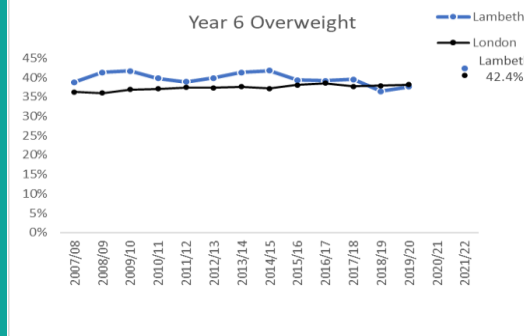


3.2 Public Health

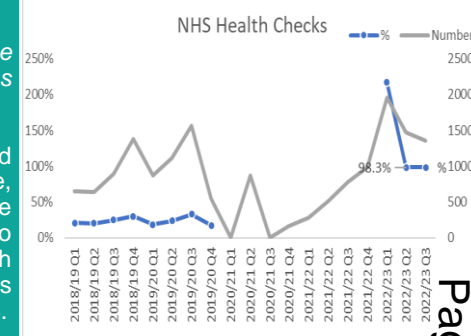


Director / lead	Ruth Hutt, Director of Public Health
Management Lead	Ruth Hutt, Director of Public Health
Data source / period	Vince Wakfer Head of Business and Performance Public Health Data: Fingertips and Service Monitoring

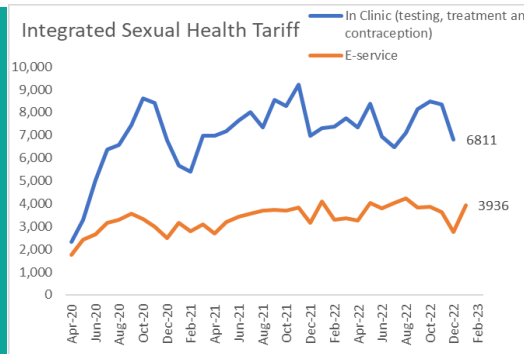
Year 6: prevalence of overweight (No data update since last reporting)
 Data not available for 2020/21, due to data quality reasons; National Child Measurement Programme (NCMP) data collection was suspended or reduced during pandemic.
 Similar to other London boroughs, post pandemic there has been a slight increase in numbers of children at risk of overweight or obesity, although this is not statistically significant in Lambeth. Taking into account the inequalities seen due to the pandemic and the cost of living crisis, a new intervention is being added to support the existing childhood obesity programme. The intervention, funded through the SEL ICB inequalities fund, provides additional practical support to more vulnerable families through community food workers. This helps to address issues that are deemed to be determinants of obesity and the local authority is working in partnership with the NHS to deliver the programme.



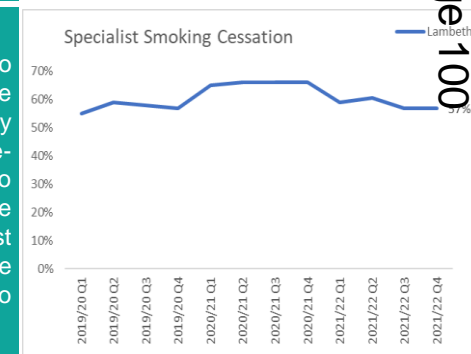
NHS Health Checks
 Performance from 2020/21 Q1 to 2021/22 Q4 cannot be calculated as denominator (number of health checks offered) was zero during Covid and related impacts.
 Practices have resumed call and recall Health Check invites, and continue to offer opportunistic checks to those who are eligible, where appropriate. From September, the GP Federation have been providing support to fifteen lowest-performing practices, to deliver through the Access Hubs and ensure the number of health checks completed is increased. Overall numbers of Health Checks completed have recovered to pre-pandemic levels during 2022/23.



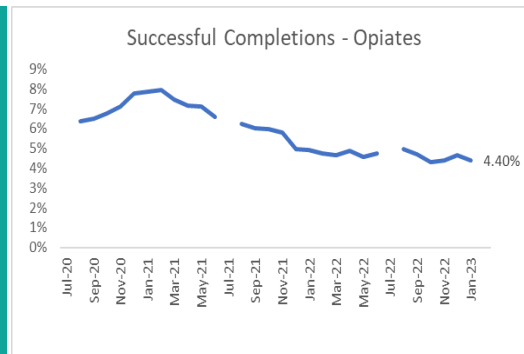
In Clinic and E-Service STI Testing & Treatment and Contraception
 Sexual health activity in clinics is now increasing to pre-MPX activity levels. The e-service was an extremely helpful access point through the MPX capacity issues, activity continues at a steady rate.
 MPX vaccination is now mainly provided through Trust vaccination Hubs, with a small amount of opportunistic activity with SH clinics and some targeted outreach events. Service levels overall are increasing towards pre-covid levels, although activity mix is different, with more low risk activity happening online and more complex being seen in clinics.
 Pre-Pandemic Averages (2019/20, excluding March):
 In clinic 10,408; E-service: 1,860



Success Rate at Smoking Cessation Services
 The Lambeth Specialist Smoking Cessation service continues to operate a hybrid model, including face-to-face and remote sessions. Quit rates remain high and above target. The pharmacy service continues to recover activity levels but remains below pre-pandemic levels. Twelve pharmacies are now live including two new pharmacies offering the service; three pharmacies still have no activity. Commissioners are reviewing provision whilst supporting active pharmacies to increase activity, and the Specialist service is again referring appropriate clients to pharmacies.



Successful completion of drug (opiate) treatment
 Local officers continue to work alongside partners and providers within the substance misuse sector to ensure that outcomes for individual remain positive. It is the intention that the local service delivery partnership in Lambeth will increase treatment capacity across the treatment population within Lambeth and create new and innovative ways for individuals to access treatment and support when and where they need it. Plans are being developed to fund and support a drug and alcohol misuse assertive outreach team in partnership with the police, to target vulnerable individuals and support their entry into treatment.



Successful completion of alcohol treatment
 As part of the new proposals for all associated funding streams, officers and partners in Lambeth are committed to reducing drug and alcohol related deaths and significant investment is being made in the recruitment of specialist substance misuse nurses to support all therapeutic and clinical support offered to alcohol users in the borough. A refreshed approach to drug and alcohol related harm will enable us to learn from any fatalities that occur within Lambeth alongside any near misses also. All colleagues have been offered Root Cause Analysis Training in order to support learning from alcohol related deaths and near misses.



3.3 Children's Commissioning



Director / lead	Dan Stoten , Director of Children's Commissioning and Community Safety
Management Lead	TBC, Integrated Associate Director - Children's Commissioning
Data source / period	SLaM 4 boroughs Community Performance Report February 2023, Council system as of January 2023, COVER data UKHSA

Childhood immunisations in primary care (no update since last report, awaiting Q3 position. Work is underway to source more timely performance data to enable better proactive management against these targets.)

- The Quarter 2 2022/23 borough performance across a number of the six-in-one vaccination rates (compared with the London average)
 - Children receiving DTaP/IPV/Hib % at 12 months: 89.2% (London average: 87.5 %)
 - Children receiving PCV booster % at 24 months: 75.7% (80.2%)
 - Children receiving Hib/MenC % at 24 months: 85.9% (81.4%)
 - Children receiving DTaPIPv % at 5 years: 73.7% (69.6%)
- MMR performance for Quarter 1 2022/23 (compared with the London average)
 - Children receiving MMR1 at 24 months: 85.7% (82.2% London)
 - Children receiving MMR1 at 5 years: 85.2% (86.2%)
 - Children receiving MMR2 at 5 years: 76.1% (71.4%)

Domestic Violence (no update since last report, metric reported quarterly)

SafeLives sets the best practice national repeat target at 28-40% as this recognises that nationally, victims of domestic abuse will experience multiple incidents before finding safety: accordingly, our target is set at 34% and in Q3 we are over our and SafeLives target rates. Independent Domestic Violence Advocates (IDVAs) referred 45.6% repeat cases this quarter which is a slight increase on last quarter's 42%. Police referred 38.7% repeat cases, an increase from last quarter's 30%. The repeat rate for October was 29.4% which then rose considerably to 49.4% in November and 48.8% in December. This could be associated with incidents escalating towards the Christmas period and practitioners ensuring cases are submitted before the Christmas/New Year's break. IDVA's referred 30% of repeat cases in October and 36.3% repeat cases in December, however they referred a significantly higher number (55.8%) repeat cases in November. Police referred 46.6% repeat referrals in October, 45.4% cases in December, however this dropped to 32.5% cases in November. We therefore have much higher IDVA referrals and lower Police referrals for repeat cases in November as compared with the rest of the quarter. We are doing a deep dive into the repeat rate for more nuanced data on those discussed and addressing issues with our two primary referrers, Gaia and Police directly. We will also be discussing this at our upcoming MAPAC Steering Group.

2020/21 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3
23%	33%	36%	34%	30%	21%	34%	30.6%	43.7%

Mental Health

- Average waiting time for CYP to access first CAMHs assessment appointment Service within the Trust (Face to Face, Video, Phone)



- Average wait time for second appointment (treatment - Waiting Time for second appointment includes the time waited for the first appointment)



Eating Disorder Service

- Referrals received includes all referrals received by SLaM from referring GP (in borough) and includes referrals which were rejected when reviewed by the service.

2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4 (M11)
31	26	25	35	23	19	24	7

3.4 Primary and Community Care



Director / lead	Director Primary Care and Transformation (Vacant)
Management Lead	Michelle Elston, Associate Director Primary and Community Care
Data source / period	NHS South East London CCG Primary Care Lambeth Team (SEL Analytics)

Covid Vaccinations – Primary Care

As at 20th March 2023, 184,982 (41.56%) patients have completed their primary COVID-19 course in Lambeth. This is the 3rd highest of 6 boroughs within South East London (source: SEL COVID-19 vaccination Dashboard). As at 21st March 2023, 59,033 (47.2%) of Lambeth’s eligible population have received their Autumn C19 booster (Source: Foundry).

The new spring booster vaccination campaign starts on 17 April, with vaccination in care homes for older adults beginning earlier in April. The following groups are eligible:

1. adults 75 years and up
2. residents in a care home for older adults
3. individuals aged 5 years and over who are immunosuppressed

This guidance is defined in the [Green Book](#) (tables 3 and 4).

Flu Vaccinations

As at 29th January 2023 uptake against the eligible cohorts was as follows;

- 21,202 (58.2%) vaccinations have been delivered among the over 65s cohort.
- 19,883 (34.6%) vaccinations have been delivered among the under 65 years at-risk cohort.
- 1,265 (28.8%) vaccinations have been delivered among the pregnant cohort.
- 2,535 (36.3%) vaccinations have been delivered among children aged between 2 and 3 years.
- 10,199 (21.8%) vaccinations have been delivered among children aged between 4 and 15 years.

Learning Disability Annual Health Checks

The uptake position on LD Annual Health Checks (AHC) for 2021/22 year end shows 79.8% of service users have had an annual check, achieving locally the 75% national target for this health indicator (data provided by SEL BI Team). See below data as of February 2023.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	0.9%	3.6%	9.3%	16.2%	18.9%	24.7%	31.3%	40.8%	50.4%	56.8%	67.5%	79.8%
2022/23	2.6%	4.9%	9.1%	14.7%	15%	30.3%	42.3%	53.1%	59.6%	69.5%	75.7%	

3.4 Primary and Community Care



Director / lead	Director Primary Care and Transformation
Management Lead	Michelle Elston, Associate Director Primary and Community Care
Data source / period	NHS South East London CCG Primary Care Lambeth Team

Primary Care Winter actions – Lambeth GP Federation

- GP Federation has increased Enhanced Access capacity (GPs/Nurses/IPP/ANPs/HCAs) 7-days per week including Sunday/bank holidays – utilisation continues to be 95%.
- Additional Enhanced Access capacity across core hours to support business continuity and resilience of local general practice – increase 60 mins per 1000 population to 70 mins per 1000 population.
- Federation has worked with NHS111 to ensure they can directly book into this additional capacity where clinically appropriate – Directory of Service (DOS) has been shared with NHS111 colleagues.
- Reduce unwarranted variability across the borough by continuing to develop a more consistent offer for patients, which retains the routine elements of General Practice that patients want – includes different appointment modes e.g. telephone consultation, e-consult, remote monitoring.
- GP Streamer at GSTT ED Front Door provided by GP Federation – Integration between secondary and primary care, already making an impact. 4211 patients assessed by GP Streamer 13th Dec 2022 to 28th February 2023. 26% of these patients have been diverted to primary care where clinically appropriate – development underway to be able to divert Southwark and Westminster patients to their respective EA Hubs.
- GP Federation has continued during Q4 to provide Respiratory Clinics at Springfield Medical Centre to prevent hospital admission during the winter period. Service is provided 7-days per week 1-6pm.
- GP Federation provides Additional Virtual Clinic Assessment Service, which offers a different appointment mode to local patients and enables rapid assessment and where appropriate onward referral to relevant service e.g. Respiratory Clinic.
- Increased clinical cover provided by GP Federation to all 9 Nursing Homes in Lambeth to reduce risk of hospital admission / Focus on Discharge to Access beds where relevant
- Clinical Fellow working on key workforce areas to develop the Additional Roles in Primary Care Networks (PCNs).
- Further development of the Flexible Workforce Proposal to secure Lambeth as a ‘Talent Magnet’ Over 400 clinicians signed up to Rotamaster and ready to provide additional workforce capacity in Lambeth. In February this equated to 1038 hours of clinical time.
- LTC Remote Monitoring – Focus on Heart Failure, COPD, Hypertension and SMI (Proof of Concept).

Community Pharmacy

- Pharmacy First Minor Aliment Scheme – looking at ways to run targeted scheme and reduce burden on ED and general practice with a commencement date of 20th March.

SELDOC

- Implementation of flu antivirals service for residential settings in Lambeth and Southwark, in conjunction with Princess Royal University Hospital’s Pharmacy.

3.5 Medicines Optimisation / Long Term Conditions



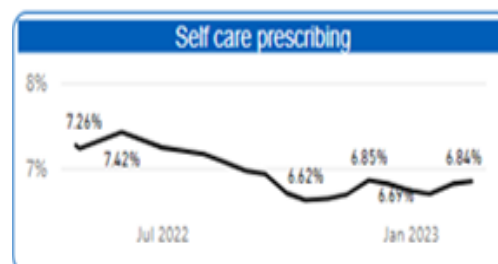
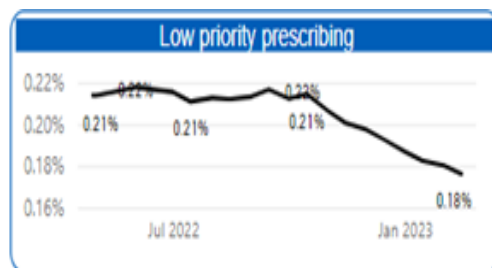
Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Vanessa Burgess, SEL Chief Pharmacist & Director Medicines Optimisation and Long Term Conditions Jenny Sivaganam and Finlay Royle, Assistant Directors Medicines Optimisation and Long Term Conditions
Data source / period	Medicines Optimisation (Lambeth), NHS South East London CCG

Lambeth Together Medicines and Clinical Pathways Group (MCLiP)

- The established Group supports the delivery of medicines and long term condition (LTC) optimisation priorities of the Lambeth Together strategic alliances by developing and implementing strategies to promote high value, safe, effective medicines in LTC management within Lambeth.
- Membership is formed of representatives from the Care Partnership, Primary Care Networks, Local Medical Committee, Community Pharmacy, SLAM, GSTT Community Services, Lambeth Together Strategic Alliances as well as other partners.
- To ensure Lambeth's MO and LTC strategic approach is encompassed, recommendations within 'Good for you, good for us, good for everybody: A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions' is continually at the heart of discussions to define ways of implementation.

The Medicines Optimisation (MOS) and Long Term Conditions (LTC)

- The MO and LTC sections of the Lambeth Primary Care Improvement Scheme (LPCIS) and Premium Specification (PS) for 2022/23 were successfully launched in May 2022 through bulletin announcements and a webinar session. Continuing to prioritise elements of medicines optimisation and LTC management within these schemes endeavours to support general practice to strive towards Lambeth Together's pledge of improving health and wellbeing of Lambeth residents. The focus on reducing unwarranted variation by prioritising individuals who have experienced health inequalities and are at highest risk of poor health outcomes, also, continues. Practice visits completed in early September 2022 embedded the core principles of the MOS and LTC sections and a programme of support was delivered throughout 2022/23. This included re-visiting practices and a further webinar session focussing on: overprescribing; reducing use of low clinical value medicines ('low priority prescribing') and further identifying better value initiatives in Q3.
- The EZ Analytics (EZA) Medicines Optimisation and Long Term Conditions Dashboards provide real-time data for practices to identify patients for review within the prioritised improvement areas. Figure 1. below gives examples of the tracking data from EZA. Refresh of OptimiseRx® continues to support up to date joint prescribing decision making alongside South East London Integrated Medicines Optimisation Committee (SEL IMOC) recommendations.



These graphs from the EZA MO Dashboard illustrate the continuing progress to embed practice to sustain best value medicines since launch of the MOS and LTC section of the LPCIS & PS: number of patients on 'low priority prescribing' is declining; number of patients on self-care products continues to reduce with plateauing.

Figure 1. Examples of EZA MO Dashboard tracking (15 February 2023)

3.5 Medicines Optimisation / Long Term Conditions



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Vanessa Burgess, SEL Chief Pharmacist & Director Medicines Optimisation and Long Term Conditions Jenny Sivaganam and Finlay Royle, Assistant Directors Medicines Optimisation and Long Term Conditions
Data source / period	Medicines Optimisation (Lambeth), NHS South East London CCG

Vaccines

- Pharmacies have been an important delivery model for Lambeth and we are working with public health and primary care teams to learn from the Flu, Covid and polio programmes as part of wider review of the Lambeth immunisation and vaccination strategy.
- The Covid spring booster programme is launching, with sites preparing for a new vaccine and readiness to deliver. A high number of pharmacy sites have been maintained for a community presence and better access.

Community Pharmacy Services

- The GP-Community Pharmacy Consultation Service (GP-CPCS) has been rolled out to support patients with low acuity illness in pharmacy settings and free up GP time. GP to pharmacy referrals for a range of low-acuity conditions have been increasing. Pharmacies have nominated lead CPs within their aligned PCN to coordinate implementation for pharmacies. All 9 PCNs have made referrals with a total of 3,612 referrals made until the end of January. Lambeth borough still leads South East London with total number of referrals. A monthly meeting with community pharmacy PCN leads is in place to share, discuss and engage with the wider pharmacy group to enable effective service delivery. Additionally, development workshops for community pharmacy PCN leads provides peer support, leadership training and influencing skills to encourage uptake by pharmacies and GPs.
- Support continues for pharmacies to offer the Hypertension Check enhanced service. 43 Lambeth pharmacies have signed up so far with 27 pharmacies actively providing the service identifying high blood pressures in the community.
- The Pharmacy First scheme is due to launch in Q4 to enable access to a selected list of over-the-counter medicines to be provided free-of-charge by community pharmacies to people who are likely to be socially vulnerable or experience inequalities in access to care.

3.5 Medicines Optimisation / Long Term Conditions



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Vanessa Burgess, SEL Chief Pharmacist & Director Medicines Optimisation and Long Term Conditions Jenny Sivaganam and Finlay Royle, Assistant Directors Medicines Optimisation and Long Term Conditions
Data source / period	Medicines Optimisation (Lambeth), NHS South East London CCG

Access to cardiovascular diagnostics

- There are six community venues established in Lambeth to provide community Electrocardiogram (ECG) and Ambulatory Blood Pressure monitoring (ABPM). The service has improved access for Lambeth people to receive care closer to their homes, has reduced waiting times for booked diagnostic services (e.g. 12 lead-ECG has 24 hour accessibility) and reduced DNAs (did not attend) through introduction of new IT software. There has been continued increases in activity corresponding to the establishment of the service. The service is planning a pilot to provide housebound people in Lambeth requiring ABPM and Ambulatory ECG; to start in Q4 2022-23.

Respiratory

- The community respiratory diagnostic service restarted in November 2021. Additional capacity has been put in place at Lorraine Hewitt House with the Drug and Alcohol service, and Herne Hill Road practice.
- The London-wide inhaler formulary and asthma guidelines supporting the greener NHS has been finalised. We have developed a resource pack and a sustainability protected learning time event was delivered. Reductions in prescribing of high-carbon inhalers continues, reducing the overall impact on the environment without impacting on quality of care for patients.

Diabetes treatment and care

- The consultation and engagement on the recommissioning options for a refreshed Community Diabetes Service (CDS) for Lambeth has concluded. A preferred recommissioning route was approved by Lambeth Together Care Partnership Board 08 Feb 23. The first CDS task and finish group with system partners has been set for 06 April, to co-produce a refreshed service specification and delivery model with system partners with the aim of reducing inequalities, targeting those most in need in line with CORE20Plus5 principles and drive population health improvements for all.

3.6 Planned and Unplanned Care



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Avril Satchwell, Associate Director, Planned and Unplanned Care
Data source / period	March 2023

Cancer Update

- Cancer CCPL –Dr Marks Adams is working closely with Lambeth Adult Care Transformation Team and the Lambeth Clinical Cabinet, feeding local challenges and issues to SEL ICB Cancer team and the South East London Cancer Alliance (SELCA).
- Lambeth Cancer Working Group (LCWG) – Meeting monthly with a focus on early cancer diagnosis, supporting primary care with a wider system and Lambeth Together approach. Opportunities for funding interventions in Lambeth out of the SELCA transformation funding have been the focus of the meetings, ensuing proposals align with local and national priorities and support Primary Care. The group membership has expanded, with further representation across the system.
- Cancer Dashboards – Best practice timed pathway dashboard now live and will support the work in Lambeth to improve usage of number of lower GI referrals with FIT result attached, routes to diagnosis (to support referral practice reviews), use of Teledermatology, and use of Non-Site Specific Symptom pathways.
- PCN Data packs have been created by SEL Cancer Team and the Locality Cancer System Development Facilitator, jointly with Lambeth Cancer CCPL have started to arrange practice visits in Lambeth.
- Catch 22 Bowel Cancer Screening Initiative – Targeted work is underway to increase the uptake of bowel cancer screening in Lambeth, to date 22 out of the eligible 26 practices have signed up to this initiative. Catch 22 multilingual facilitators have started to contact non responders with 2,370 calls made so far, encouraging patients to complete the FIT kit and ordering the Kit on the patients behalf.
- Prostate Cancer Texting Initiative – GP Cancer Leads in South East London have developed a template initiative for PCNs to identify men at a higher risk of having prostate cancer, using searches, a florey search and link to Prostate Cancer UK risk checker developed specifically for the initiative. Resource pack and template text messages to send to HR Men have been shared with practices via the GP bulletin and to date one PCN and one practice is taken part in the pilot.
- Jo’s Trust Cervical Cancer Screening Training – offered to all Lambeth non- clinical practice staff to improve their awareness and understanding of cervical screening. This is a London wide initiative with 600 spaces allocated to SEL. To date, Lambeth staff have been the most engaged in sign up in comparison to all other boroughs in SEL.
- Galleri Trial (GRAIL) Phase 2 – Is a Multi Cancer Early Detection Test, Lambeth participants who had already taken part in phase 1 will be sent an invite to attend phase 2 of the study. Lambeth Grail Van will be situated at a Tesco in Brixton from 12th – 21st ST June 23, likely location will be Tesco's car park, Acre lane.

3.6 Planned and Unplanned Care



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Avril Satchwell, Associate Director, Planned and Unplanned Care
Data source / period	March 2023

Urgent Care

- Lambeth and Southwark's UEC Transformation Programme progressing with 3 workstreams and an oversight steering group linked to the outcomes of the missed opportunities and Same Day Emergency Care workshops. These workstreams have developed into three main areas of focus:
 - Engagement and behavioural insights - Gain more detailed awareness of the type of footfall and barriers encountered by public attending ED. Analysis of options to improve local public messaging on sites and to residents. Implementing further GP communications around SDEC and access and public door drop communications in Lambeth on options for self care and alternatives to emergency department attendance in line with Bromley comms and shared with Southwark for implementation locally.
 - Right Care, Right Time – Access route and alternative appointment slots in community/ primary care and access to these, consider provision of digital access in ED to support direct appointment bookings. Review local protocols for implementation of senior streamers (GP, ED/Medical Consultant, Paramedics). Review the effectiveness and type of SW/AHP in ED and the most efficient and cost effective model across both Trusts to support stream away and prevent hospital re-admissions once seen. Front door support from an additional GP and Navigator was implemented at GSTT by primary care to support streaming away to own GP, GP Hub or other appropriate service. This is being closely monitored for effectiveness, Kings have also implemented a stream away to local hub model currently in its infancy.
 - SDEC - Review and implement best practice standards for SDECS e.g. Opening times, Access routes, Ring fenced (no escalation beds), No follow ups seen in SDEC. Other best practice criteria. GSTT have now implemented no follow ups being seen in SDEC and are working to improve other SDEC working practices and access points. Units introducing multispecialty SDEC and improving access and communications to primary care on access and use.
- L& S Integrated Winter Plan has been completed with input from across the system, delivery of the plan is now being monitored along with reporting to local and SEL UEC board.
- Transport, health workforce, Doctors, LAS and teacher strikes have been challenging for local systems, however all systems have worked well implementing contingency plans to manage the risk associated with the strike action along with other expected winter pressures

Planned Care

- Denosumab service in Lambeth provided by the Federation is going well and well received by patients following a brief audit, consideration at SEL level is underway to see if this can be rolled out across all boroughs in SEL based on learning from Lambeth and Bromley.
- MSK – Get U Better App Pilot until Nov 2023 – Lambeth have 100% of GP practices signed up to the application and able to promote this useful self management tool to patients if they meet the criteria. Reviews are underway to establish feedback from practices on usefulness to consider further extension of the app and roll out across SEL based on Lambeth findings.

3.6 Planned and Unplanned Care



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	Avril Satchwell, Associate Director, Planned and Unplanned Care
Data source / period	January 2023

Planned Care (Cont.)

- Community Earwax ENT service – This service went live in July provided by Specsavers with access all boroughs in SEL. Waiting times for this service is now around 2 weeks.
- Pain Management Pathway – Early discussions have taken place around reviewing provision of pain management services, pathways and treatment available.
- Osteoporosis service review is underway across SEL led by Lambeth to establish a standardized approach to the pathways and management across SEL and to review the most effective way to manage specialist consultations across SEL. Decision made to tag this onto the existing treatment pathway group, once their current task and finish work is completed in Spring.

3.7 Adults Mental Health



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	David Orekoya, Associate Director Integrated Commissioning-Mental Health
Data source / period	Lambeth LCP Assurance report Jan 23

Severe Mental Illness Physical Health Checks (no update since last report, metric reported quarterly)

- The NHS has committed to ensuring 60% of people on the SMI register receive a full and comprehensive physical health check.
- Delivery against the SMI physical health check target for 2022/23 remains a challenge across SEL for several reasons including capacity within teams to carry out the physical health checks and issues with data completeness/sharing across different systems. A steering group was set-up in 2021 to develop and deliver an improvement plan. Action plans are now in place and non-recurrent funding has been allocated to support their implementation.
- Lambeth's SMI annual health checks at Q3 are ahead of 21/22 Q4 year end performance. See table below,

	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23
SMI AHC	26.3%	27.8%	33%	38.7%	36.7%	37.9%	43.5%

Lambeth GP SMI register	BMI	BP	Cholesterol	Glucose	Smoking Status	Alcohol Status	6 Health checks
5028	63.9%	66.1%	59.7%	60.9%	61.4%	65.1%	43.5%

- See below SEL performance,

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
SMI AHC	39.5%	41.0%	34.6%	43.5%	36.1%	46.0%	40.4%
Trend since last quarter	+0.8%	+1.9%	+9.1	+9.6	+2.7%	+3.1%	+5.2%

3.7 Adults Mental Health



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	David Orekoya, Associate Director Integrated Commissioning-Mental Health
Data source / period	LWNA report M11

Improved Access to Psychological Therapies (IAPT)

- See table below with IAPT performance on national indicators covering data from 22/23 up until Month 11 (February).
- The Lambeth Talking Therapies (LTT) access number for M11 February was below target. The number of services users accessing the service for the first time fell by 265 (+52%) in M10 January to M11 February, 23% under the increased Q4 target. The drive to increase referrals via leaflets to all households, website changes and social media campaign aims to increase access numbers. Intensive service promotional activity is taking place, and the GP cabinet has now agreed to trial direct messaging of registered patients to promote referrals.
- The Lambeth Talking Therapies recovery rate in M11 November was at 49%, under the 50% target.

	Standard	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-22
Number of People Entering into Treatment for Integrated Talking Therapies	Monthly target - 1050	882	944	948	847	925	887	1044	1114	706	1070	805
Integrated Talking Therapies Recovery Rate of People in Treatment	50%	51%	51%	52%	54%	55%	49%	54%	48%	47%	54%	49%
Integrated Talking Therapies Wait to First Treatment (6 weeks)	75%	95%	98%	95%	97%	97%	99%	96%	99%	97%	97%	97%
Integrated Talking Therapies Wait to First Treatment (18 weeks)	95%	100%	97%	100%	100%	100%	99%	100%	100%	100%	100%	100%

3.7 Adults Mental Health



Director / lead	Jane Bowie, Director of Integrated Commissioning (Adults)
Management Lead	David Orekoya, Associate Director Integrated Commissioning-Mental Health
Data source / period	SEL LDA dashboard

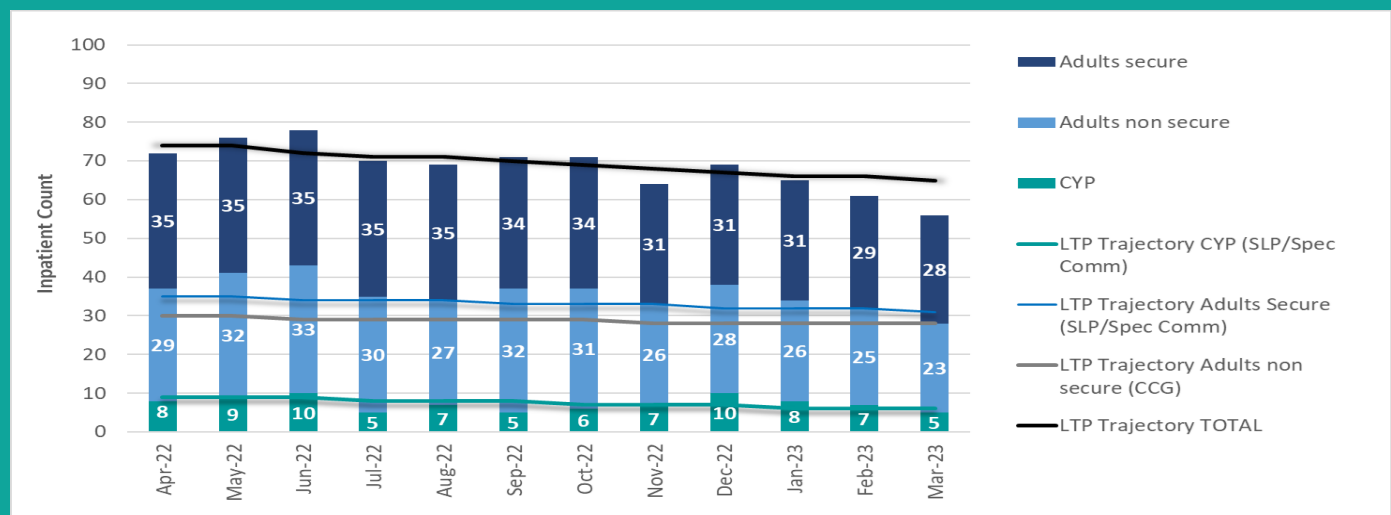
Learning Disabilities and Autism - Inpatient

Central objective of Lambeth LDA programme is to reduce of use of restrictive care through provision of high quality accommodation and care that facilitates more discharge of service users with complex needs to the community from inpatient settings.

Lambeth acting as pilot site for 'One System' Planning approach to ensure MDT discharge planning is underpinned by ICB partners collective ownership of clinical and financial risks for complex discharges.

Continued challenges securing suitable properties for bespoke care arrangements due to housing market volatility. Mitigation by worker with housing provider with good market insight and securing capital grants from NHSE.

		FY 22/23 Q1		FY 22/23 Q2		FY 22/23 Q3			FY 22/23 Q4		
		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Inpatients	Total	78	70	67	71	71	64	69	65	61	56
	Non secure Adults	33	30	27	32	31	26	28	26	25	23
	Spec Comm/SLP Adults	35	35	35	34	34	31	31	31	29	28
	Children	10	5	7	5	6	7	10	8	7	5
	Adult inpatients per million	55	53	50	54	53	46	48	46	44	41
Change in month	Net	-4	-6	-1	2	-2	-5	4	-5	-6	-3
	Admissions	3	2	3	10	2	6	8	5	2	2
	Discharges	7	8	4	8	4	11	4	10	8	5



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4. Quality



4.1. Quality highlights



Director / lead	Leads for the 7 priority areas, lead providers & commissioners
Management Lead	Sulaimon Quadri, Senior Quality Manager SEL
Data source / period	SEL Quality – March 2023 update

Industrial Action SEL update

- A number of factors have led NHS staff to industrial action (December 22 and January 23) including pay and conditions, staff shortages, overcrowding, pressures to reduce backlogs and a view on the ability to care for patients safely.
- During these strike days all urgent, critical and emergency care continued and to date no harm has been reported.
- No patient safety concerns raised on either day. Any moderate/severe harm will be reported on Datix and reviewed by the Patient Safety Team.
- No impact on the delivery of care has been reported as a result of industrial action. Providers implemented their escalation plans and put measures in place to ensure minimal disruption.

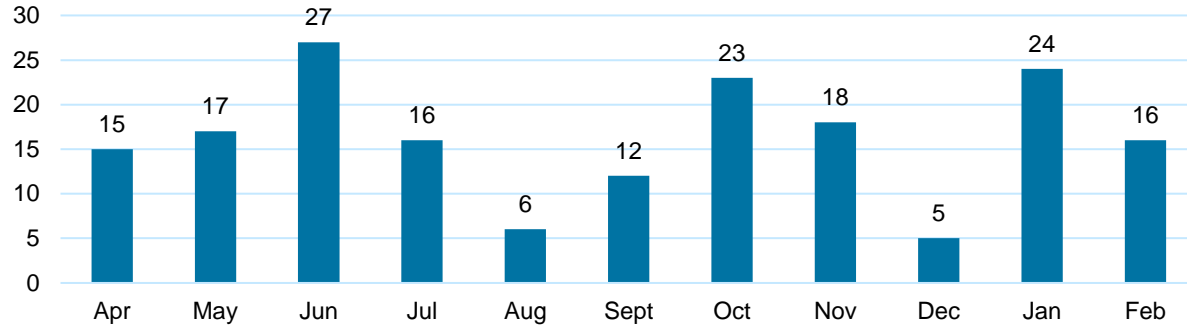
Local Care Partnership

- Lambeth Together is working closely with South East London ICB colleagues to strengthen local reporting around quality and safeguarding risks, contractual oversight, and how to better embed staff from the SEL Quality team within the Lambeth Team. Further changes will be visible within the next report.

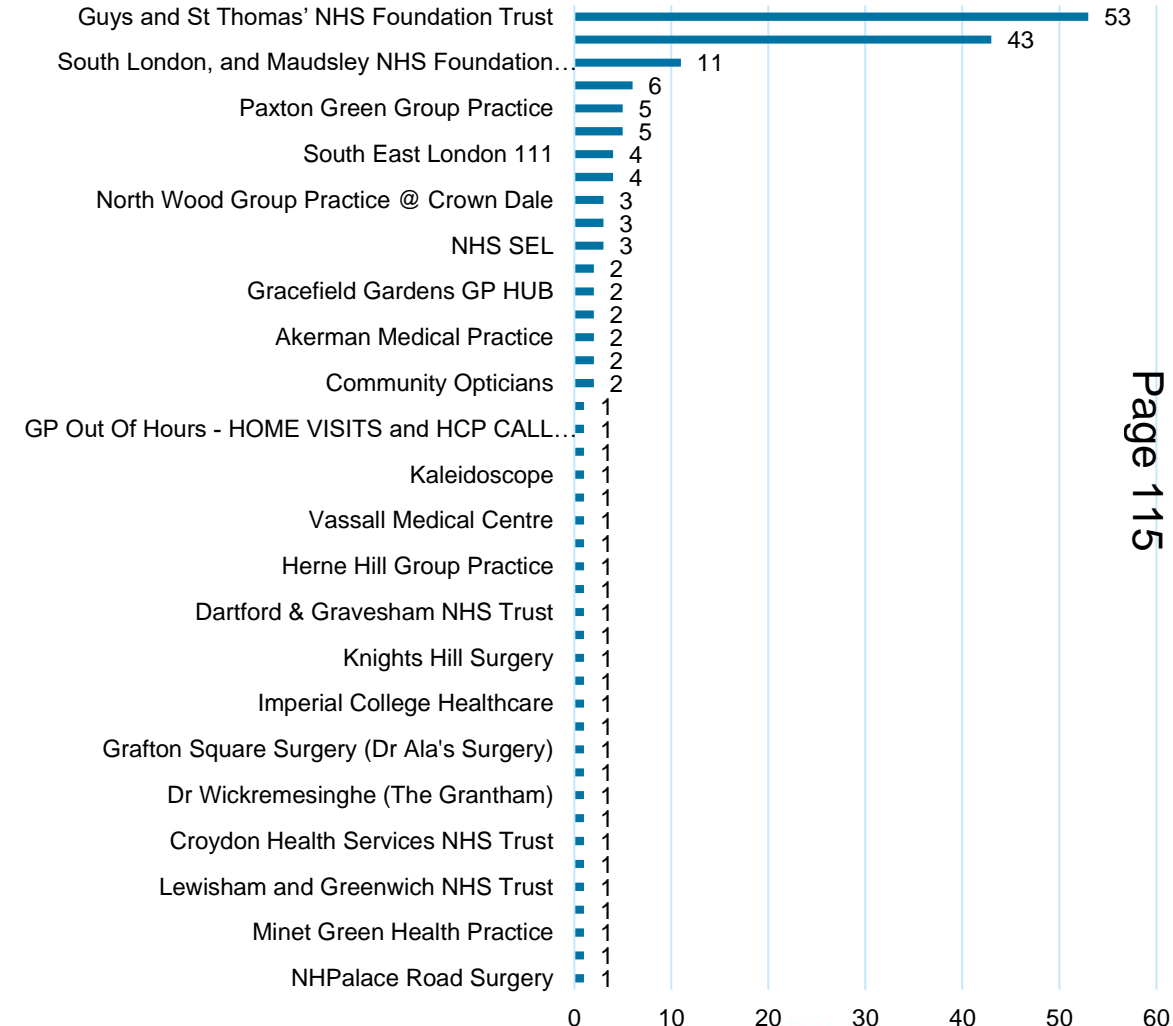
4.1. Quality highlights



QA Lambeth 2022/23



QAs Reported by Trust (April- February 2022/23)



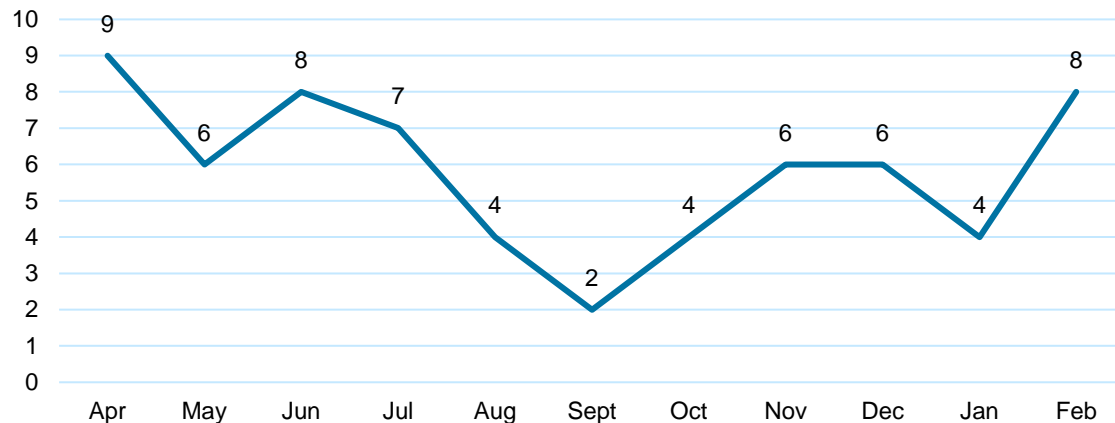
Top Five Themes from QA include:

- General referral issues (16%)
- Delay in providing appointment / treatment (16%)
- Poor Communication(12%)
- Medication Prescribing (9%)
- Delayed test results (8%)

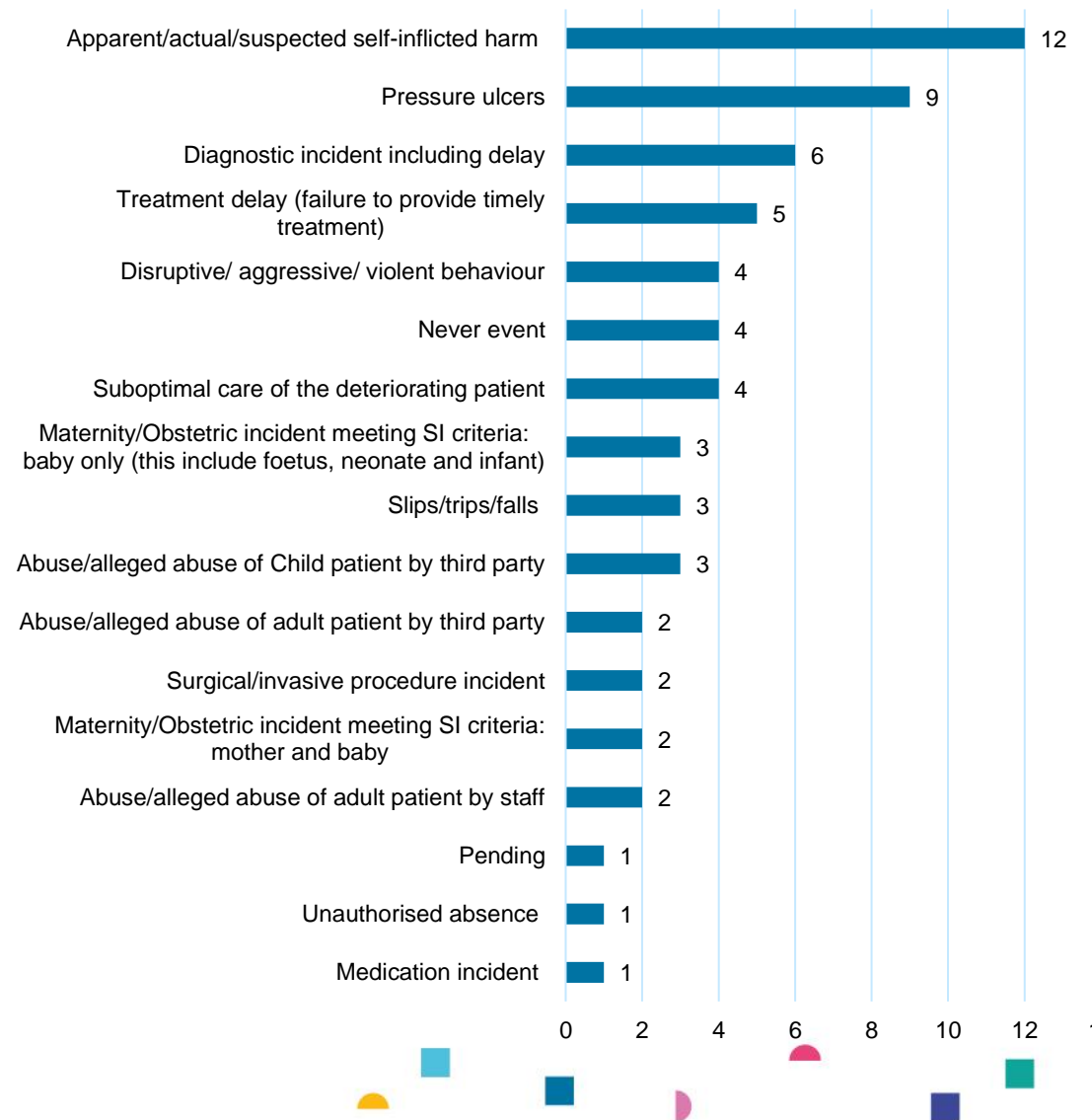
4.1. Quality highlights



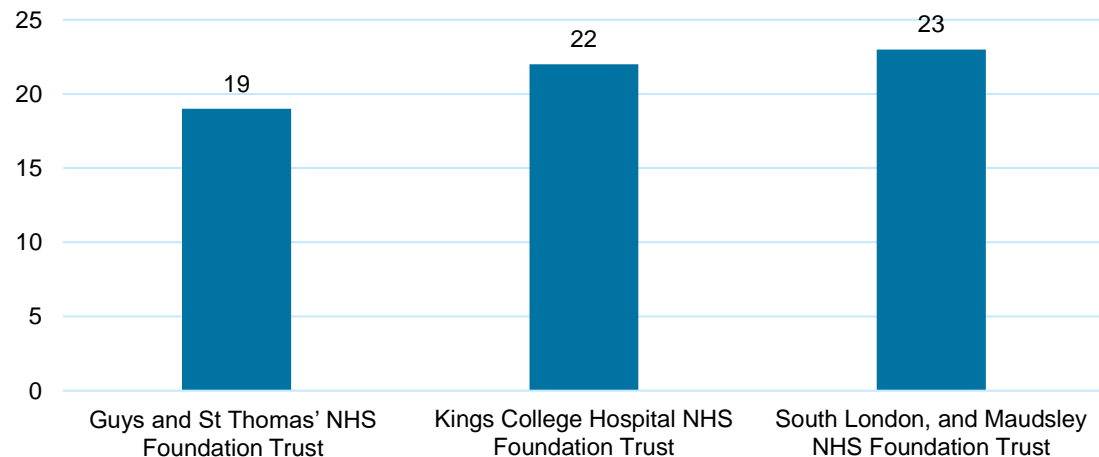
Lambeth SIs Reported 2022/23



SI Reported By Category (Apr-Feb 23)



SI Reported By Trust (April – February 2022/23)



5. Risk Summary



5.1. Risk highlights



Director / lead	leads for the 7 priority areas, lead commissioners
Management Lead	Cheryl Smith, Sophie Taylor, 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

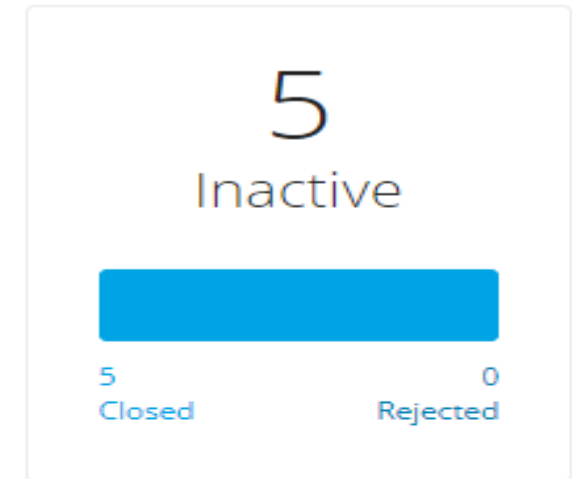
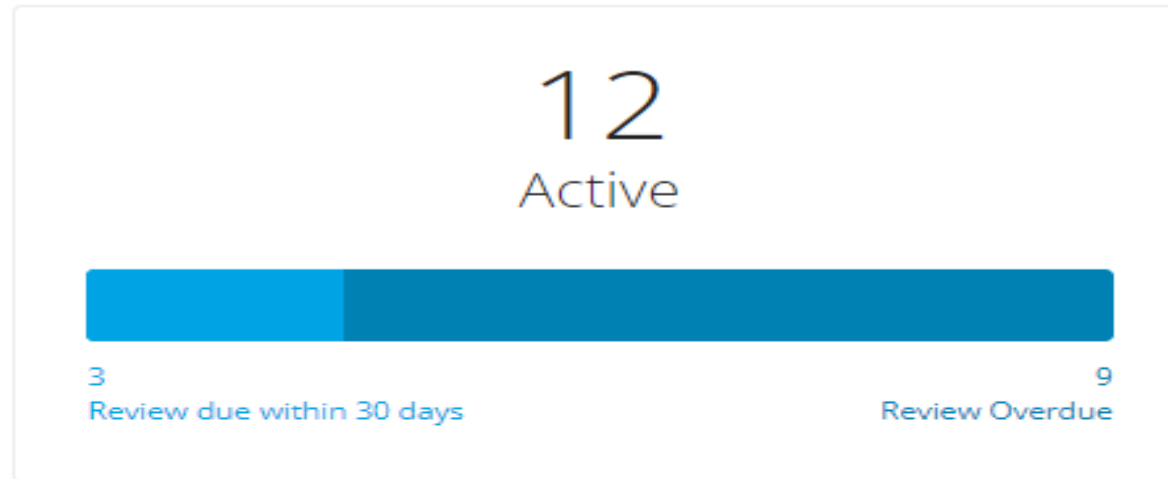
- South East London Risk Assurance Project is nearing completion. Eight Lambeth risks were reviewed as part of this process with some risks being escalated to the South East London Risk Register. Work is ongoing with remaining risks.
- South East London Risk Forum now chaired by Tosca Fairchild (Chief of Staff).
- New South East London Risk Assessment Framework being implemented, changes include the addition of Operational risks as well as Strategic, and a requirement for consistent risk scoring across South East London.
- Lambeth risks are currently out for review with a request for updates on scoring and assurances in place.



5.1. Risk highlights



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



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

5.1. Risk highlights



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

- Risk Reviews are being completed, however issues with the Datix Reports system mean that there has been a delay to circulating this month's updates.

Risk Number and Title	Risk Area	Initial Grading	Current Grading	Target Grading
128 - CAMHS waiting times	Children and Young People	8	9	3
129 – Diagnostic waiting times for children and young people	Children and Young People	8	6	4
132 – Unbudgeted costs linked to Learning Disability	Integrated Adult Commissioning	12	8	6
134 – Safeguarding of Children	Integrated Adult Commissioning	15	10	5
141 – Mental capacity and Deprivation of Liberty Authorisations	Integrated Adult Commissioning	12	8	8
142 – Immunisation Rates	Children and Young People	12	12	3
308 – Lambeth Together, Capacity for Transformation	Primary Care	12	6	12
319 – Continuing Healthcare Budget and Performance	Integrated Adult Commissioning	16	16	8
406 – Risk posed to those experiencing domestic abuse as a result of patients over 16 in England having automated access to more detailed information from their medical records through online apps from 1 November 2022	Integrated Adult Commissioning	20	20	9
418 – Primary Care Access	Primary Care	9	9	6
419 - Primary Care Estate -Business Continuity	Primary Care	15	15	8

6. Finance Summary

6.1. Finance highlights



Director / lead	Andrew Eyres, Strategic Director: Integrated Health and Care
Management Lead	Pete Hesketh, Assistant Director Finance, LBL, Edward Odoi Associate Director Finance NHS South East London CCG
Data source / period	Lambeth Council Finance and Performance Report, South East London CCG Finance Performance Report.

2022-23 (M11) Lambeth Borough (SEL ICB)

- The Month 11 (February 2023) budget was £132.3m. The borough is reporting an overall £0.4m year to date overspend at Month 11. The reported position includes a £1.1m overspend on Continuing Healthcare, £0.9m overspend on Prescribing, offset by underspends in Acute, Community, and Corporate budgets.
- The Continuing Healthcare position is based on the number of clients and cost of care packages. The team are reinforcing mechanisms to ensure all CHC and FNC cases are accurately reflected on the database.
- The Prescribing month 11 position is based upon M01-09 2022/23 actual data and represents an adverse in-month movement as the PPA (Practitioner Performance Advice) information is provided two months in arrears. The cost pressure is predominantly driven by NCSO (No Cheaper Stock Obtainable) and Category M (Cat-M) prices.

2022-23 (M11) Lambeth Council

- The M11 full year Adults & health budget was £102.5m, of which £100.7m relates to Adult Social Care. The M11 2022/23 expenditure and budget forecast for the year as a whole is a £411k overspend. The forecast for some areas has some uncertainty and therefore there are some risks that could lead to the outturn being higher than the forecast. Although non-recurrent resources are available to fund the overspend in the current year the pressures being experienced are likely to continue into future years.
- There are a number of significant overspends in Adult Social Care. Mental Health has a £612k forecast overspend, mainly due to overspends in most areas of purchased care which is a similar position to the previous few years. Learning Disabilities has a £2.537m forecast overspend which is due to large increases in expenditure on purchased care resulting from the greater acuity of clients that have come into the service over the last two years. The Older People service is forecasting a £1.7m overspend as there have been increases in client numbers and expenditure, particularly in home care and nursing care, which have exceeded significant increases in the budget. Although most areas of social care expenditure increases are mainly due to increased acuity, for older people residential and nursing care there is some evidence that it is also due to increased demand and relatively static capacity to meet that demand, resulting in higher unit costs. Grant funding and other income are resulting in underspends in other areas that partly off-set these overspends and result in the overall forecast of a £411k overspend.

Annex



A1 Glossary



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

A1 Glossary



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

A2 Source material



An extensive range of material exists to provide assurance for Lambeth Together and Lambeth's Integrated health and care arrangements. These are used to update each section of this integrated report. As such, there is some variety in the number and look of assurance measures, and the period to which it relates, although every effort is made to use the most current and visual information available.

- Adult Social Care
- Equalities
- Primary care
- Medicines Management / LTC
- Delivery Alliances (i.e. LWNA) & Priorities
- Children's commissioning
- Integrated Health & Care Business Plan
- Finance
- Quality
- Risk
- Enablers
- Lambeth Together Recovery Plan
- Public Health
- NHS Long Term Plan
- SEL borough assurance report
- Planned & unplanned acute





Lambeth Together Care Partnership Board

18th May 2023

Title	Lambeth Together Deep Dive: Sexual Health
Meeting Date	18 May 2023
Author	Rachel Scantlebury – Consultant in Public Health Nancy Padwick – Lead Commissioner, Sexual Health
Lead	Ruth Hutt, Director of Public Health – Lambeth

This item is for;

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

None

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

None

Summary and Impact on Inequalities

The purpose of this paper is to update the Lambeth Together Care Partnership on contraception pathways in Lambeth, uptake of contraception including differences in uptake between groups, and what users of contraception tell us about their experiences.

The paper also outlines some of the work done to improve access to contraception.

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**Lambeth
together**

Lambeth Together Care Partnership

Contraception deep dive



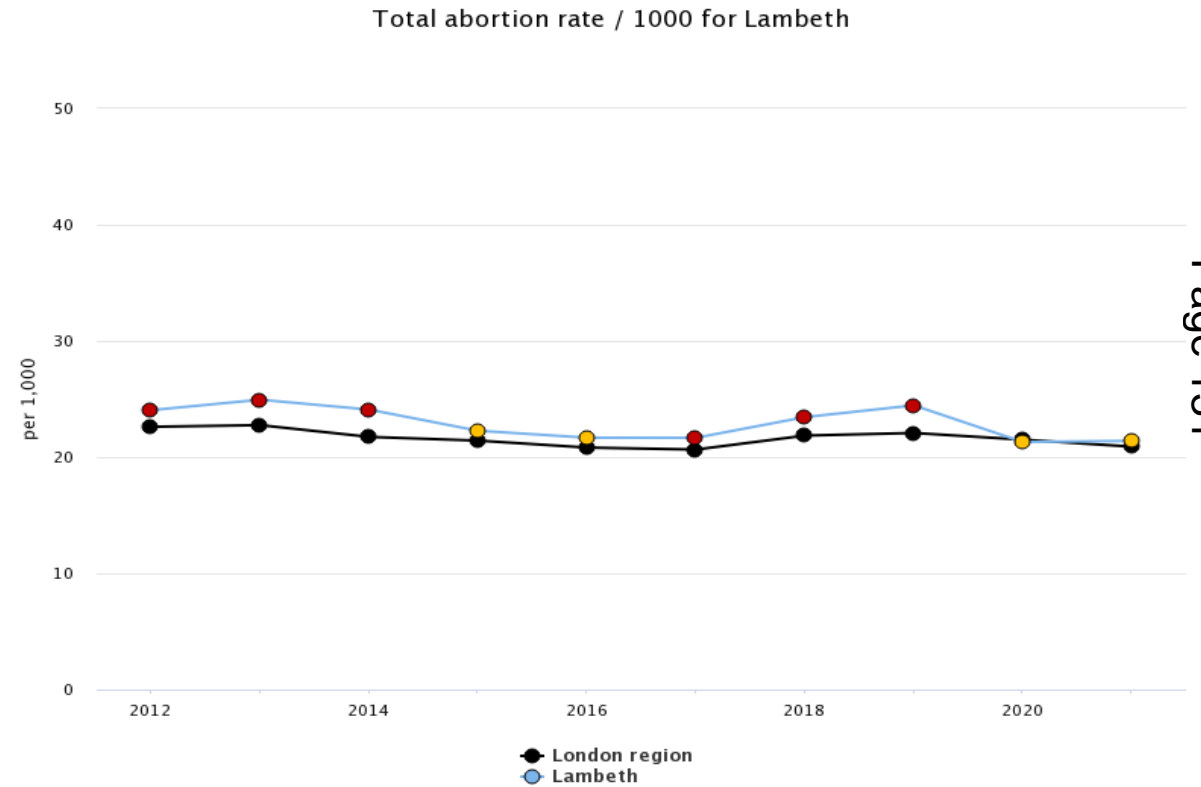
Why contraception matters?

- Unplanned pregnancy can cause financial, housing and relationship pressures, negative health impacts and impact on existing children.
- Unplanned pregnancy is strongly associated with
 - lower educational attainment,
 - current smoking,
 - recent drug use,
 - receiving sex education mainly from sources other than school, reflecting the importance of Relationships and Sex Education in schools ([SPLASH Lambeth 2023-02-01 \(phe.org.uk\)](#)).
- Contraception can be accessed in a range of ways and there are many types of contraception including:
 - user-dependent methods (e.g. condoms, contraception pill),
 - Long Acting Reversible Contraception (LARC),
 - Emergency Hormonal Contraception (EHC)
- For every £1 invested in publicly funded contraception, the public sector will get a £11 return on investment.

Abortions



- High numbers of abortions can indicate unmet need for contraception services, although can also reflect good access to abortion services.
- Lambeth has a similar rate of abortion to London, although this is higher than the England average.



Contraception use in Lambeth

- Contraceptive services can be accessed in multiple locations, but the complexity of provision can be difficult to navigate
- The most popular contraceptive choice across Lambeth, Southwark and Lewisham was the oral contraceptive pill, although LARC is more effective.
- The majority of LARC is prescribed by SRH services, and less in GPs. There is scope for improving provision of LARC at community services.
- Rates of abortion in LSL remain higher than the national average (although similar to London), suggesting unmet contraceptive need.
- Improving contraceptive care at abortion services may reduce subsequent abortions.
- Abortion rates were higher among women from Black Caribbean, Black African and Other groups.
- Most women accessing Emergency Hormonal Contraception (EHC) at pharmacies had done so before.

What users of contraception services tell us

Despite the effectiveness of LARC, many people across Lambeth continue to choose user dependent methods of contraception.

Qualitative data from focus groups showed that women are uncertain about LARC.

There are false beliefs around LARC which contribute to reluctance to try these forms of contraception.

“If you walk in there, people are going to think you have an STI. I’d never go to an STI clinic to get the pill. I go to my GP” - *Woman, aged over 25*

“I’m not confident with anything new, as I’m older. It’s always been condoms, the pill. I know about the other things, but they were the only two forms of contraception [I’ve used].”
- *Woman, aged over 25*

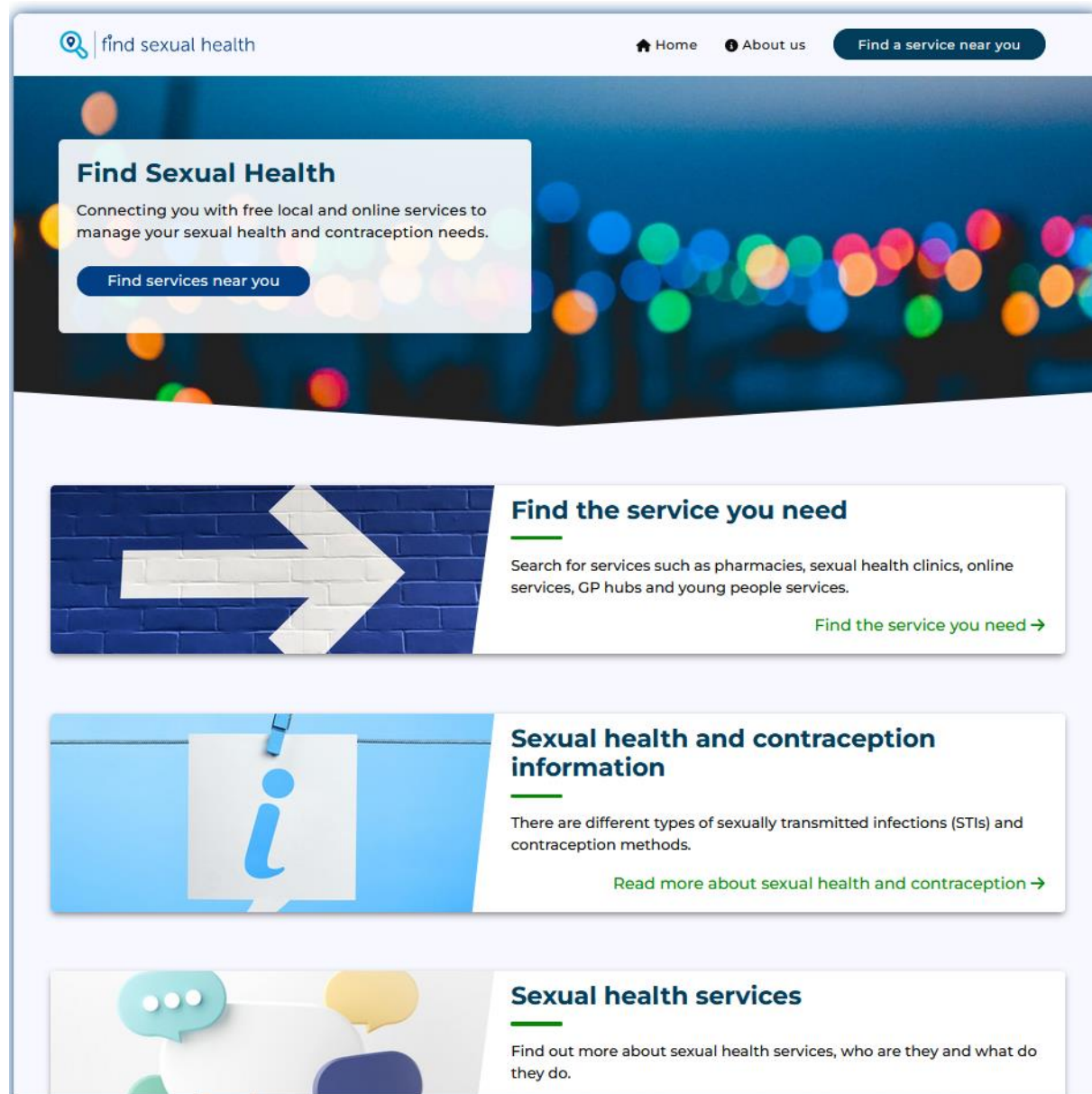
“I was always scared of contraception, how my body would react to it. Once you get the injection or the implant, then it’s in your body for three months whatever you do.”
- *Woman, aged under 25*

Current Contraception Services in Lambeth

- All forms of contraception are available at open access Integrated Sexual Health Services (ISHS)
- All oral forms of contraception and some LARC is available at GPs
- LARC is available at the Lambeth access hub
- LARC is available at MSI dedicated LARC hub
- EHC is available at some participating pharmacists
- Young people's services provide contraception and advice
- Come correct – condom distribution scheme for young people
- Sexual Health London – online service providing testing for sexually transmitted infections (STIs) and some contraception currently
- Find Sexual Health – online tool to help residents find services

Find Sexual Health website

<https://findsexualhealth.co.uk/>



The screenshot shows the homepage of the 'Find Sexual Health' website. At the top, there is a search bar with the text 'find sexual health' and a magnifying glass icon. To the right of the search bar are navigation links for 'Home' and 'About us', and a button labeled 'Find a service near you'. Below the search bar is a large banner with a background of colorful bokeh lights. A white box on the banner contains the heading 'Find Sexual Health' and the text 'Connecting you with free local and online services to manage your sexual health and contraception needs.' Below this text is a button labeled 'Find services near you'. Below the banner are three main content sections. The first section is titled 'Find the service you need' and features a large white arrow pointing right on a blue brick background. The text below the arrow says 'Search for services such as pharmacies, sexual health clinics, online services, GP hubs and young people services.' and includes a green link 'Find the service you need →'. The second section is titled 'Sexual health and contraception information' and features a blue background with a white speech bubble containing a blue lowercase 'i'. The text below says 'There are different types of sexually transmitted infections (STIs) and contraception methods.' and includes a green link 'Read more about sexual health and contraception →'. The third section is titled 'Sexual health services' and features a background with colorful speech bubbles. The text below says 'Find out more about sexual health services, who are they and what do they do.' and includes a green link 'Read more about sexual health services →'. The website is decorated with several colored geometric shapes: a teal square, an orange semi-circle, a light blue square, a dark blue square, and a yellow semi-circle.

find sexual health

Home About us Find a service near you

Find Sexual Health

Connecting you with free local and online services to manage your sexual health and contraception needs.

Find services near you

Find the service you need

Search for services such as pharmacies, sexual health clinics, online services, GP hubs and young people services.

Find the service you need →

Sexual health and contraception information

There are different types of sexually transmitted infections (STIs) and contraception methods.

Read more about sexual health and contraception →

Sexual health services

Find out more about sexual health services, who are they and what do they do.

Future opportunities and areas for improvement

- Using Key Performance Indicators and our strategic plans to drive improvements
- Women's Health Hubs
- LARC in the maternity pathway
- Piloting different models in different networks to suit community needs
 - Working with Primary Care Networks
 - Working with Pharmacies
 - Alternative providers and remote access – continuation of SHL
- Better connected systems – engagement has shown that our residents want online bookable appointments in one place - 'a digital access tool' (Find Sexual Health)



**Lambeth
together**

Online contraception pathways for residents of Lambeth

Adrian Kelly (he/him)

Lead Commissioner

www.shl.uk

London Sexual Health Programme

We are:

- 31 authorities working together to commission open access sexual health clinics
- 30 authorities working together to commission an online sexual health service
- A small programme team, based at the City of London Corporation, supporting the programme's governance and managing the e-service contract
- A network of patient care, across 14 NHS providers and an e-service consortium, led by Preventx, that work to coherent and integrated contracting arrangements

We aim:

To meet demand, improve outcomes, increase convenience and provide better value for money

Types of contraception available

SHL offers a wide choice of contraceptives:

Emergency pills (morning after)

Ella One, Levonorgestrel

Combined pills

Rigevidon, Brevinor, Cilique, Katya, Logynon, Marvelon, Microgynon, Microgynon ED, Yasmin, Gedarel, Eloine, Mercilon, Millinette

Mini pills

Cerazette, Cerelle, Noriday, Norgeston

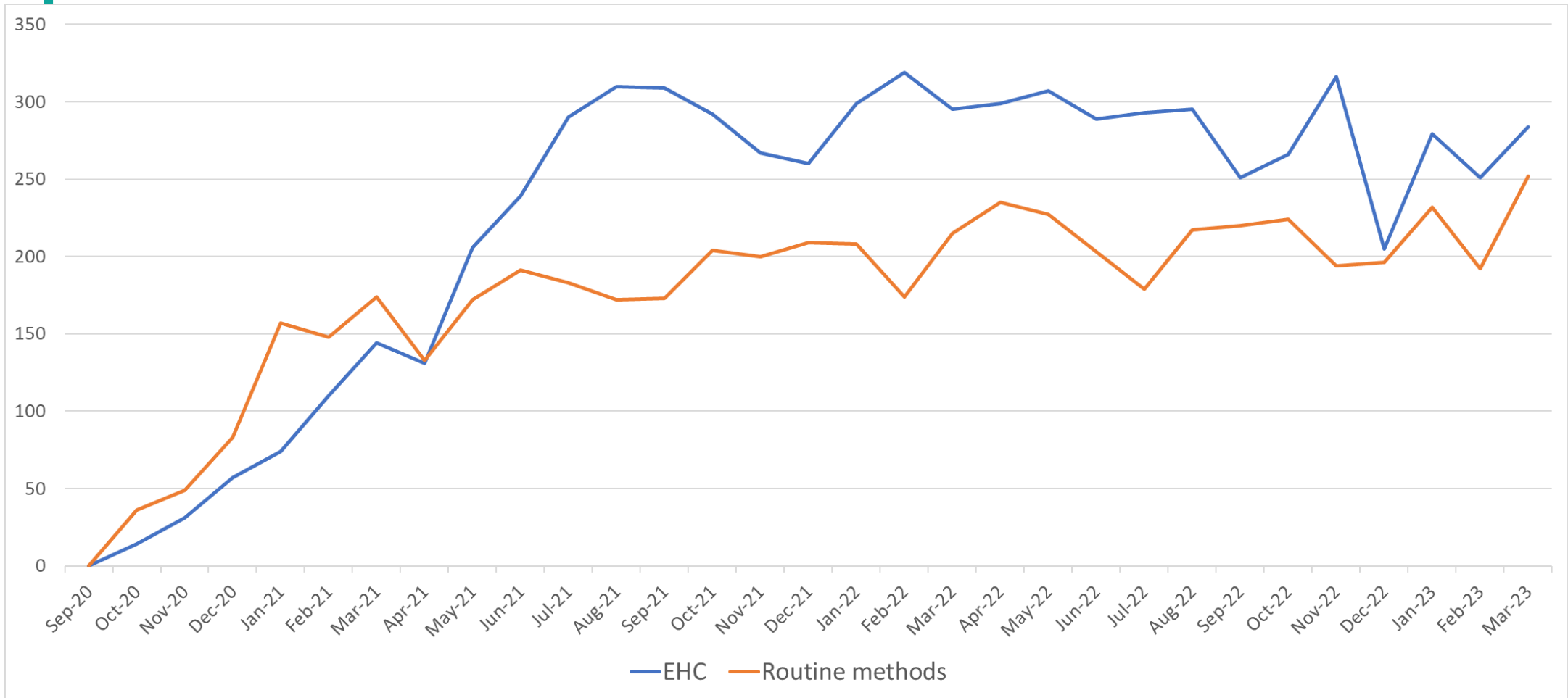
Other types

Evra patch, NuvaRing

Data headlines for Lambeth residents

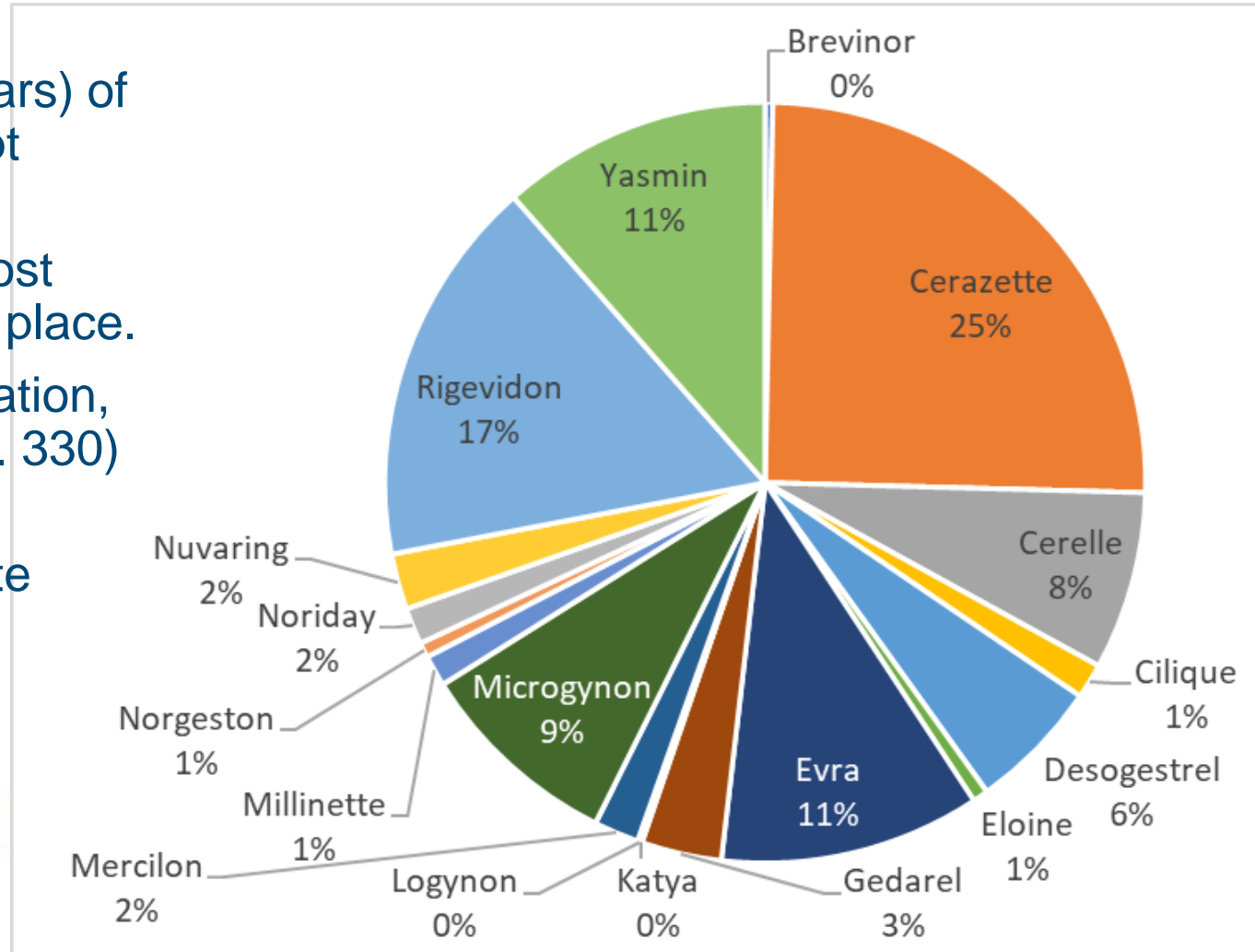


Monthly contraception scripts for Lambeth residents Sept 2020 - Mar 2023



Routine contraception: coverage and choice

- Routine contraception issued on 5,452 occasions, providing 1.25m days (3.5k years) of contraceptive coverage with average script duration of 230 days.
- While Cerazette and Rigevidon are the most popular choices, the Evra Patch is in third place.
- While Nuvaring scripts have a shorter duration, it has been ordered on more occasions (n. 330) than the Evra Patch (n.267).
- Residents of Lambeth appear to appreciate the range of choices available



Service-wide audit findings



Who accesses Emergency Hormonal Contraception through an online sexual health service?

Clune M1, Ebbutt K1, Goward C1, Perera S2, Ostridge E2

Background

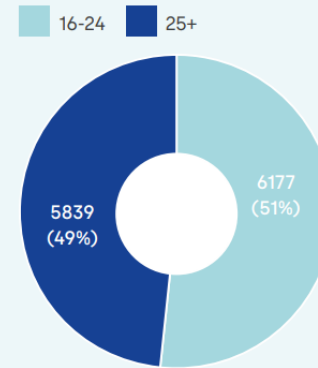
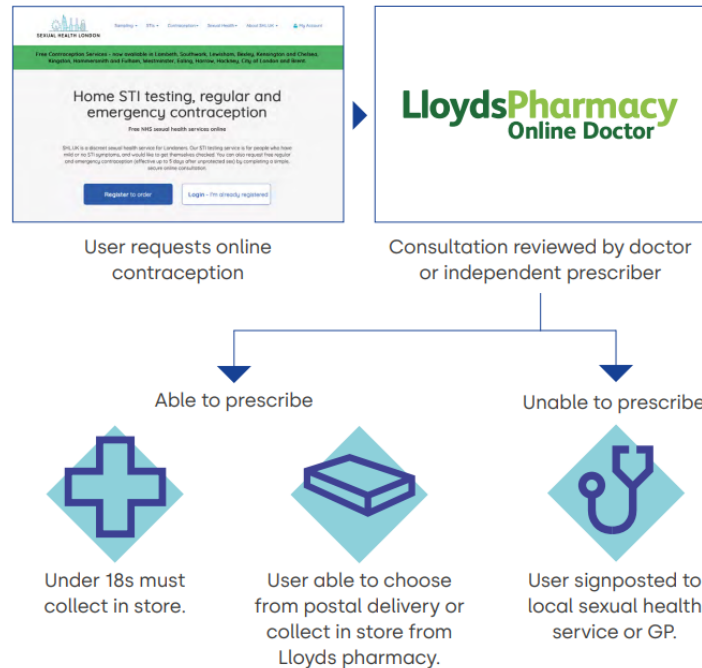
The COVID-19 pandemic has shifted services historically offered in clinic to online services. In September 2020, eleven local authorities started to offer Emergency Hormonal Contraception (EHC) via Sexual Health London (SHL), a regional online sexual health service. After completing an online, asynchronous consultation, EHC could be delivered to SHL service users (SU) or collected in pharmacy.

Method

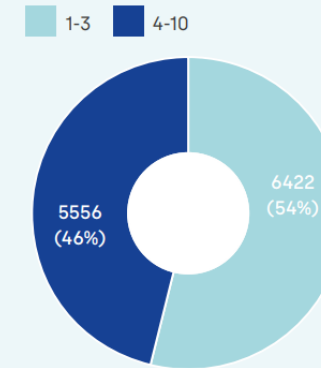
Retrospective analysis of EHC consultations completed between 1st January 2021 and 31st December 2021, from 11 local authority areas in London. Age, ethnicity, and deprivation deciles were used to identify demographic trends.

Results

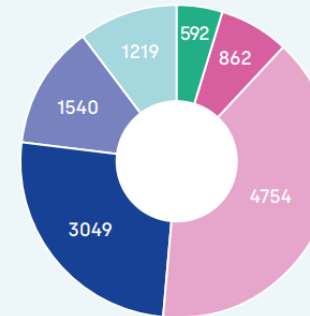
12,016 EHC consultations were completed. The majority of EHC consultations were completed by SU: aged 25-34 year olds (41.0%, n=4922); from the bottom 3 Index of Multiple Deprivation (IMD) deciles of deprivation (53.4%, n=6422); from racially minoritised groups (74.6%, n=8967). Amongst 16-17 year olds and 35-44 year olds, the majority of consultations were completed by users in the bottom 3 deciles of deprivation 58.5% (n=197) and 58.6% (n=495) respectively. 66.2% (n=1289) of Black African women were from the bottom 3 deciles of deprivation, as were 58.6% (n=1498) of Black Caribbean women and 46.4% (n=1416) of White British women. 53.1% (n=1033) of Black African women, 54.3% (n=1388) of Black Caribbean women, and 47.1% (n=1435) of White British women, were 16-24 years old.



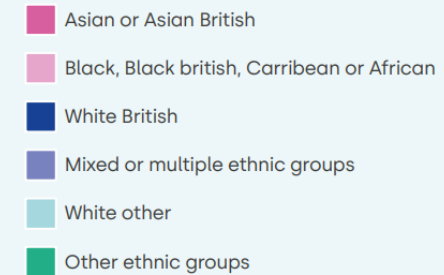
51% of all online EHC consultation are from women aged 16-24yrs



54% of online EHC consultation are from women who live in the bottom 3 deciles of deprivation



39.6% of online EHC are from Black Caribbean or Black African women



Discussion

The majority of individuals accessing online EHC are young, racially minoritised, and may be experiencing significant levels of deprivation. Enabling access to EHC online could help reduce unintended pregnancies and mitigate health inequalities. Local authorities could consider whether an online EHC service would help in their local area.

An analysis of service users accessing a routine contraception service via an online platform during the Covid-19 pandemic

Clune M1, Ebbutt K1, Goward C1, Perera S2, Ostridge E2

Background

The COVID-19 pandemic has moved some health services, such as contraception, online. Eleven London local authorities collaboratively commissioned a routine contraception (RC) e-service in September 2020. After completing an online asynchronous consultation, RC can be delivered to the e-service user or collected in pharmacy.

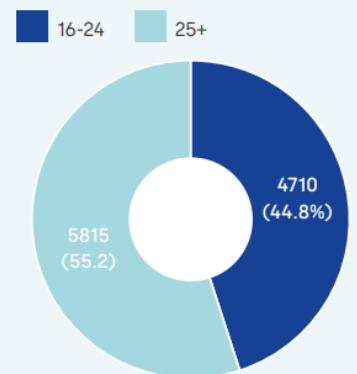
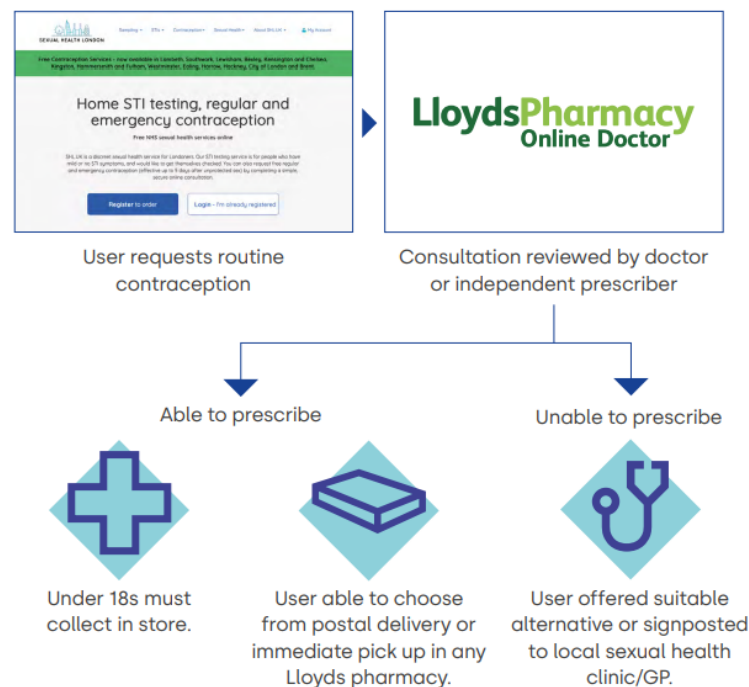
Method

Retrospective analysis of RC consultations completed between 1st January 2021 and 31st December 2021, by Sexual Health London service users (SU). Age, ethnicity and deprivation decile were used to identify demographic trends.

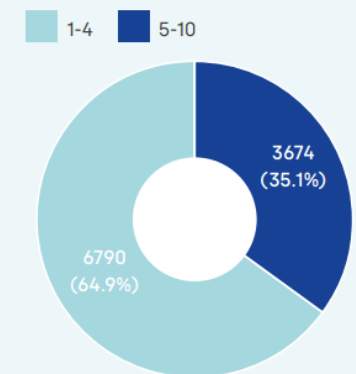
Results

10,525 RC consultations were completed. Most consultations were completed by SU: aged 25-34 year olds (47.9%, n=5042); from the lower Index of Multiple Deprivation (IMD) deciles 2-4 (61.2%, n=6442); from ethnic minority groups (66.7%, n=7021).

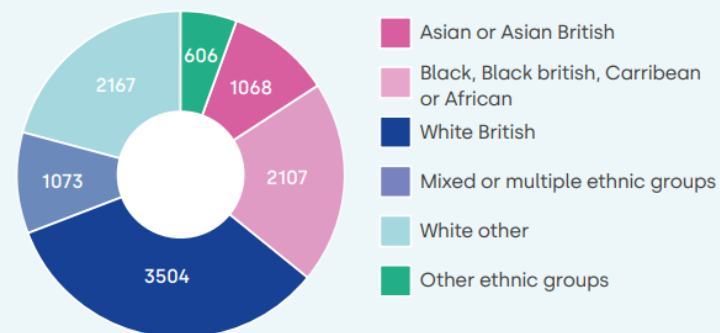
In 16-17 year olds and 35-44 year olds, the majority of RC consultations were completed by users in the bottom 3 deciles of deprivation (55.5% (n=146) and 55.8% (n=383) respectively). 68% (n=607) of Black African women were from the bottom 3 deciles of deprivation, as were 59.5% (n=606) of Black Caribbean women as compared to 40.6% (n=1432) of White British women. 46.1% (n=412) of Black African women, 51.9% (n=576) of Black Caribbean women, and 45.5% (n=1595) of White British women, were 16-24 years old.



44.8% of all online RC consultation are from women aged 16-24yrs



64.9% of online routine contraception consultation are from women who live in the bottom 4 deciles of deprivation



66.7% of all RC orders are from minority ethnic groups.

Discussion

Over two thirds of individuals accessing RC online were from minority ethnic groups and/or from areas of deprivation. Accessing contraception online is acceptable to those living in the lower deciles of deprivation. 64.9% of orders from women who live in the bottom 4 deciles of deprivation, the average decile of deprivation for the eleven boroughs is 5. (Ministry of Housing, Communities and Local Government, 2019). Online contraception was also acceptable to young women (<16-24yrs) who represented almost 45% of RC orders. Most consultations (47.9%) were completed by service users aged 25-34 year olds. This group account for 21.8% of the London population aged 16 and over (Statista, 2021). An online RC service can reach populations that experience health inequalities including poor sexual health outcomes and high unintended pregnancy rates. Local authorities could consider whether an online RC service would help in their area.

Summary of audit findings

- Users of EHC are more likely to be: young, racially minoritized and living in deprivation
- Users of routine methods are also more likely to be: young, racially minoritized and living in deprivation
- The intersection of ethnicity, age and deprivation are also evident in the data.
- Postal delivery is preferred by all ethnicities except Bangladeshi people who were more likely to collect from a pharmacy.
- While pharmacy collection was less popular than posting for all other ethnic groups, it was more popular for Black Caribbean and Black African people when compared to White British people
- The proportion of EHC issued to “high frequency” users is low (0.8% of the total) as was their level of safeguarding need (1.7%)



Lambeth
together

Recent Contraception Campaign

Joss Dempster



During March and April, we began an awareness campaign to promote the free online contraception service on the Sexual Health London website (SHL.UK). The aim of the campaign was to make people aware that they can order routine contraception online instead of waiting for an appointment.



**The easiest way
to get the pill**

Visit www.shl.uk
and order your
first or next oral
contraceptive pill

Choose from 3, 6 or
12 months supply.
Emergency pill
also available

FREE delivery
or collection
from a pharmacy

 register online
shl.uk

The service would particularly benefit women who struggle to get appointments for a prescription, or who may have caring responsibilities, or who need to access contraception quickly and easily.




For four weeks, we put out weekly posts across our digital channels to inform residents. We also had the help of LoveSexLife who amplified the campaign to the Black Asian and Multi Ethnic communities.

Lambeth Council @lambeth_council · Apr 11


If you're on the pill and need to order more, you can get it quickly and easily online using a free e-service 📱💊

Choose from 3, 6, or 12 months' supply and get it delivered to your home. Or collect from a participating pharmacy.

Find out more: orlo.uk/NdR1B



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LOVE LAMBETH
News from Lambeth Council

[News](#) [Stay in touch](#) [Go to lambeth.gov.uk](#) 📧

The easiest way to get the pill in Lambeth

18 April 2023
Written by: Lambeth Council
[News and announcements](#)

You can order up to a year's supply of the contraceptive pill via Sexual Health London.




For women who want to get the contraceptive pill quickly and easily, ordering online from the Sexual Health London website (SHL.UK) is your answer. The service is free whether you want to start using oral contraception, order more of

Love Sex Life LSL @lslsexualhealth · Mar 27

Did you know you can order the contraceptive pill online?

At Sexual Health London you can get the pill for free whether you want to start using the pill for the first time or need more delivered straight to your door.

Find out more: bit.ly/3IHlIRy




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An advert in the Spring edition of Lambeth Talk was distributed to over 150,000 households in the borough.



16 LAMBETH TALK / SPRING 2023



Ready Steady Go!


FREE sessions to help families achieve a healthier diet and a more active lifestyle.

New programmes will be starting in April 2023. To register or make a referral please use our online link at lambeth.gov.uk/ready-steady-go

Contact the team on 020 7926 0619 or email readysteadygo@lambeth.gov.uk

Lambeth

The easiest way to get the pill



visit shl.uk and order your first or next oral contraceptive pill

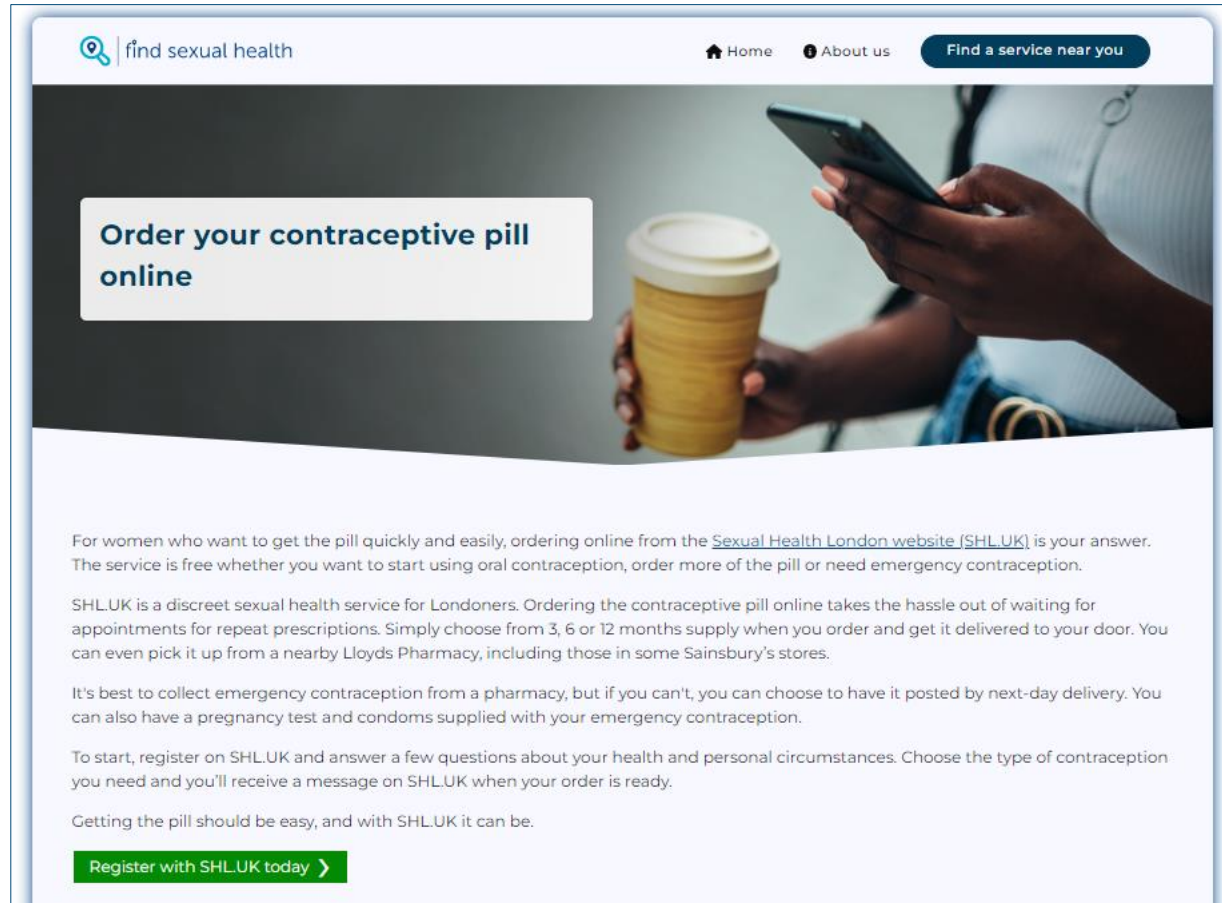
Choose from 3, 6 or 12 months supply. Emergency pill also available

FREE delivery or collection from a pharmacy

register online shl.uk

SEXUAL HEALTH LONDON **Lambeth together**

All communications lead to the information page on findsexualhealth.co.uk which directed to the SHL.UK.



The screenshot shows the homepage of the 'find sexual health' website. At the top, there is a navigation bar with a search icon, the text 'find sexual health', and links for 'Home', 'About us', and a 'Find a service near you' button. The main content area features a large image of a person holding a smartphone and a coffee cup. A white box on the left of the image contains the text 'Order your contraceptive pill online'. Below the image, there is a paragraph of text explaining the service, followed by a green button that says 'Register with SHL.UK today >'. The website is surrounded by several colorful geometric shapes: a teal square, an orange semi-circle, a pink semi-circle, a yellow semi-circle, a blue square, and a purple square.

find sexual health

Home About us Find a service near you

Order your contraceptive pill online

For women who want to get the pill quickly and easily, ordering online from the [Sexual Health London website \(SHL.UK\)](https://SHL.UK) is your answer. The service is free whether you want to start using oral contraception, order more of the pill or need emergency contraception.

SHL.UK is a discreet sexual health service for Londoners. Ordering the contraceptive pill online takes the hassle out of waiting for appointments for repeat prescriptions. Simply choose from 3, 6 or 12 months supply when you order and get it delivered to your door. You can even pick it up from a nearby Lloyds Pharmacy, including those in some Sainsbury's stores.

It's best to collect emergency contraception from a pharmacy, but if you can't, you can choose to have it posted by next-day delivery. You can also have a pregnancy test and condoms supplied with your emergency contraception.

To start, register on SHL.UK and answer a few questions about your health and personal circumstances. Choose the type of contraception you need and you'll receive a message on SHL.UK when your order is ready.

Getting the pill should be easy, and with SHL.UK it can be.

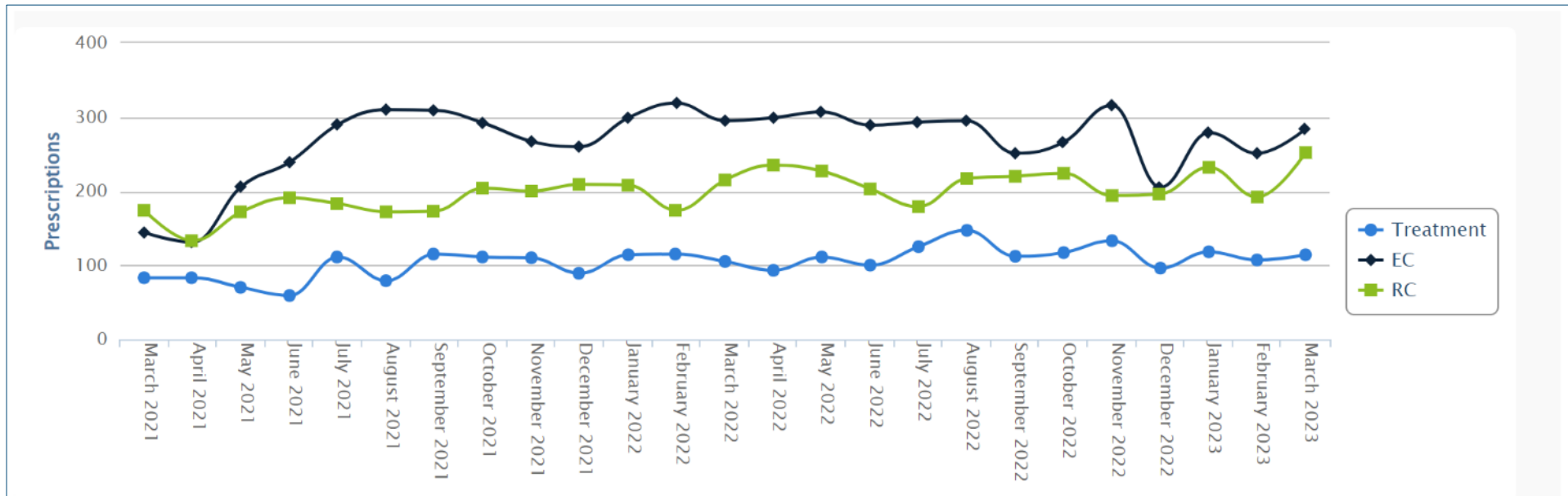
[Register with SHL.UK today >](#)

To date, the campaign has been exposed to more than 3.5k people online and offline.

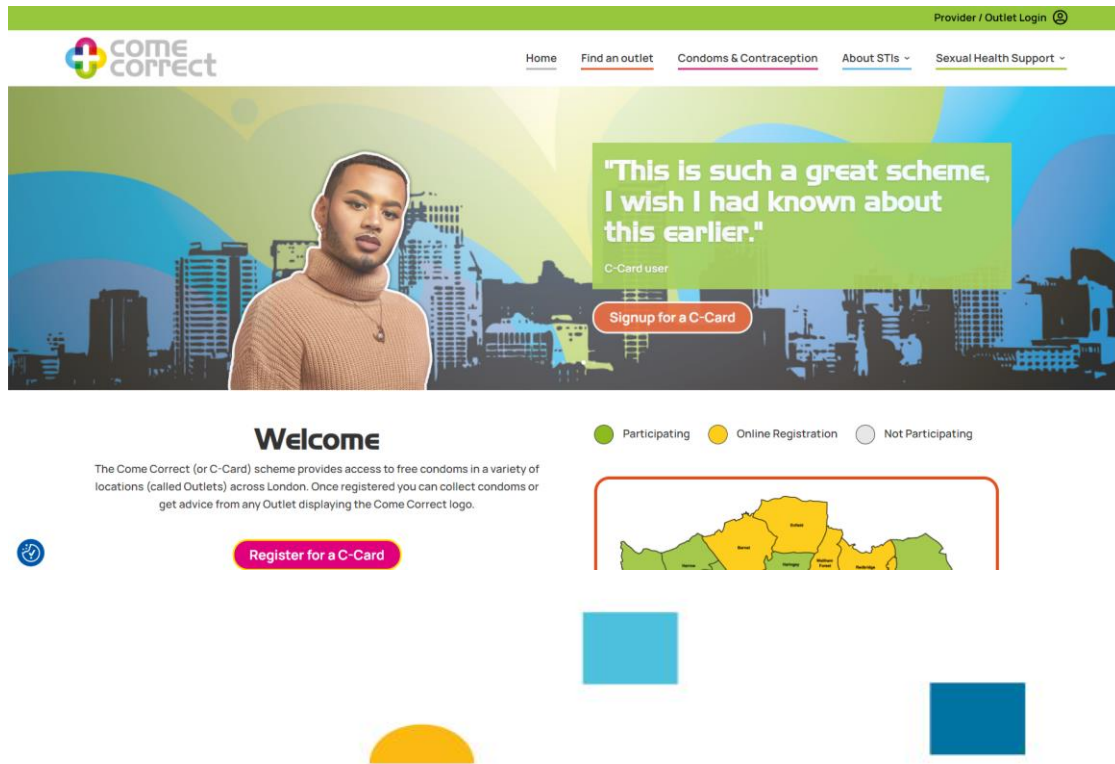
On social media, there was at least 217 unique clicks to our information page with 103 engaging by liking or sharing a post.



There has also been an increase in prescriptions of routine contraception (RC in graphic below) on SHL.UK during the campaign in March compared to previous months.



Come Correct: Condom distribution scheme for young people



Contraception

This brief guide groups contraceptives according to how often you have to remember to do something to make sure you're protected against pregnancy.

For some young women, this can be an important factor in their choice of method. Others might be more influenced by how the methods work, or by what side-effects they may have.

You know yourself best - you might feel sure that you could remember to take a pill every day. Or maybe you think your life is too chaotic for that. Maybe you don't want to have to think about contraception every day - or even once a week.

You're the one who has to decide which method you're going to rely on. In order to make an informed decision, you need to know about all the available contraceptives and their various pros and cons. You don't have to be having sex already to use this information - in fact, it's much better to have a plan about contraception before you start having sex.

You can learn more about contraceptives, and find clinics and services near you (including special clinics and services for young people), on these websites:



Want to talk to someone?

If you want to talk with someone, you could try one of these special young people's helplines:

Sexwise: 0800 28 29 30

Brook: 0808 802 1234

All of these helplines will be answered by someone who has experience of talking about...

Website
information
page



Updated leaflets and posters



COME CORRECT
London's Free Condom Distribution Scheme for under 25s

**Aged 13 - 24?
Get free condoms.
Sign up today!**

To register for a c-card or find out more about how to protect your sexual health, speak to a member of staff.
www.comecorrect.org.uk



COME CORRECT
London's Free Condom Distribution Scheme for under 25s

**Aged 13 - 24?
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www.comecorrect.org.uk



COME CORRECT
London's Free Condom Distribution Scheme for under 25s

Free condoms for 13-24

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www.comecorrect.org.uk



COME CORRECT
London's Free Condom Distribution Scheme for under 25s

**Aged 13 - 24?
Get free condoms.
Sign up today!**

To register for a c-card or find out more about how to protect your sexual health, speak to a member of staff.
www.comecorrect.org.uk

Discussion

- How can we work together to improve access to contraception for our residents?



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